

NATIONAL Assessment Centre Services (011 21000)

MANA1806238

| | | | |
|---------------------------|---|-----------------------|---------|
| Date In: 25/05/2018 15:49 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/TM1/8009553/Y | S&S e-litig | | |
| Veh No: SFV 4325J | E-mail (with photo, AIO photo) | | |
| D.O.A: 24/05/2018 10:30 | 1-Motor Claim Form | | |
| OD: TP Reporting Only | 1-Motor W/O (with photo, AIO photo) | | |
| | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insure: | Ass't Report by Fax/Hand to Owner/VVW30 | | |

| | | |
|--|------------------------------------|-----------------|
| Preferred Wksp / INC Assign Wksp / OWI: | Tel: | Fax: |
| TP Particulars: Yell No: GBG 3015D | INC () / Non-INC () | |
| Owner / Driver: () | Tel: () | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: () | Date: () | Time: () |
| Insured/Driver Liability: () % (Note: Bil. Subl (WO): Nil-20%; P: 21.79%; P: 80-100%) | | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-in Customer | Customer's information strictly Confidential & strictly NO refer of reporter.

() Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () | Invoice: YES () / NO () | Towing Cost ()

| | | | |
|---|------------------------|-------------------------|--------------|
| Remarks: | INC outline: 578810016 | Date Time of Photo: () | Done by: () |
| 1) Apply for Transit Allowance () / Courtesy Car () | | | |
| 2) QC Check/Post Repair Inspection () | | | |
| 3) Upload Recovery Photo (Repair Cost > \$3000) () | | | |

Injury:

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |

NA1803312

| | |
|--|------------|
| Invoice Preparation Checklist: | |
| 1) AR (Accident Reporting) (\$30) | |
| 2) DA (Damage Assessment) (\$100) | INC (\$40) |
| 3) TP (Towing Fee) | \$20/12 |
| 4) PT (Follow Through Survey) | \$10 |
| 5) PT (Follow Through Survey (Recovery)) | \$10 |
| 6) TR (Towing Fee) INC Only (Max 10 in 30) | \$10 |
| 7) NI (NADA + SMRT Survey) | \$10 |
| 8) NTUC Additional Survey | |
| 9) NI (Courtesy Car / Tpl Allowance) | \$10 |
| 10) NI (Repair Coordination) | \$10 |
| 11) NI (Post Repair Inspection) | \$10 |
| 12) NI (DY / Collision/Unacc Coordination) | \$10 |
| 13) NI (TP (Kia INC) Vehicle INC) | \$10 |
| 14) NI (Misc. Items) | |
| Invoice total | |
| | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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.
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 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 | 25/05/2018 15:49 |
| Date Of Accident | 25/05/2018 10:30 |
| Exact Location Of Accident | CROSS JUNCTION OF STRAITS BOULEVARD/SHENTON WAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------------|
| Vehicle Registration Number | SFY4325J |
| Insured/Policyholder | |
| Name Of Registered Owner | TRANSPORTER DELIVERIES |
| Co Reg No | 53339103B |
| Email Address | ZAC.YSLM@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93631236 |
| Alternative Phone No | OFFICE-93631236 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 18-M1000038-R01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KOH YONG LIANG (XU YONGLIANG) |
| NRIC No | S7925268I |
| Date Of Birth | 21/08/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/12/2000 |
| Driving Experience | 17 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93631236 |
| Fax Number | |
| Contact Number | OFFICE-93631236 |
| EMail Address | ZAC.YSLM@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 211C PUNGGOL WALK #05-649 |
| Postcode | 823211 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| 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 | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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) | 2 |
| Passenger 1 | NAME: : JOYCE GENDER: : FEMALE |

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 | GBG3075D |
| 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) | |

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------|
| Name | KOH YONG LIANG (XU YONGLIANG) |
| Approximate Age | |
| Injuries Sustain | BODY PAIN |
| Injured person in which vehicle? | SFY4325J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

1. 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.
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.
5. Any false reporting may be referred to the Police for investigation.
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) of:
 - (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.

