	Jcb description	Date & Time Completed	Do	ne by
Date In: 44/19-15-6] Ref No: Na/5m7/19-5853/24	SAS e-filing	- San ter and Sanpacion	20	ine of
Vch No: 547842F		1		
D.O.A: 3/3/19-22.45	E-mail (within Shrs, AIC 2hrs)			
		<u>k</u>		
OD / Reporting Only	i-Motor W/O (Within: OD 2hr: i-Photo Uploaded	, TP 4hrs)		
	Assessment/Survey Report			
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report by Fax / Hand t			
TP Particulars: Veh No: JKE 68314	DIC (Tol: Fa	x:	
Owner / Driver: (. INC ()/Non-INC().		
Policy No: () Period:	()	Tel: Cover Type: (
Confirmed by : (Date:			
	-Est. Status (WO): N: 0-20	Time:)	
VCD			0%]	
)		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
			31. 5	
() Walk-In Customer : Customer's information	on strictly Confidential & Stri	rtly NO refer of repairer	-	
() Total Loss Case : to e-mail Insurer UR	RGENTLY.	A	5	
Drive-In ()/ Towed-In (); Invoice: YES				
	3()/NO();10	wing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Turie Completed	Done	by
Apply for Transport Allowance ()/Courter	ev Car ()	1.5	0114	77.0
, , courte	o) car (
	()	*		
2) QC Check / Post Repair Inspection	()	*		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury:	() ()		ene en	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	() ()		Machine St	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	() ()		- 1 · 1 · · · · · · · · · · · · · · · ·	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	() ()		ngog af Maria	2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	() ()		100 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Pate/Time Actions	() ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Pate/Time Actions	()	ration Checklist.	Ant (\$)	() Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	Invoice Prepa	ration Checklist.		() Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Links - 2353	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As	ration Checklist; porting (\$30); sessment (\$100); INC (\$80)	Ant (\$). Ist Bill	() Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Umant's Particulars: ver/Owner:	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro	ration Checklist. porting (\$30); sessment (\$100); INC (\$30) \$40/\$4; agh Survey \$120	Ant (S) Ist Bill	() Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Umant's Particulars: ver/Owner:	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	ration Checklist. porting (\$30); sessment (\$100); INC (\$80) \$40/\$4; sigh Survey \$120 sigh Survey (Resurvey) \$30	Ant (S)	Amu(
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Liminates Particulars: ver/Owner:	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	ration Checklist: porting (\$30); sessment (\$100): INC (\$80) \$40/\$4: agh Survey \$120 agh Survey (Resurvey) \$30 ast INC Only (wef 10 Jan 2005)	Ant (S)	() Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Liminates Particulars: ver/Owner:	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agoi 6) TR: Re-inspectio 7) N1: Idae DA + S	ration Checklist; porting (\$30); sessment (\$100); INC (\$80) \$40/\$49; agh Survey \$120 agh Survey (Resurvey) \$30 ast JNC Only (wef 10 Jan 2005) a \$75 MRT Survey \$160	Amt (s))	() Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Liminant's Particulars:- ver/Owner: maged Portion:	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agoi 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additional	ration Checklist; porting (\$30); sessment (\$100); INC (\$80) \$40/\$49; agh Survey \$120 agh Survey (Resurvey) \$30 ast JNC Only (wef 10 Jan 2005) a \$75 MRT Survey \$160	Amt (s))	() Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Make > 353 dimant's Particulars:- ver/Owner: maged Portion:	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agoi 6) TR: Re-inspectio 7) N1: Idae DA + S	ration Checklist; porting (\$30); sessment (\$100); INC (\$80) \$40/\$42; agh Survey \$120 agh Survey (Resurvey) \$30 ast INC Only (wef 10 Jan 2005) a \$75 MRT Survey \$160 Services:-	Ant(S)	() Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Limant's Particulars:- ver/Owner: Intact No: Inaged Portion: Checked by (Engr-In-Charge):	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S: 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-o	ration Checklist. porting (\$30); sessment (\$100); INC (\$80) sqh Survey \$120 agh Survey (Resurvey) \$30 ast INC Only (wef 10 Jan 2005) MRT Survey \$160 Services:- // Tpt Allowance \$50 dination \$10	Anit (S)	Amu(
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Make > 353 Limant's Particulars:- ver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S: 8) NTUC Additional OD' *N5: Courtesy Ca *N6: Repair Co-or *N7: Fost Repair	ration Checklist. porting (\$30); sessment (\$100); INC (\$80) sessment (\$100); INC (\$80) agh Survey \$150 agh Survey (Resurvey) \$30 ast INC Only (wef 10 Jan 2005) amount of the survey \$160 MRT Survey \$160 Services:- 7/ Tpt Allowance \$5 dination \$10 aspection \$25	Ant (S)	Amu.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Make > 3553 Limant's Particulars:- ver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additional OD' *N5: Courtesy Ca *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N-o	ration Checklist. porting (\$30); sessment (\$100); INC (\$80) agh Survey \$120 agh Survey (Resurvey) \$30 ast INC Only (wef 10 Jan 2005) MRT Survey \$160 Services:- // Tpt Allowance \$5 dination \$10 aspection \$25 Excess Coordination \$50 a INC) against INC \$20	Ant(S)	Amu(
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additional OD' *N5: Courtesy Ca *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect *N8: DV / Collect	ration Checklist; porting (\$30); sessment (\$100); INC (\$80) \$40/\$42; agh Survey \$120 agh Survey (Resurvey) \$30 ast INC Only (wef 10 Jan 2005) a \$75 MRT Survey \$160 Services:- 7 Tpt Allowance \$5 dination \$10 aspection \$25 Excess Coordination \$35	Ant (S). The Bill	() Amu

