Ref No: NA TM2 8012376 Ju SAS e-filing Veh No: Stx 3193 M E-mail (within Shrs, AIC 2hrs) D.O.A: T/3/18-19:55 I-Motor Claim Form I-Motor W/O (within: OD 2hrs, TP 4hrs) I-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wksp Preferred Wksp/INC Assign Wksp/QW: (Tel: Fax: TP Particulars: Veh No: 10 M 1737 INC ()/Non-INC () Owner/Driver: (Tel: Policy No: () Period: () Cover Type: (Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Year of Registration: () Warranty: YES ()/NO () Excess: (\$) Loading: \$1,000 ()/\$2,000 ()	Done by
D.O.A : In 18-19-15 Insurer: Insurer: Period: (Date: Time: Insured/Driver Liability: (Warranty: YES () / NO ())
i-Motor Claim Form i-Motor W/O (within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wksp Preferred Wksp/INC Assign Wksp/QW: (Tel: Fax: TP Particulars: Veh No: Inc Inc Inc Inc Policy No: (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Year of Registration: () Warranty: YES ()/NO () Excess: (\$) Loading: \$1,000 ()/\$2,000 ())
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i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh No: 16 N9 17 INC () / Non-INC () Owner / Driver: (Policy No: (Confirmed by: (Confirmed by: (Date: Time: Insured/Driver Liability: (Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 ())
Ass't Report by Fax / Hand to Owner/Wksp)
Ass't Report by Fax / Hand to Owner/Wksp)
TP Particulars: Veh No: 6 MP 1737 INC()/Non-INC() Owner / Driver: (Tel: Policy No: () Period: () Cover Type: (Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: () Warranty: YES ()/NO () Excess: (\$) Loading: \$1,000 ()/\$2,000 ())
Owner / Driver: (Tel: Policy No: () Period: () Cover Type: (Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: () Warranty: YES ()/NO (Excess: (\$) Loading: \$1,000 ()/\$2,000 ()
Policy No: () Period: () Cover Type: (Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Year of Registration: () Warranty: YES ()/NO (Excess: (\$) Loading: \$1,000 ()/\$2,000 ())
Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: () Warranty: YES ()/NO (Excess: (\$) Loading: \$1,000 ()/\$2,000 ()
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Year of Registration: () Warranty: YES ()/NO () Excess: (\$) Loading: \$1,000 ()/\$2,000 ())
Year of Registration: () Warranty: YES ()/NO () Excess: (\$) Loading: \$1,000 ()/\$2,000 ()	-
Excess: (\$) Loading: \$1,000 ()/\$2,000 ()	112911-14-14
General Remarks	
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In ()/Towed-In (); Invoice: YES ()/NO (); Towing Co: (. 1
temarks:- (INC horline: 6788 6616) . Date: Time Completed	Done by
1) Apply for Transport Allowance ()/ Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	
Injury:	
ate/Time Actions	entre de la companya
	70 menter
Anii	t (S) Amt (
Algo 4 %8 Invoice Preparation Checklist	Bill Add E
umant's Particulars :- 1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)	
Ver/Owner: 3) TF: Towing Fee \$40/\$45	
4) FT : Follow-Through Survey \$120	
ntact No: 5) FT: Follow-Through Survey (Resurvey) 530 For claiming against INC Only (wef 10 Jan 2005)	
maged Portion: 575	
maged Portion: 6) TR: Re-inspection 575 7) N1: Idao DA + SMRT Survey 5160	
### 6) TR: Re-inspection \$75 7) N1: Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-	
maged Portion: 6) TR: Re-inspection 575 7) N1: Idao DA + SMRT Survey 5160 8) NTUC Additional Services: OD* *N5: Courtesy Cor / Tpt Allowance 53	
Checked by (Engr-In-Charge): 6) TR: Re-inspection 575	
Checked by (Engr-In-Charge): 6) TR: Re-inspection 575	
Checked by (Engr-In-Charge): 6) TR: Re-inspection 575 S) NTUC Additional Services: OD*	
Checked by (Engr-In-Charge): 6) TR: Re-inspection 575	

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.
- 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.