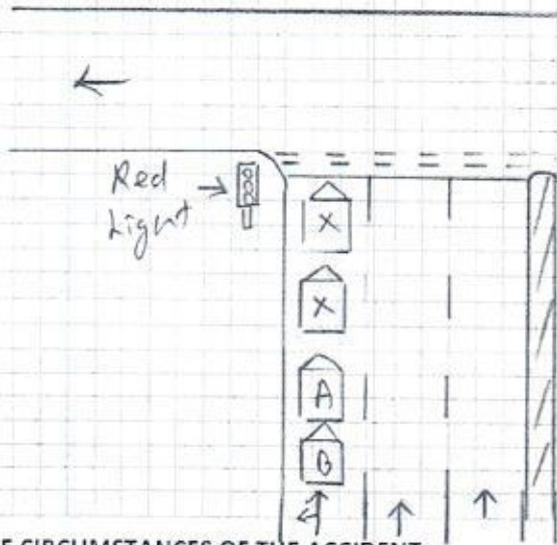


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Roslina Wathar
NRIC/FIN No.:

SKETCH PLAN



A = SFY 4325J

B = GIG 3075D

Cross Junction of
Straits Boulevard and
Shenton Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 Signature
Name:
NRIC/FIN No.:

[Handwritten signature]
25/05/2018
[Handwritten signature]

On 25.05.18 at about 10:30hours at Cross Junction of Straits Boulevard and Shenton Way. I was stationary on the lane 3 waiting for the traffic light to turn green, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SFY 4325J

Vehicle (B): GBG 3075D



SINGAPORE ACCIDENT STATEMENT

| | | |
|---|--------------------------|----------------------|
| Accident Date: 25/05/2018 | Time: 10:30 | (hh:mm) 24 hr format |
| Location Cross Junction of Straits Boulevard & Shenton way | | |
| Vehicle Number SF74325J | | |
| Insured Name Transporter Deliveries | | |
| NRIC/FIN 53339103B | Contact Number - | |
| Make Toyota | Model Vios | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | |
| Insurance Company Tokio Marine | | |
| Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only | | |
| Policy Number 18-MI 000038 - E01 | | |
| Name of Driver Koh Yong Liang | | () Same as Insured |
| NRIC / FIN 57925268I | Contact Number 9363 1236 | |
| Date of Birth 21/08/1979 | | |
| Driving Pass Date 07/12/2000 | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | |
| Email Address zao.y.s m@gmail.com | | () NO EMAIL |
| Address of Driver Blk 211C Punggol Walk # 05-649 Singapore 823211 | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | |
| If No, Relationship of the Driver with the Insured (<input checked="" type="checkbox"/>) Self-Employ. | | |
| () 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 (<input checked="" type="checkbox"/>) Clear () Raining () Others | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | |
| Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No | | |
| If yes, injured detail Koh Yong Liang Body Pain. | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | |
| DETAILS OF 3 rd party Name / Nric Contact | | |
| Veh B | G18G 3075D | |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |

Driver + 1 passenger

Passenger - Joyce (F)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7925268I



Name

KOH YONG LIANG
(XU YONGLIANG)

许咏琅

Race

CHINESE

Date of birth

21-08-1979

Sex

M

Country of birth

SINGAPORE

S7925268I

SF44325J

Driver

4240158



NRIC No. S7925268I



Date of issue

02-07-2008

APT BLK 211C PUNGGOL WALK #05-849
SINGAPORE 823211

NRIC No. S7925268I

Date. 25/05/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S79252681**
Name
**KOH YONG LIANG
(XU YONGLIANG)**

Birth Date: **21 Aug 1979**
Issue Date: **12 Mar 2009**

001719716G



SF743250
driver

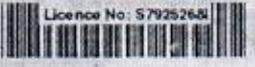
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 07 Dec 2000

NP 428A

Licence No: S79252681



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



TOKIO MARINE
INSURANCE GROUP
FORM MXI H

A member of the
Tokio Marine Group

Certificate of Insurance

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.: 18-MI000038-R01 (Private Motor Car)

- 1. Index Mark and Registration Number of Vehicle** SFY4325J **Chassis No.:** MR053HY4204144950
- 2. Name of Policyholder** TRANSPORTER DELIVERIES
- 3. Effective date of the Commencement of Insurance for the purposes of the Act** 14/03/2018
- 4. Date of Expiry of Insurance** 13/03/2019
- 5. Persons or Class of Persons entitled to drive***
Any person who is driving on the Policyholder's order or with their permission.
The hirer.
Any other person who is driving on the hirer's order or with his/ 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.

6. Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
The Policy does not cover:-
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 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

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: 2518DDA

| | |
|---------------------------------------|--------------------------------------|
| Insurance Plan: | Comprehensive Approved Workshop Plan |
| Limit for total loss or theft: | Prevailing Market Value |
| Policy Excess: | Excess - All Claims SGD 2,000 |
| | Windscreen Excess SGD 100 |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature