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OD D Reporting Only	i-Photo Up	loaded	1			
	Assessment/	Survey Report				
TP Insurer:	Ass't Report	t by Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (1		Tel:	Fax:		THAT SEE SEE
1	YN 2810X	. INC()/Non-INC()	. 7		
Owner / Driver: (114 20101		Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status	(WO): N: 0-2	0%; P: 21-79%. P: 3	0-100%]		1
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000						
General Remarks;-				to region.	9, 7, 5	
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() Total Loss Case : to e-mail Insurer			4			
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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 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.

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	ACCIDENT STATEMENT
Date Of Report	12/09/2018 15:54
Date Of Accident	12/09/2018 09:00
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7122C
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	16-MH001802-R00
Cover Note Number	•
Driver	
Name of Driver	TAY HONG BOON ERIC
NRIC No	S7610887J
Date Of Birth	13/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90931802
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 772 BEDOK RESERVOIR VIEW #08-149 Address

Postcode 470772

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

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

CLEAR Weather Conditions 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? YES Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER: : FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

TAMPINES NORTH NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN2810X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

THANKAVEL SASIKALA AHIL

NRIC/Passport Number

G2360479K

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAY HONG BOON ERIC Name

Approximate Age

Injuries Sustain WHIPLASH Injured person in which vehicle? SJQ7122C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

Page 3 of 21

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:
 - (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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

SKETCH PLAN Please Reser 40 Sketch DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Police Roport Please nefer to

DECLARATION

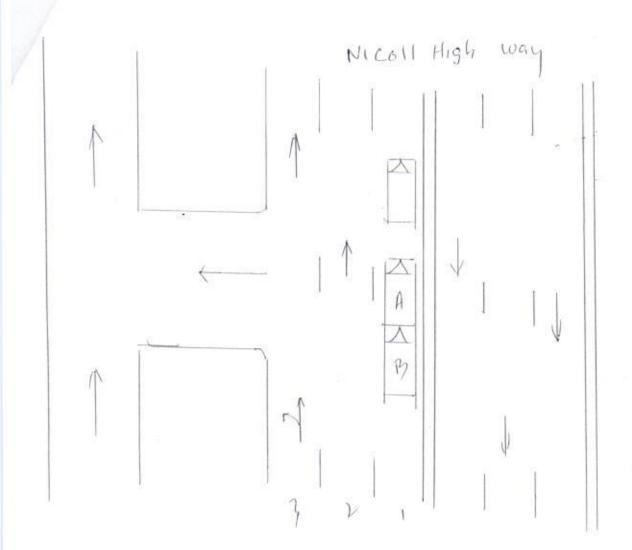
I/We design the pregoing particulars are true in every respect.

CAT.

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

Name: NRIC/FIN No.:

GIARMC SketchFlanForm_V3



A-SJQ-7122-C B-YN-2810-X





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461 1 of 3 Report No. T/20180912/2076

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:	
12/09/2018 13:14	W	12	

Informa	nt's Partic	ulars			
Name of Informant: TAY HONG BOON ERIC			Address: APT BLK 772 BEDOK RESERVOIR VIEW #08-149 SINGAPORE 470772		
ID Type / ID No.: NRIC NO / S7610887J			Contact No.: Home/Office:	Mobile: 90931802	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 42	Date of Birth: 13/04/1976	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

General Inform	nation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2018 09:00	Type of Location: Straight Road	
Location: Along Road 1 NICOLL HIGH	- HWAY		*:		
Weather: Road Dry		Road Surface: Dry	R	oad Speed Limit:	
Traffic Flow: Traff		Traffic Control:		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head	I To Rear		nyone conveyed by mbulance: o	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJQ7122C	Car	HYUNDAI	HD AVANTE 1.6 A	Black		2
YN2810X	Lorry	MITSUBISHI	FE83BEOSR DEA	White		0

Details of Person involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180912/2076

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver			ALE WASHINGTON	WILLIAM !		
Name	TAY HONG BOON ERIC			ID No.		S7610887J
Related Vehicle	SJQ7122C (Car)			Contact No.		90931802
Hospital/Clinic .	OEI FAMILY CLINIC			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	12/09/2018		Date Disc	scharge NIL		
No. of Days gran	ted Medical Leave	05	Degree o	of Injury Slight		t
Driver						
Name	THANKAVEL SASIKALA AHIL		40)	ID No.		G2360479K
Related Vehicle	YN2810X (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 12/9/2018 at about 0900hrs, I was driving along Nicoll Highway. I had two passengers on board.

Due to the red light, I had came to a stop. All of a sudden, I felt an impact from the rear. I made a check on my passengers and they did not complain of any discomfort. I had then alighted to make a further check. There were no visible injuries on parties involved. I saw that it was a lorry that had rear ended me.

As such, I had exchanged particulars with the other driver.

After sending my passengers, I had gone to Oei Family Clinic as I felt discomfort in my back. The doctor then informed that I had whiplash and he then gave me 5 days of medical leave (12/9/2018-16/9/2018)





3 of 3

Report No. T/20180912/2076

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

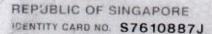
Tel No: 1800-7818999

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 3 BRYAN LIM GHIM SONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2018 13:14
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	







TAY HONG BOON ERIC

郑宏文

CHINESE

13-04-1976

SINGAPORE

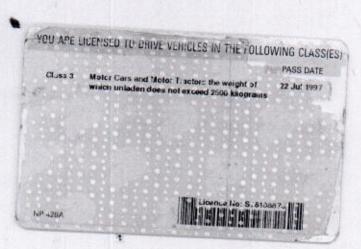
License Namber: S 7 6 1 0 8 8 7 J

Name:

TAY HONG BOON ERIC (ZHENG HONGWEN ERIC)

Birth Date: 13 Apr 1976
(South Date: 23 Jul 2003





Point Librite Incompose Stigney he Ltd

20 McCallum Street #09-01 Tokio Manne Centre Singapore 069046.

(65) 6221 6111 (165) 6221 4355 / (65) 6224 0895 (17his Ritchiomanne comset (17his Ritchiomanne comset



Certificate of Insurance

FORM MZ486

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 (MANAYSIA)

Policy No.: 16-MH001802-R00 (Private Motor Car)

 Index Mark and Registration Number of Vehicle

SJQ7122C

Chassis No.: KMHDU41BR9U759761

2. Name of Policyholder

BLAZE MOTORING PIE LTD

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

22/09/2017

21/11/2018

4. Date of Expiry of Insurance

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 encament 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.
- -3) Use for the curringe of purrongers for hire or reward by any person whom the vehicle is hired
- Limitations rendered insperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
 and Section 93 of the Road Teamsport Act, 1987 (Makapita), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is asserd in accordance with the provision of the Motor Vehicles (Third-Party Rosks 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. Fashine to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

ON Account: 1141008
THIRD PARTY FIRE & THEFT

Insurance Plan: IFIFE & Limit for total loss or theft: Prevailing Market Value

Policy Excess:

The state of the s

Excess-Third Party (Sect II) SGD 1500

FINANCE COMPANY:

User Name: Ho Mene Lee - Motor Unde

GENIE FINANCIAL SERVICES PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Printed 04/09/2017