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 <u>truthful</u> and <u>accurate</u> 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.

	ACCIDENT STATEMENT
Date Of Report	02/04/2019 11:56
Date Of Accident	31/03/2019 22:45
Exact Location Of Accident	JUNC TAMPINES AVE 1 & TAMPINES AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT8043K
Insured/Policyholder	
Name Of Registered Owner	MS TAN PUAY LENG ANNIE
NRIC No	S1821537C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98632339
Alternative Phone No	OFFICE-98632339
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MU005407-R01
Cover Note Number	
Driver	
Name of Driver	WONG LEH HOE
NRIC No	S7105696A
Date Of Birth	22/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1995
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98462807
Fax Number	

OFFICE-98462807

NOEMAIL

BLK 493C TAMPINES STREET 43 Address

#10-306

Postcode 522493

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : MS TAN PUAY LENG ANNIE

GENDER: : FEMALE

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

YES

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. WHEN THE TRAFFIC JUNCTION TURN GREEN, FRONT VEHICLE MOVED, I MOVED MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

Vehicle Registration Number SKE6831Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver CHENG TIM KEE

NRIC/Passport Number

S1589854B

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name MS TAN PUAY LENG ANNIE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode BODY

SGT8043K

YES

NO

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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

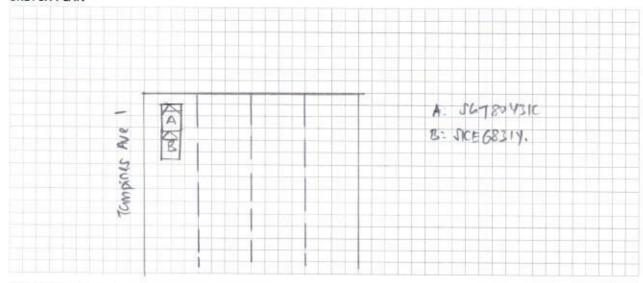
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hatement.	
<u> </u>	

DECLARATION

I/We declare the foregoing particulars are true in overy 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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1821537C





TAN PUAY LENG ANNIE

陈佩玲

CHINESE

CHINESE

Date of Blate

07-12-1967 F

County of Beth SINGAPORE 1521537



Scanned by CamScanner



15-10-2008

APT BLK 493C TAMPINES STREET 43 #10-306 SINGAPORE 522493

NRIC No: \$7105898A

Date: 03/09/2017



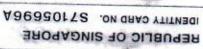
Date of birth 22-01-1971 CHINESE

SINGAPORE

Ŧ

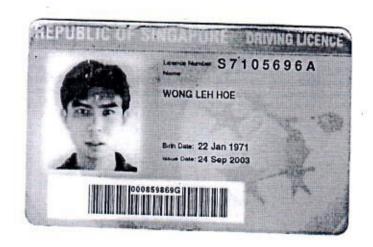
MONG TEH HOE

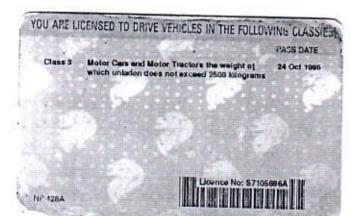












Tokio Marine Insurance Singapore Ltd.

(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 € tmis@tokiomarine.com.sg W. www.tokiomarine.com

A member of the Tokin 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-MU005407-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SGT8043K

Chassis No.: MR053ZEC107142578

2. Name of Policyholder

MS TAN PUAY LENG ANNIE

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

24/04/2018

4. Date of Expiry of Insurance

23/04/2019

- 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 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 (Malaysla), 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: 2474DDA

Insurance Plan:

Third Party, Fire & Theft

Limit for total loss or theft: Prevailing Market Value

Tokio Marine Insurance Singapore Ltd.

Authorised Signature