NATIONAL Assessment Centre Se	ervices per viscos	MMA 11804 5858		
	b description	Date & Time Completed	Done l	Ņ.
The state of the s	SAS e-filing			
1441 11-12 1800 63 161 111	E-mail (within Shrs, A1C 2hrs)			19
- ONW 1	-Motor Claim Form			
614118 10:02	-Motor W/O (Within: OD 2	Thrs. TP 4hrs)		
OD 'AP ' Reporting Only	-Photo Uploaded			9.6
	Assessment/Survey Report			
TD Incorer				500 650
the state of the s	Ass't Report by Fax / Han		ax:)
Preferred Wksp / INC Assign Wksp / QW: (2230 D INC			
	2230 D. INC	Tel:	3)	
Owner / Driver: (- Policy No: () Period:	() Cover Type: ()	
	Date:	Time:)	
Confirmed by : (-20%; P: 21-79% F: 80-1	00%]	
	enty: YES ()/NO ()	The state of the s	
The second secon	77 02,000 (
General Remarks:- () Walk-In Customer: Customer's informati	on strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer UI				
		; Towing Co: ()
Drive-in ()/ rowed-in (), invoice: 12			Done	
Remarks;- (INC hotline: 6788 6616)		Date&Time Completed	, andre	Liy .
Apply for Transport Allowance () / Court	esy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:				
Date/Time Actions			100 TO 3.15	The state of the s
			Anit (S)	Amt (3)
Mais	102164 Invoice I	reparation Checklist	15t Bill	Add Bill
laumant's Particulars :-	1) AR : Acci	dent Reporting (\$30); sege Assessment (\$100); INC (30-00	
	3) TF : Towi	ng Fee S	40/\$45	
river/Owner:	5) FT : Follo	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30		
ontact No:	Forclein	ing against INC Only (wef 10 Jan 20)	05) \$75	
amäged Portion:	6) TR : Re-in 7) N1 : Idac	nspection DA + SMRT Survey	\$160	
	8) NTUC A	dditional Services		
C Checked by (Engr-In-Charge):	OD* *N5: Cou	ricsy Cer / Tpt Allowense	\$5	
	*Nó: Rep	eir Co-ordination	\$10 \$25	
uditors' Comments :-		Repair Inspection / Collect Excess Coordination	\$5	
tt. 1:	<u>TP</u> (N11)	: TP (Non INC) against INC	\$20	
	9) N12: Idni Invaice date		a a	
at_2/3:	Invoice date	41 (41)		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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.

- 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	06/04/2018 11:30	
Date Of Accident	06/04/2018 10:05	
Exact Location Of Accident	AYE TWDS CITY	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW7023L	
Insured/Policyholder		
Name Of Registered Owner	MAH AI LIN	
NRIC No	S6811065C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91452339	
Alternative Phone No	OFFICE-91452339	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E200 SEDAN (R18)	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	MU009791	
Cover Note Number		
Driver		
Name of Driver	KEE HUAI TECK	
NRIC No	S1604664G	
Date Of Birth	10/12/1963	
Occupation	INDOOR	
Date Of Driving Pass	27/06/1988	
Driving Experience	29 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91452339	
Fax Number		
Contact Number		
EMail Address	BILLYKEE2003@YAHOO.COM.SG	<u></u>
		Page 1 of 18

Address

BLK 60 TEBAN GARDENS RD #23-454

Postcode

600060

1 0310000

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

0

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

I WAS TRAVELLING ALONG AYE TWDS CITY ON THE FIRST LANE, WHEN NOTICED ROW OF VEH INFRONT OF ME SLOW DOWN AND STOPPED. AS SUCH I FOLLOW TO SLOW DOWN AND STOPPED. ALL OF SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKA2230D) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKA2230D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEE MING KANG TERENCE

NRIC/Passport Number

S8417200F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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) of:
 - 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;
 - 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

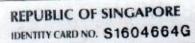
Name:

NRIC/FIN No.:

	A = SKW 70234
	A = SKW 7023 L B = SKA 2230 D
I A	
8	
AYE	tuols city
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	,
Please Refer to 5	tatement
	W
DECLARATION	/ /
I/We declare the foregoing particulars are true in every respect.	
May	Those,
Policyholder's Signature Driver's Signature	Reporting Centre Personnel's Signature Name:

GUIDAN Steuchtanepm = 3

2







111

KEE HUAI TECK

CHINESE

10-12-1963



S1604664G

APT BLK 60 TEBAN GARDENS ROAD #23 - 454 SINGAPORE 600080 NRIG No: \$1604664G Date: 06/04/20

Date: 06/04/2010



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars and Motor Treologs the weight of which unladen does not accord 2500 follograms

27 Jun 1988

NP 42EA

114.



Tokio 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

A member of the Tokio Marine Group



Certificate of Insurance

FORM MX1 N

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.: MU009791 (Private Car)

Index Mark and Registration Number of

SKW7023L

Chassis No.: WDD2120342B148652

Vehicle

2. Name of Policyholder

MAH AI LIN (Non Driving)

3. Effective date of the Commencement of

Insurance for the purposes of the Act

05/09/2017 (10:48:33)

4. Date of Expiry of Insurance

30/11/2018

Persons or Class of Persons entitled to drive*

Any other person who is driving on the Policyholder's order or with with his 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 only for social domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 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.

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			Account No: 2135DDA
Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims Additional Excess for Unnamed	SGD 1,500.00 SGD 500.00	(Original Excess : SGD 1,500.00)
	Driver(s) Additional Excess for Young or	SGD 3,500.00	
	Inexperience Driver(s) WindScreen Excess	SGD 100.00	
Financial Interest:	STANDARD CHARTERED BANK SINGAPORE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Printed: 05-09-2017 10:49:12 Page 1 User ID: 2135DDA