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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.

Any false reporting may be referred to the Police for Investigation.

- 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

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Date Of Report

11/05/2018 16:52

Date Of Accident

11/05/2018 11:40

Exact Location Of Accident

PIE TOWARDS CHANGI (AFTER ENG NEO EXIT)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

EK1155M

Insured/Policyholder

Name Of Registered Owner

WONG SAU LENG

NRIC No Email Address

S7223594J

Mobile Phone No.

STANLEY.CHUA@YAHOO.COM.SG (LOCAL) +65-98368963

Alternative Phone No.

OTHERS-98186464

Vehicle Particulars

Manufacturer

TOYOTA

Model

WISH

Exact Purpose for which vehicle was being used at PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

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

MT101019 /

Cover Note Number

Driver

Name of Driver

CHUA BOON TIAN

NRIC No

S1662579E

Date Of Birth Occupation

20/08/1964

Date Of Driving Pass

OUTDOOR

Driving Experience

05/03/1985

33 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-98186464

Fax Number

Contact Number

OTHERS-98368963

EMail Address

STANLEY.CHUA@YAHOO.COM.SG

BLK 546 CHOA CHU KANG STREET 52 Address

#02-18

Postcode 680546

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

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?

NO 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

PLEASE REFER TO SKETCH PLAN

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

GBC3768J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 withholding of material facts may allow insurance companies to repudiate policy liability.
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- 6. 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN

	A= EK 1155 M
	B= GBC 37687
B	PIE towards Changi
	CAFter Eng Neo Exit)
\$\P\3\9\0	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	/
	_
No Constant	
Refer to attach	

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 Stenature
Name:
NRIC/FIN No.: Kofal WATTAB

On 11.05.18 at about 11:40 hours at along PIE towards Changi (After Eng Neo Exit) . While I was travelling on the lane 2 and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): EK1155M

Vehicle (B): GBC37683

uloshols

SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/05/18 Time: / 40 (hh:mm) 24 hr format
Location PIE towards Change (After Eng Neo Exit)
0 1
Vehicle Number EK 1/55 M
Insured Name Wany San Leny
NRIC/FIN 572235947 Contact Number 98 36 89 62
Make Toyeta Model Wish
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: () Third Party () Reporting Insurance Company To City Marchel
10110
Type of Policy (✓) Comphensive () Third Party Fire & Theft () TP Only
Policy Number M1 10 10 19
Name of Driver Chuch Boon Tian () Same as Insured
NRIC/FIN 5/662579 = Contact Number 98/8 64 64
Date of Birth 20/08/1964
Driving Pass Date 05/05/1985
Occupation () Indoor (\ Outdoor
Gender (√) Male () Female
Email Address & Stanley Chua @yahoo. com . st. ()NO EMAIL
Address of Driver BIK 546 Choa Chu Kang Street 52
02-18 Sinjupore 689 546
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface () Dry (V) Wet () Others
Was any foreign vehicle involved in this accident? () Yes (No
Was anybody injured in the accident? () Yes (/) No
If yes , injured detail .
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes (No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B GBC37687
Veh C
Veh D
Veh E
Veh F

Driver Only



Et 1155M driver





Et1155M driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7223594J





WONG SAU LENG

CHINESE 04-07-1972

SINGAPORE

EK1155M Owner





87223594J

29-01-1999

546 CHOA CHU KANG STREET 52 WO2-16

RIO Hox S7223594J Date 28-05-1999 No.

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. tmls@tokiomarine.com.sg. W. www.tokiomarine.com

A monther of the Tukio Macine 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.: MT101019 (Private Car)

Index Mark and Registration Number of Vehicle

EK1155M-

Chassis No.: ZGE206026473

Name of Policyholder

WONG SAU LENG (Non Driving)

Effective date of the Commencement of Insurance for the purposes of the Act

13/04/2018 (00:00:00)

4. Date of Expiry of Insurance

12/04/2019

5. 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, as permitted and is not disqualified by order of a Court of under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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 fundamed inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Ad (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Maleysia), are not to be included under these headings.

Waltereby certify that the Policy to which this Cartificate relates is issued in accordance with the provision of the Motor Vehicles. (Third-Perry Risks and Compensation) Act (Chapter 189) and Part IV of the

Please refer to the Policy Schedula for full details, ferms and conditions of the insurance

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio. Manne insurance Singapore Ltd. within 7 days thereof. Act (Chapter 189).

Act (Chapter 189).

SGD 3,500.00

ADDITIONAL INFORMATION		21 XI XI C XXXX
Insurance Plan:	Comprehensive Approved Workshop Plan	Account No: 2419DDA
4 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	The state of the s	

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

SGD 800 00 Additional Excess for Unnamed SGD 500.00

Driver(s)

Additional Excess for Young or

Inexperience Driver(s)

WindScreen Excess

Financial Interest:

SGD 100.00 CENTURY TOKYO LEASING (SINGAPORE) PTE LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

(Original Excess : SGD 800.00)

Authorised Signature



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: MA118061631 _Vehicle Registration No: _ FK 1155 M Original Report No BOOM AN Name(as shown in NRIC) : ChuA NRIC/FIN/Passport No : (*Vehicle Driver / Kehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Email Address Time of Accident : 11. 40 11/05/201 Date of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: THIRD PERRY VAHICUR NUMBER TO GBC 386ET Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No

Date: