NATTONAL AS	sessment Centre	Services	[444] 1 Jan 25-1]		11		
Date In 20/08	[2018 13:22	Job descripti		Date & Time Con	mlated l	D.	
ROING NA/TMI18015072/k4		SAS e-filin		Exact to Timo Oth	ipieted	D0	ne by
Veh No SLV	48 201			1	<u> </u>		
DOA 19/05/2018:22:30			in 8hrs, AIC 2hrs;		1		
(1/67/2018 .: 53:30				1.			
OD TP: Reputing Only		i-Motor W/O (Within: OD 2hrs. TP 4hrs)					· • • • · · · · · · · · · · · · · · · ·
	/						12
TP Insurer:			Assessment/Survey Report  Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC As	ssign Wksp / OW· /	Ass't Report	by Fax / Hand to				
TP Particulars:		26/200	7 . 1	Tol:	Fax	:	
Owner / Driver: (	FI	5K628.0	M . INC(	)/Non-INC(	)	-	10.5
Policy No: (	) Perio	d- (		Tel:		)	
Confirmed by		a. (	)	Cover Type: (		)	
Insured/Driver Liabili		Ie-Fet Statue	Date:	Time:		)	2000-00-00-00
Year of Registration:		rranty: YES (	)/NO(	%; P: 21-79%.	F: 80-100	%]	
Excess: (\$	) Loading: \$1,000						
General Remarks;	THE SAN ALXENTA V	The describes	221 / 101 575 00	- New 2001 5 197		-	
( ) Walk-In Custon	ner : Customer's informa	tore or at attract	And the second second	eli William Erani.	دود والمراقي	, e 9	2
Apply for Transport A     QC Check / Post Rep     Upload Resurvey Pho	air Inspection	rtesy Car (	)				
Injury:	no [Kepair Cost > \$3000	7] (	)				
				<del>''</del> -			
Date/Time Actions						Y CONTRACTOR	
	NA 1805	-75	Invoice Prepa	ration Checklist		Ant (\$)	Amt (\$
aimant's Particulars :-			1) AR : Accident Re	The same of the sa	77. 77	in Bill	Add Bil
iver/Owner:	E 8 100 3 100 100 100 100 100 100 100 100 1	WALLEY AND HIM BE	2) DA : Damage As: 3) TF : Towing Fee	essment (5100); I	NC (\$80) \$40/\$45		
ntact No:			4) FT : Follow-Thro	agh Survey	\$120		
			For claiming egain	ugh Survey (Resurvey) ust INC Only (wef 10 to	\$30 n_2005)		
mäged Portion:			6) TR: Re-inspection 7) N1: Idau DA + SI		\$75		
Charlest by m	3		8) NTUC Additional	Services:	. \$160		
Checked by (Engr-In	-Charge):		*NS: Courtesy Car	/Tpt Allowance	\$5		
ditors! Comments :-	A. 1. P	1.4. F 19.45	*N6: Repair Co-or *N7: Post Repair I	dination	510 \$25		
1:	Type Programme Transport	The Complete	*N8: DV / Collect	Excess Coordination	\$5		
		23-043 W. W. 18	TP (N11): TP (N's	n INC) against INC	\$20 30		
2/3:	Barrey Art 1		Invoice dated	Fee Cha		-	国国了高
		1	Involce dated	Fixe Cho		. i-ftyo.	

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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.

DIRECT CONSIDER NEW AND THE	ACCIDENT STATEMENT			
Date Of Report	20/08/2018 13:22			
Date Of Accident	19/05/2018 22:30			
Exact Location Of Accident	224A COMPASSVALE WALK			
Country/State of Loss	SINGAPORE			
E MATERIAL STATE OF THE STATE OF	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLV4830L			
Insured/Policyholder				
Name Of Registered Owner	BEST TECH SERVICES AND ENGINEERING PTE LTD			
Co Reg No	AND REPORT TO THE PROPERTY OF A STATE OF THE PROPERTY OF THE P			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-83685720			
Alternative Phone No	OFFICE-83685720			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	2			
Exact Purpose for which vehicle was being used at time of accident	DROP OFF FRIEND			
Are you claiming under your own insurance policy for repair to your vehicle?	NO			
f No, Please state action to be taken	REPORTING ONLY			
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	MT000072			
Cover Note Number				
Driver				
Name of Driver	LEE ZHENG HUI			
NRIC No	S9737520H			
Date Of Birth	24/10/1997			
Occupation	OUTDOOR			
Date Of Driving Pass	30/06/2016			
Driving Experience	1 YEAR AND 10 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-83685720			
ax Number				

OTHERS-83685720

NOEMAIL

83 PASIR RIS HEIGHTS Address

#11-01 519283

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Passenger 1

NAME:

: NIL

: FEMALE

Passenger 2

NAME:

GENDER:

: NIL

GENDER: : FEMALE

Passenger 3

NAME:

: NIL

GENDER: : MALE

Passenger 4

NAME:

: NIL : MALE

GENDER:

# **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

FBK6289M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

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

- 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.

Wilcoholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

224A compass vale walk	
	[A]SLV4870L
	B F B K 6289M
Lot (	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While vehicle A was about to reverse into the lot, saw an
Oncoming vehicle B. vehicle A storred and whel for vehicle B to
come to a conflete stor-while both vehills were stationary vehicle
A sounded his how once sensing that it has safe to reverse,
vehicle A reversed and od the same time we hille B made on
about less turn and allided into vehille's A Driver side due.
No injuries for all cossanged in which A and B. vehille A
Oriver down suppered a local long dent.

# DECLARATION

I/We declared to regoing particulars are true in every respect.

Policyholder Signatute Date & Time

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





LEE ZHENG HUI

李

CHINESE 24-10-1997

Country of birth SINGAPORE



4821974





02-02-2012

83 PASIR RIS HEIGHTS #11-01 SINGAPORE 519283

NRIC No: \$9737520H

Date: 02/12/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



# Tokio Marine Insurance Singapore Ltd.

Company Red. No. 192300014MHGST Reg No. M2-0000023-41

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.sq W. www.tokiomarine.com



# Certificate of Insurance

FORM MX4

Account No: 1760DDA

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.: MT000072 (Private Car)

Index Mark and Registration Number of Vehicle

SLV4830L

Chassis No.: JMYSTCS3A9U006053

Name of Policyholder 2.

BEST TECH SERVICES AND ENGINEERING PTE LTD

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

04/01/2018 (00:00:00)

4. Date of Expiry of Insurance

03/01/2019

5. Persons or Class of Persons entitled to drive\*

Any person who is driving on the policyholder's order or with 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 has into 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.

\* 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

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 datails, 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 Act (Chapter 189).

Act (Chapter 189).

ADDITIONAL INFORMATION

Third Party Fire & Theft Only

Limit for total loss or theft:

Prevailing Market Value

Financial Interest:

Insurance Plan:

NII

TOKIO MARINE INSURANCE SINGAPORE LTD.

**Authorised Signature**