| NATIONAL Assessment Cen | | (we!) Jan'05[M] | AND COMPANY OF THE PARTY OF THE | | |
|--|-----------------------------------|--------------------------------------|--|--|--|
| Date In: 20/11/18/17:39 | Jeb description | i . | Date &Time Completed | Done | s p.v. |
| Ref No: Naton 1804 or fry | SAS e-filing | | | | me a |
| Vch No: Umarap | E-mail (within | Shrs, AIC 2hrs) | | | - |
| D.O.A :19/11/18 - 17:50 | i-Motor Clai | m Form | | | |
| OD TP Reporting Only | I-Motor W/C | (Within: OD 2hrs | s, TP 4hrs) | | |
| CD P Reporting Only | i-Photo Uplo | aded | | | |
| TP Insurer: | Assessment/St | urvey Report | | | |
| ir insurer. | Ass't Report b | y Fax / Hand t | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | 100125-50010 - 200 | Tel: Fa | c: |) |
| TP Particulars: Veh No: ME | EINIYM . | INC(|)/Non-INC() | E | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (\ | WO): N: 0-20 | 0%; P: 21-79%. P: 80-10 | 0%] | 7/) |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | Control of the Contro |
| Excess: (\$) Loading: \$1 | ,000 ()/\$2,000 | () | | | |
| General Remarks: | | | Acres de la Company | 07 3 | |
| () Walk-In Customer : Customer's in | | | | | |
| The second secon | rer URGENTLY. | | iou) ito iso or openior | 911 | |
| | | 10 / \ T | The Co. (| · - | |
| Drive-in () / / dwed-in (); invol | ice: YES() / N | 10();1 | owing Co: (| | |
| Remarks: (INC horline: 6788 6616) | | | Date&Time Completed | Done | by |
| 1) Apply for Transport Allowance ()/ | Courtesy Car (|) | | MIN 3 11 10 10 10 10 10 10 10 10 10 10 10 10 | |
| 2) QC Check / Post Repair Inspection | () |) | | Area e service | |
| 3) Upload Resurvey Photo [Repair Cost > : | \$3000] (|) | | 85 | |
| Injury: | | | | | |
| | | · | | anggrant down | AT CARLES |
| Date/Time Actions | | | Application of the Control of the Co | Beschille | - |
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| | MILE 10.7 - S. C S. C S. C S S S. | | | | |
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| | | | | PRP NO 15 1 NO | THE CO. |
| MAIN STORMAN | =4 | Invoice Pres | paration Checklist | Anit (S) | Amt (3) |
| laimant's Particulars :- | | 1) AR : Accident | | | |
| | | 2) DA : Damage . 3) TF : Towing F | Assessment (\$100); INC (\$80) | | |
| river/Owner: | | 4) FT : Follow-Th | hrough Survey \$1 | 20 | |
| ontact No: | 3 | | hrough Survey (Resurvey) \$. gainst INC Only (wef 10 Jan 2005) | 30 | |
| amaged Portion: | | 6) TR : Re-inspec | tion . S | 75 | |
| | * | 7) N1 : Idac DA 4 8) NTUC Additio | | 50 | |
| C Checked by (Engr-In-Charge): | | OD. | | | |
| (bigi-in-charge). | | *N5: Courtesy *N6: Repair Co | | 10 | |
| uditors' Comments :- | | *N7: Post Repr | nir Inspection \$ | 25 | |
| | | | | 20 | |
| | | 9) N12: Idna Mob | oile | 30 | Parket Joseph |
| 2/3: | | Invoice dated | Fee Charged | Carried St. | |

Figure 8 1 and

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 liability.
- 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,

| 3. 图 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | ACCIDENT STATEMENT |
|--|---|
| Date Of Report | 20/11/2018 13:37 |
| Date Of Accident | 19/11/2018 17:50 |
| Exact Location Of Accident | PIE (CHANGI) NEAR EUNOS LINK EXIT |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJM782P |
| Insured/Policyholder | |
| Name Of Registered Owner | MR LOH KHEAM QUEE FABIAN (LU JINGUI) |
| NRIC No | S7726875H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90881941 |
| Alternative Phone No | OFFICE-90881941 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | MOBILIO SV 1.5 CVT |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 17-MW011108-R02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LOH KHEAM QUEE, FABIAN (LU JINGUI) |
| NRIC No | S7726875H |
| Date Of Birth | 15/09/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/10/2002 |
| Driving Experience | 16 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90881941 |
| Fax Number | 550 to control (500 to 500 to |
| Contact Number | OFFICE-90881941 |
| | |

NOEMAIL

Address 766 BEDOK RESERVOIR ROAD

#12-25

Postcode 479248

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JLP8816 (PRIVATE CAR)

Number of vehicles involved in the accident 3
Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1 NAME: : -

GENDER: : FEMALE

Passenger 2 NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

NO

NO

3

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181120/2040.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

0.145

Details Of Properties

Vehicle Category

PRIVATE CAR

SME1214M

Name of Driver

SYAZWAN BIN SUPAAT

NRIC/Passport Number

S8823368I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JLP8816

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

LOH KHEAM QUEE, FABIAN (LU JINGUI)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJM782P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 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:

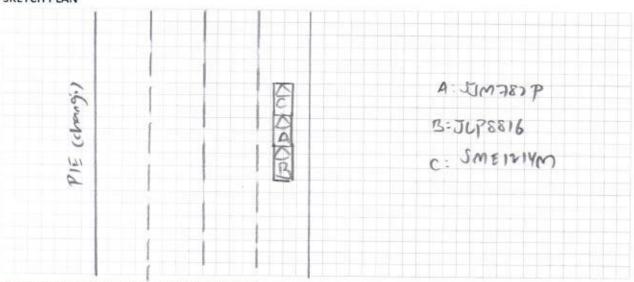
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature Date & Time:

