	! Services [44" Jayou,		
Date In 14/07/18	Job description Date &Time Completed	Done b	Y.
Res No NA/M1/8012814/13	SAS e-filing		
Veh No 56 W35 674	E-mail (within Shrs, AIC Shrs)		
D.O.A 14/07/18 0805	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uploaded	-2,0200	
TP Insurer	Assessment/Survey Report		
TI Insulation	Ass't Report by Fax / Hand to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (HUP Soon Tel: Fax:		- 41-50-5
TP Particulars: Veh No:	7m5698P INC()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: () Per	iod: () Cover Type: ()	
Confirmed by : (Date: Time:)	
	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%	0]	
	Varranty: YES ()/NO ()		900
Excess: (\$) Loading: \$1,00 General Remarks:-	00 ()/\$2,000 ()		
2) OC Charle / Dans Commis Incorporation			
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	() 000] ()		
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Inveice Preparation Checklist 1) AR: Accident Reporting (\$30);	Anit (S)	10
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Particulars:-	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)	1st Bill	10
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Particulars:-	Inveice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120	Ist Bill	10
July 2 Actions Nate/Time Actions	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)	1st Bill	10
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions laimant's Particulars:- river/Owner:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160	Ist Bill	10
Date/Time Actions VA 180 4 Claimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *NS: Courtesy Car / Tpt Allowance \$5	Ist Bill	10
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Plaimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance \$30 *N6: Repair Coordination \$100	Ist Bill	10
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Plaimant's Particulars: Ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Preparation Checklist	Ist Bill	Amt (S Add Bi

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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</u> 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.

	ACCIDENT STATEMENT	
Date Of Report	14/07/2018 15:06	
Date Of Accident	14/07/2018 08:05	
Exact Location Of Accident	LOYANG POINT LOADING BAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW3567H	
Insured/Policyholder		
Name Of Registered Owner	FU LUFANG	
NRIC No	S8280288F	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90092168	
Alternative Phone No	OTHERS-90092168	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	LATIO	
Exact Purpose for which vehicle was being used at time of accident	WORKING	
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	MT104503	
Cover Note Number		
Driver		
Name of Driver	TNEH SONG CHUANG	
NRIC No	S1760682D	
Date Of Birth	09/01/1966	
Occupation	OUTDOOR	

30/05/1989

MALE

NOEMAIL

29 YEARS AND 1 MONTH

(LOCAL) +65-90092168

BLK 678B PUNGGOL DRIVE Address

#08-824

822678

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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?

Was any injured conveyed to hospital by

ambulance?

NO NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED 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 YM5698P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE Name of Driver DESMOND OH JUN MENG

NRIC/Passport Number S7409062A

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.
- 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 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)

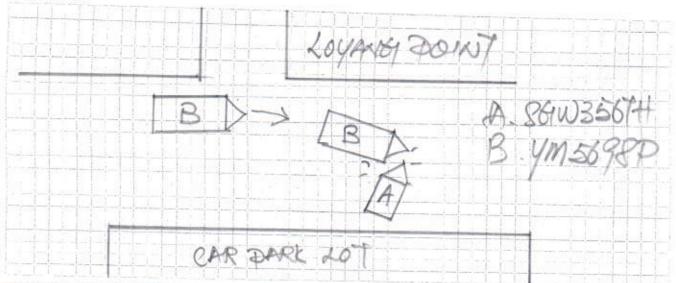
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	-		
SKE	тсц	D.I	AL BUT
SINE	11.0	P1	ΔN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WY USH WAS STATIONARY TAFRONT OF CAR DARK LOT OUT OF SUDDEN THE TRUCK YM5098P HIT ONTO MY USH FRONT PORTION.	THE ACCIDENT
	dat of sudden the truck 4M5698P HIT ONTO MY
VOOF FRONT PORTION.	
	VOOT TRONT PORTION.