- 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	06/07/2018 12:34
Date Of Accident	05/07/2018 14:55
Exact Location Of Accident	BIDEFORD RD PARAGON MALL EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX3193M
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	201531362N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85225202
Alternative Phone No	OFFICE-85225202
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8E CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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-MJ000417-R00

Cover Note Number

Driver

 Name of Driver
 LIM FOO SHIN

 NRIC No
 \$7983590J

 Date Of Birth
 04/10/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/01/2006

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87433053

Fax Number

Contact Number OFFICE-87433053

EMail Address NOEMAIL

10A BRADDELL HILL Address

#11-03

579720 Postcode

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

GEYLANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8486999 - FAX NO: 68486799 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180706/2040.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SGN9173T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category TAN GEE JIAN Name of Driver S0461408I NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

LIM FOO SHIN

Approximate Age Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLX3193M

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.
- 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.
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

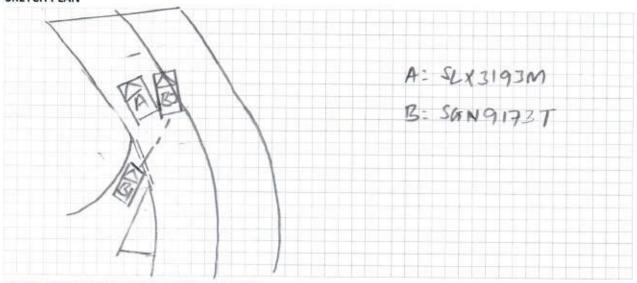
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to potice report- 1/20180706/2040.	

DECLARATION

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

Policyholder's signature

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





1 of 3 Report No. T/20180706/2040

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2018 11:51		flade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		CARROLL OF CAMPAGE STATE OF THE STATE OF	
Name of	f Informant: D SHIN		Address: 10A BRADDELL HILL #11-03	SINGAPORE 579720	
	/ ID No.: O / S79835	90J	Contact No.: Home/Office:	Mobile: 87433053	
National MALAYS			Email:		
Sex: Age: Date of Birth: Male 38 04/10/1979			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2018 14:55	Type of Location	
ORCHARD R					
In front of Paragon Exit Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	ion:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGN9173T	Car				Slightly Damaged	0
SLX3193M	Car				Seriously Damaged	0





0100700/2040

2 of 3

Report No. T/20180706/2040

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Brief Details.

On the above mentioned date time nd location, while I was exiting to Orchard Road from Paragon on the left most lane, A Sliver vehicle bearing plate number SGN9173T hit on to the rear right bumper of my vehicle. The impact causes my bumper to be loosen, and lights to be damaged. And I wish to state that I suffered from both neck and back pain due to the impact, and was given 5 days of MC for the injuries. I also do not have any CCTV recording device in my vehicle at the point of time.

CONTINUATION OF REPORT





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 3 Report No. T/20180706/2040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 TOO YONG FOOK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2018 11:51
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151 Authentication Stamp	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7983590J



(a =

Name

LIM FOO SHIN

木 福 胜

CHINESE Date of birth

Date of birth 04-10-1979

MALAYSIA







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

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-MJ000417-R00 (Private Motor Car)

1. Index Mark and Registration Number

of Vehicle

SLX3193M

Chassis No.: ZVW516062589

2. Name of Policyholder

BLAZE MOTORING PTE, LTD.

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

23/03/2018

4. Date of Expiry of Insurance

22/03/2019

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: 1141DDB

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value Own Damage Claims

SGD 2,000

Policy Excess:

Excess-Third Party (Sect II)

SGD 1,500 SGD 100

Financial Interest:

Windscreen Excess TECK WEI CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature