NATIONAL Assessment Cen	tre Services. we	1 33881 AHM 120 net 1	8-01		
Date In: 5/1/18-17-17	Jcb description	Date &Tin	ne Completed	Done	pì.
Ref No: NA/TMZ 180 12306/24	SAS e-filing	i			
Veh No: JKW ZIMX	E-mail (within Shrs	, AIC 2hrs)			
D.O.A: 4 18-05:10	i-Motor Claim I	orm			
	i-Motor W/O (w	(ithin: OD 2hrs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploade	ed			111
Thi	Assessment/Surve	y Report		7	
TP Insurer:	Ass't Report by F	ax / Hand to Owner/Wi	isp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: JV	A7463R	NC()/Non-I	NC()	*	
Owner / Driver: (Tel:	9.)	
Policy No: ()	Period: () Cover Typ	e: () _	-
Confirmed by : (ime:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21-	79%. P: 80-1009	6]	Ŧ
Year of Registration: ()	Warranty: YES ()	/NO()		es es este est	
Excess: (\$) Loading: \$)			
General Remarks:-			dimension of the second	8800	- 1
() Walk-In Customer: Customer's in	nformation strictly Confid	ential & Strictly NO refe	er of repairer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.				
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO	(); Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Tim	e Completed	Done	bу
	/ Courtesy Car ()			0.000	70.00-000
2) QC Check / Post Repair Inspection	()				11100 - 101
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()				
Injurý:					
				18 3. J. S. C.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date/Time Actions		The second second second	400 Philippin	Michigan Park	
				-	
					
. 34.0				Anit (S)	Amt (3)
1A1804256	98.8	iveice Preparation Cl	ESERTATE 1.02.1.150.1	fit Bill	Add Bill
laimant's Particulars :-		AR : Accident Reporting (5: DA : Damage Assessment (5:	30); 100); INC (\$80)		
river/Owner:	3)	TF : Towing Fee FT : Follow-Through Survey	\$40/\$45 \$120	-	-
ontact No:	5)	FT : Follow-Through Survey (Resurvey) 530		
		For claiming against INC Only TR: Re-inspection	(wef 10 Jan 2005) \$75		
amaged Portion:	7)1	N1 : Idao DA + SMRT Survey	S160		
		NTUC Additional Services:-			
C Checked by (Engr-In-Charge):		NS: Courtesy Cer / Tpt Allow	range SS		
TOTAL SECTION AND THE SECTION OF THE	·burianiAgaActivati	N6: Repair Co-ordination N7: Post Repair Inspection	\$25		
uditors' Comments :-		N8: DV / Collect Excess Coo TP (N11): TP (N:n INC) again			.,
t. 1:	9)	N12: Idae Mobile	30		
t. 2/3;		voice dated	Fee Charged Fee Charged	Sec. 11	arter Jes

Frynd Car

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.
- 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.

AC	CIL		T CT	CAT	-	CAIT
AL	CIL	JEN	IT ST	LA I		EIN I

Date Of Report 05/07/2018 17:17

Date Of Accident 04/07/2018 05:10

Exact Location Of Accident EXIT OF PIE TWDS BUKIT BATOK RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW7225X

Insured/Policyholder

Name Of Registered Owner MS LEOW LOR HEONG /

NRIC No S1636365J Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97385252

 Alternative Phone No
 OFFICE-97385252

Vehicle Particulars

Manufacturer TOYOTA

Model LEXUS IS250 AUTO STD

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 18-MV005709-R02

Cover Note Number

Driver

Name of Driver AUGUSTINE LOH CHAO DONG

 NRIC No
 \$9231053A

 Date Of Birth
 18/08/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 23/12/2013

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97385252

Fax Number

Contact Number OFFICE-97385252

EMail Address NOEMAIL

Address

BLK 21 TEBAN GARDENS ROAD

#40-127

Postcode

600021

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

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?

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)

2

Passenger 1

NAME:

GENDER:

: MALE

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

REFER TO STATEMENT.

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

SKA7463R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MERCUS LAU YEN SHERN

NRIC/Passport Number

S9303006J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

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.
- 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 repudiate policy liability.
- 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.
- 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.

Date & Time:

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

DOA: 47 18			200
0	0	Exit of	PIE
A: SKW 7125x	A	towards	Bt Batuk
B: SKA 7463R 2	A A		Rd
	[3]		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

stopped st	tationary due to the traffic light	+
was red	, suddenly my who rear portion b	eig
collicted	by reh B.	
		147
DECLARATION	- Herrican Control of the Control of	

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 Personner's Signature Name:

NRIC/FIN No.:

Personal Particulars	
	Accident: 5.10 am
Exact Location of Accident: Ex. 7 62 P	IE -
Owner's Name: Law Lor Heorg	NRIC NO: 5 1636365 HP NO:
Driver's Name: Augustine Loh Chac Dong	NRIC No: 5923 1053/HP No: 9738525
Date of Birth: 18 8 1992 Driv ng Licence Passing Date: 2	3 12 13 Occupation: Indoor / Outdoor
Address: BIK 21 Teban Gardens Rd	#40-127 (600021)
Relationship of Driver with Insured: Foch Email Address	S:
Vehicle No: SKW 7005X Make & Mode	i: Lexus
Insurance Co: Takia Mannecoverage: Com	pahensine Policy No: 18 - mv005709 + R
*Purpose of Reporting? Own Damage Claim / 3rd l	Party glaim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used A	
*Weather Condition ? Cear / Raining / Others:	Wet / Orly / Others:
* Any passenger inside vehicle involved? (Yes / N	
A: 1+1 B- 1+0	C:D:
*Was Anybody Injured ? (Yes / Nor) f yes,	
Name / NRIC / In Vehicle:	
*Was The Accident Reported To The Police ?	
O No O Yes, Which Police Station?	
*Does the Driver Own Any Other Vehicle?	
No O Yes, Vehicle Registration No:i	
*Was any foreign vehicle involved? (Yes / 16) If	yes, Vehicle No & Category:
*Was there any video captured by Car Camera?	(Yes/No)
Third Party Driver's Particulars	
Vehicle B No: SKA 7463R Make & Mo	del:
Driver's Name: Mercus Lau Yen Sherr	NRIC NOS 93 0 3006 JHP NO:
Vehicle C No: Make & Mo	
Driver's Name:	
Witness Particulars	
Name:	NRIC No: HP No:
17501150	



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: S66SS0020G / GST Reg. No.: M400017735

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

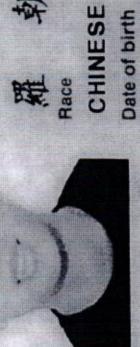
	ADDENDUM				
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No : MNA 118 08 68 68 Vehicle Registration No: Skw 9225X				
	Name(as shown in NRIC): Augustine loh chgo 20ng NRIC/FIN/Passport No: 5923/053A				
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate				
	Address : 18k 21 Teben Gardens Road #40-127 Singapore(6000)1				
	Contact (Tel) :Mobile No.: 97385352				
	Email Address :				
	Date of Accident : 47 18Time of Accident :				
	Place of Accident : taif of PHE fuds MIET Batolo Rd.				
	Insurance Company: 100				
(B)	ADDITIONALINFORMATION / AMENDMENTS:				
	I. Amend policy number (17-MV005769-R01)				
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:				

DENTITY CARD NO. \$9231053A REPUBLIC OF SINGAPORE





AUGUSTINE LOH CHAO DONG



Sex

18-08-1992

Country of birth

SINGAPORE

89231063A



NRIC No. S9231053A



Date of issue

19-08-2010

APT BLK 21 TEBAN GARDENS ROAD #40-127 SINGAPORE 600021

S9231053A

17/02/2014

REPUBLIC OF SINGAPORE DRIVING LICENCE



Chance N. Mary S. S. S. 2 3 1 0 5 8 A

AUGUSTINE LOI: CHAO DONG

Birth Date: 18 Aug 1992

Lue Pale: 25 Aug 2014





EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 23 Dec 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A



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

> RENEWAL POLICY SCHEDULE

: 17-MV005709-R01 INSURED / ADDRESS POLICY NO POLICY TYPE LEOW LOR HEONG : PRIVATE MOTOR CAR

POLICY PERIOD : 19/07/2017 TO 18/07/2018

DATE OF ISSUE : 28/06/2017 BLK 432 CHOA CHU KANG AVE 4 #04-561 ACCEPT DATE : 28/06/2017

SINGAPORE 680432

: SGD 1,149.35 PREMIUM DUE (inclusive of GST)

ACCOUNT : 2689DDA

: 0001 Private Motor Car RISK NUMBER

: HAWKER BUSINESS/PROFESSION OF INSURED REGISTRATION NO : SKW7225X : LEXUS IS250 MAKE

: Saloon TYPE OF BODY : 2500 CUBIC CAPACITY : 2006 YEAR OF MANUFACTURE : 2006 YEAR OF REGISTRATION

SEATING CAPACITY (INCLUDING DRIVER): 5

: 4GR0189038 ENGINE NUMNBER

CHASSIS NUMBER : JTHBK262202013388

: Third Party, Fire & Theft TYPE OF COVER : Prevailing Market Value SUM INSURED FINANCIAL INTEREST : AUTO LEASE (PTE) LTD

ANNUAL PREMIUM (SGD)

1,342.70 Basic Premium 268.54 Less NCD (20.00%)

1,074.16 TOTAL PREMIUM BEFORE GST ------

DRIVER'S PARTICULARS

MARITAL DRIVING NRIC/PASSPORT AGE STATUS EXPERIENCE NO NAME S1636365J 53 M 23 YEARS LEOW LOR HEONG

The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-

THIRD PARTY FIRE AND THEFT MC32

HIRE PURCHASE MC08

Policy No: 17-MV005709-R01 PRIVATE MOTOR CAR Jacket: TMis/MCI/1215

Page 1 of 2