MAN

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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| AATE III | | | | |
|----------|------------------|----------------|--|--|
| Refer to | plice report 1/2 | 0/8/12/0/2040. | | |
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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: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20181120/2040

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 20/11/2018 12:17 | | Made: | Vide Report No.: | Station Diary No.: |
|---|--|---------------------------|---|----------------------------|
| Informa | ant's Partic | ulars | | |
| Name o | of Informant: HEAM QUE | | Address: 766 BEDOK RESERVOIR I WAVES SINGAPORE 4792 | ROAD #12-25 WATERFRONT |
| NRIC N National | / ID No.: O / S77268 lity: PORE CITIZ | | Contact No.: Home/Office: Email: | Mobile: 90881941 |
| Sex: Male | Age: | Date of Birth: 15/09/1977 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupat TEACHE | | | Driving Licence Information: Class: | Date of Evning |

| General Infor | mation of the Acciden | | The state of the s | | |
|----------------------|-------------------------------|-----------------------|--|-----------------------------|--|
| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 19/11/2018 17:50 | Type of Location: | |
| PIE TOWARD | EXPRESSWAY | | | | |
| \\/ | | Road Surface: | R | Road Speed Limit: | |
| Traffic Flow: Traf | | Traffic Control: | Т | Traffic Volume: | |
| Type of Collis | ion: | | | nyone conveyed by mbulance: | |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
|-------------|------|-------|------------|-------|-----------|----------------|
| JLP8816 | Car | Til. | | Color | Condition | 0 |
| SJM782P | Car | HONDA | MOBILIO SV | White | | 0 |
| SME1214M | Car | | 1.5 0 1 | | - | 0 |

| Details of V | ehicle Insurance | MAZILA INSTITUTATION SALAMANIAN SALAMAN | THE RESERVE OF THE PERSON | |
|--------------|-------------------|---|---------------------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Trusta B. |
| | | modranoc 140 | Lifective | Expiry Date |





1/20181120

2 of 3

Report No. T/20181120/2040

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

| | ehicle Insurance | | | |
|---|-------------------|--------------|------------|-------------|
| | Insurance Company | Insurance No | Effective | Expiry Date |
| SJM782P TOKIO MARINE INSURANCE SINGAPORE LTD. | MW011108 | 21/12/2015 | 20/12/2018 | |

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG THE EXTREME RIGHT LANE WITH 2PASSENGERS. I WAS SLOWING DOWN AS THE CAR(SME1214M) INFRONT HAD STOPPED. AS I WAS SLOWING DOWN, A MALAYSIAN CAR(JLP8816) COLLIDED INTO MY BACK. THE COLLISION CAUSED ME TO MOVE FORWARD AND HIT THE CAR INFRONT.

AT THAT POINT OF TIME, THE TRAFFIC WAS SLOW MOVING AND IT WAS STILL DRIZZLING AND THE ROAD WAS WET. ALL THE CAR DRIVERS GOT OUT AND TALKED TO EACH OTHER. THE OTHER SINGAPORE CAR DRIVER AND MYSELF EXCHANGED PARTICULARS BUT I COULD NOT GET THE MALAYSIAN CAR DRIVER PARTICULARS AS HE DROVE OFF IN A HURRY.

I HAVE FOOTAGE OF THE INCIDENT FROM MY IN-CAR CAMERA(FRONT&BACK). I VIEWED THE FOOTAGE AND SAW THE MALAYSIAN CAR HAD FILTERED INTO MY LANE FROM THE 2ND LANE AND ACCELERATED AND COLLIDED INTO MY CAR.

I WENT TO THE DOCTORS TODAY AND RECEIVED 2-DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20181120/2040

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: TP / MUHAMMAD SYUKRI BIN ABU BAKAR | Signature Of Informant: |
|--|-----------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 20/11/2018 12:17 |
| Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 | Classification Of Case: |
| Authentication Stamp | |

MENNITY CARD NO. S7726875H





LOH KHEAM QUEE, FABIAN (LU JINGUI)

卢锦

CHINESE

15-09-1977

SINGAPORE



1010 W S7726875H

17-12-2007

766 BEDDK RESERVOIR ROAD #12-25 SINGAPURE 479243

TIHIC No: \$7726875H . Date: 03/09/2012 No: 7099876

4146478

YOU ARE LIFE YEED TO DRIVE YEART ES IN THE FOLLOWING CLASSIES!

DATE

Class 3 Hotor Cars and Motor in Liters the weight of which unladen does not exice ad 2500 falograms

Oct 2002

12 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 Entire Marine Groun

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.: 17-MW011108-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SJM782P

Chassis No.: MRHDD4870FP000378

2. Name of Policyholder

MR LOH KHEAM QUEE FABIAN (LU JINGUI)

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

21/12/2017

4. Date of Expiry of Insurance

20/12/2018

- 5. 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 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 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

* 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

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value Own Damage Claims

SGD 600

Policy Excess:

Windscreen Excess

Financial Interest:

Insurance Plan:

OCBC BANK LIMITED

SGD 100

Tokio Marine Insurance Singapore Ltd.

Account: E2316DDA

Authorised Signature

User Name: Intermediaries from TM O

Printed 11/11/2017