NATIONAL Assessment Cen	tre Services.	M (20'net 1 Jan'05) M	141180420fo		
Date In: 4 48-16:11	Jeb description	L	Date &Time Completed	Done	pi.
Res No: NA/TM118006227/24	SAS e-filing				
Veh No: 6296232	E-mail (within 8	ihrs, AIC 2hrs)			•
D.O.A .: 4/4/18-15:00	i-Motor Clair	n Form	4.*		
	i-Motor W/O	(Within: OD 2hr	s, 7'P 4hrs)		
OD TP Reporting Only	i-Photo Uplo:	aded	1:		
	Assessment/Su				
TP Insurer:	Ass't Report by	Fax/Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (				ax:	
TP Particulars: Veh No: yp	92 D'	INC (	)/Non-INC()	Yes and the second	
Owner / Driver: (			Tel:	)	
	Period: (	)	Cover Type: (	)_	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (V	/O): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000()/\$2,000	( )		* 99 - 10 - 1 - 1	
General Remarks:-			The second services of the second		1
( ) Walk-In Customer: Customer's in	formation strictly Cor	nfidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.		9-13		
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / N	0();1	owing Co: (		)
Remarks; (INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )		)	200		
2) QC Check / Post Repair Inspection	( )				- 21/1
3) Upload Resurvey Photo [Repair Cost>	\$3000] (	) [			
Injury:					
		ermani jiy		372	
Date/Time / Actions	A control of the cont	100000		BASSERALIO-27 FE	
	•				
NAI802.086 .		Invoice Pre	paration Checklist	Anit (\$)	Add Bill
	Ambien Committee Com	1) AR : Acciden	THE PROPERTY OF THE PARTY OF TH	(eccenter)	- Aug-Din
laimant's Particulars :-		2) DA : Damage 3) TF : Towing	Assessment (\$100); INC (	\$80) 40/ <b>\$</b> 45	
river/Owner:		4) FT : Follow-T	Through Survey	\$120	
ontact No:	1)	5) FT : Follow-1	Through Survey (Resurvey) against JNC Only (wef 10 Jan 20)	25)	
amaged Portion;		6) TR : Re-inspe		\$75	
		8) NTUC Addit			
C Checked by (Engr-In-Charge):		OD.	y Car / Tpt Allowance	\$5	
C. Checked by (Engi-In-Charge).		*N6: Repair	Co-ordination	510	
uditors' Comments :-			pair Inspection bleet Excess Coordination	\$25 \$5	
6.1:	AMERICANUS, AND CARESTS.	TP (N11): T	P (Non INC) against INC	30	F
		9) N12: Idac M Invoice dated	Fee Charge	metant criteri	and the
1. 2 / 3:		Invoice dated	Fee Charge	SHAPE OF THE PARTY	0000

Compared to the

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

  5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	04/04/2018 16:11
Date Of Accident	04/04/2018 15:00
Exact Location Of Accident	JUNC UBI RD 3 & UBI AVE 2
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ9623Z
Insured/Policyholder	
Name Of Registered Owner	HOWI TECHNOLOGY PTE LTD
Co Reg No	200507439E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67463382
Vehicle Particulars	
Manufacturer	RENAULT
Model	KANGOO 1.6 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MU000007
Cover Note Number	
Driver	
Name of Driver	CHUA CHING CHOON JOHN
NIDIO NI	C1505102B

S1505192B NRIC No 22/07/1961 Date Of Birth OUTDOOR Occupation 03/06/1981 Date Of Driving Pass 36 YEARS AND 10 MONTHS Driving Experience MALE Gender (LOCAL) +65-96798025 Mobile Number

Fax Number

OFFICE-96798025 Contact Number

NOEMAIL EMail Address

BLK 370 HOUGANG STREET 31 Address

#05-03

530370 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### Other Information

NO Was any foreign vehicle involved in this accident?

2

Number of vehicles involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG UBI RD 3 AS THE TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B TURNING OUT FROM BLK 3024 AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

#### Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP92D

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

WANG YANWEI Name of Driver G2083254T NRIC/Passport Number 86504360 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

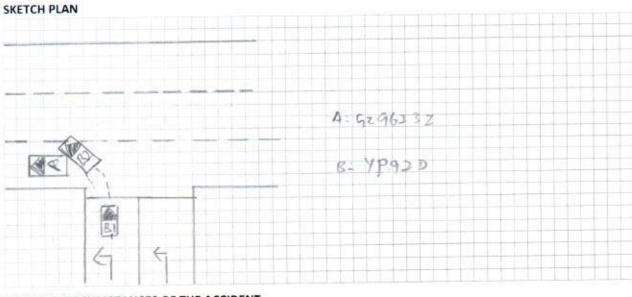
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1505192B





CHUA CHING CHOON JOHN

蔡振春

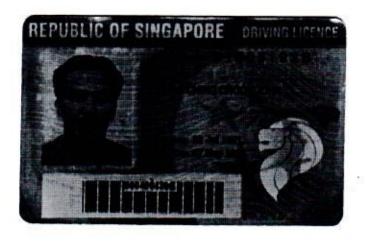
CHINESE Date of Bris

22-07-1961

Country of three

SINGAPORE









# ₹ókio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

1111 A member of the Tokio Marine Group



# Certificate of Insurance

FORM MZ300

Account No: 2214DDA

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: MU000007 (Commercial Vehicle)

Index Mark and Registration Number of

GZ9623Z

Chassis No.: VF1FC0SAA35158068

2. Name of Policyholder

Vehicle

HOW! TECHNOLOGY PTE LTD

Effective date of the Commencement of

03/01/2017 (10:05:00)

Insurance for the purposes of the Act

Date of Expiry of Insurance

02/01/2018

Persons or Class of Persons entitled to drive\* Any person who is driving on the policyholder's order or with their permission.

Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been, so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- Limitations as to use
  - Use in connection with the policyholder's business.
  - Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
  - The policy does not cover:-

    - Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
       Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- Limitations rendered inoporative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles. (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

#### IMPORTANT NOTICE

Insurance Plan:

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio. Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that, effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation Act (Chapter 189).

ADDITIONAL INFORMATION

Third Party Fire & Theft Only

Limit for total loss or theft:

Prevailing Market Value

Financial Interest:

HENLY ENTERPRISES CO. PTE LTD

Additional Terms:

(1) Policy excesses are amended as follow:-

(a) Additional Excess All Claims for non-employees \$1,500
(b) Additional Excess All Claims for Young, Elderly or Inexperienced Drivers (YEID) \$3,000

TOKIO MARINE INSURANCE SINGAPORE LTD.

**Authorised Signature** 

Printed: 03-01-2017 10:05:03