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:

14/07/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

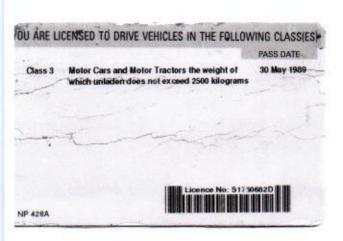


BIk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 20	9W3567H	MAKE/MODEL:	1185	TO KAYIE	
DATE OF ACCIDENT	DAY/MONTH/YEAR	TIME 0		S MIN	AM) PM
LOCATION OF ACCIDEN	T_ KOG	AND POM	7 KOARDM	U9 844.	
EXACT PURPOSE USE D	URING ACCIDENT	WORKI	VG.	1.5x	
CAR OWNER					
NAME OF CAR OWNER	FU. KU FA	NH			
CONTACT NO	90092168				
NRIC	C82802887				
CLAIM TYPE		OD	THIRD PA	RTY REPO	RTING ONLY
INSURANCE COMPANY	YOKO				
TYPE OF COVERAGE		COMPREHENSIVE	THIRD PA	RTY THIR	D PARTY FIRE & THEFT
POLICY NO					
ACCIDENT DRIVER		AS ABOVE	IF NOT- K	INDLY FILL IN BELOW	0
NAME OF DRIVER	TRIBH SONG				
NRIC	817606820		NO OF PASSEN	GER/S	
DATE OF BIRTH	09-01-1966				
OCCUPATION			Соитроо	R INDO	OOR
DATE OF DRIVING PASS	03 MAY 1989		6/200-12-1-12-12-12-12-12-12-12-12-12-12-12-1	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	
GENDER			L MALE	FEMA	ALE
CONTACT NO					
ADDRESS	BCK 6788;	DUKIGGOC	DRIVE #C	8-874	8)82767
DRIVER OWN ANY VEH					
RELATIONSHIP	EMPLOYEE/ IF NOT:	SPOUSE			
WEATHER CONDITION		CLEAR	RAINING	OTHER:	The second second
ROAD SURFACE	4	DRY	WET	OTHER:	
ANY INJURIES		NO/ IF YES- NAME:			
CONTACT NO					
POLICE REPORT		NO/ IF YES- LOCATION			
VIDEO FOOTAGE		NO/ YES			
3RD PARTY INFO					
VEHICLE B NO	UM56987		NO OF PASSE		
NAME	DESMOND (24 JUN 4	UBNOJ S	740900	SAA
CONTACT NO		30			
VEHICLE C NO			NO OF PASSE	NGER/S	
VEHICLE D NO	Andrews - Commence of Francisco		NO OF PASSE	NGER/S	
VEHICLE E NO			NO OF PASSE	NGER/S	
VEHICLE F NO			NO OF PASSEI	NGER/S	
ANY WITNESS				C 2000 100	
MUTATES CONTACT NO					









Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCellum Street #09-01 Tokio Marine Centre Singapore 0690 T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@toklomarine.com.sg W: www.toklomarine.com.

A mumber of the Tokio Marine Group



Certificate of Insurance

FORM MX1

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.: MT104503 (Private Car)

Index Mark and Registration Number of Vehicle

SGW3567H

Chassis No.: JN1BAAC11Z0005381

2. Name of Policyholder

FU LUFANG

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

14/07/2018 (00:00:00)

4. Date of Expiry of Insurance

13/07/2019

- Persons or Class of Persons entitled to drive*

 (a) The Policyholder.

 (b) Any other person who is driving on the Policyholder's order or 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 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 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.

milations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be cluded under these headings.

ce with the provision of the Motor Vehicles. (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the by certify that the Policy to which this Certificher Act, 1967 (Mateyele).

PORTANT NOTICE

ADDITIONAL INFORMATION Insurance Plan:	Comprehensive Approved Workshop Plan		Account No: 2397DDA		
Limit for total loss or theft:	Prevailing Market Value				
Policy Excess:	Own Damage Claims Additional Excess for Unnamed	SGD 600.00 SGD 500.00	(Original Excess : SGD 600.00)		
	Driver(s) Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00			
	WindScreen Excess	SGD 100.00	共和共党公安公司 (1955年)		
Financial Interest:	RICARDO CARS PTE LTD				
Additional Terms:	Waiver of excess clause is not app	licable			

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature