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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

ACCI	DEM.	I STA	1 - J. J.	II E N	ΙТ
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12/04/2019 14:31 Date Of Report

Date Of Accident 11/04/2019 16:30

ALONG BALMORAL ROAD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SKG1815S Vehicle Registration Number

Insured/Policyholder

NG HWEE TENG Name Of Registered Owner

S8203573G NRIC No

Email Address NG_HWEETENG@HOTMAIL.COM

Mobile Phone No. (LOCAL) +65-98435348 OTHERS-98435348

Alternative Phone No.

Vehicle Particulars

Manufacturer MERCEDES-BENZ

C180 Model

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?

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

NO Fleet Policy

Policy Number

18-MT107831-R00

Cover Note Number

Driver

NG HWEE TENG Name of Driver

S8203573G NRIC No 11/01/1982 Date Of Birth OUTDOOR Occupation 14/05/2001 Date Of Driving Pass

17 YEARS AND 10 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-98435348 Mobile Number

Fax Number

OTHERS-98435348 Contact Number

NG HWEETENG@HOTMAIL.COM EMail Address

Address

BLK 527 JURONG WEST STREET 52

#12-287

Postcode

640527

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190412/2043

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SME3758Y

Vehicle Make/Model/Colour

HONDA

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)

Name NG HWEE TENG Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? SKG1815S Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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 (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: 10 in

Driver's Signature

(If driver is not the policyholder)

Date & Time:

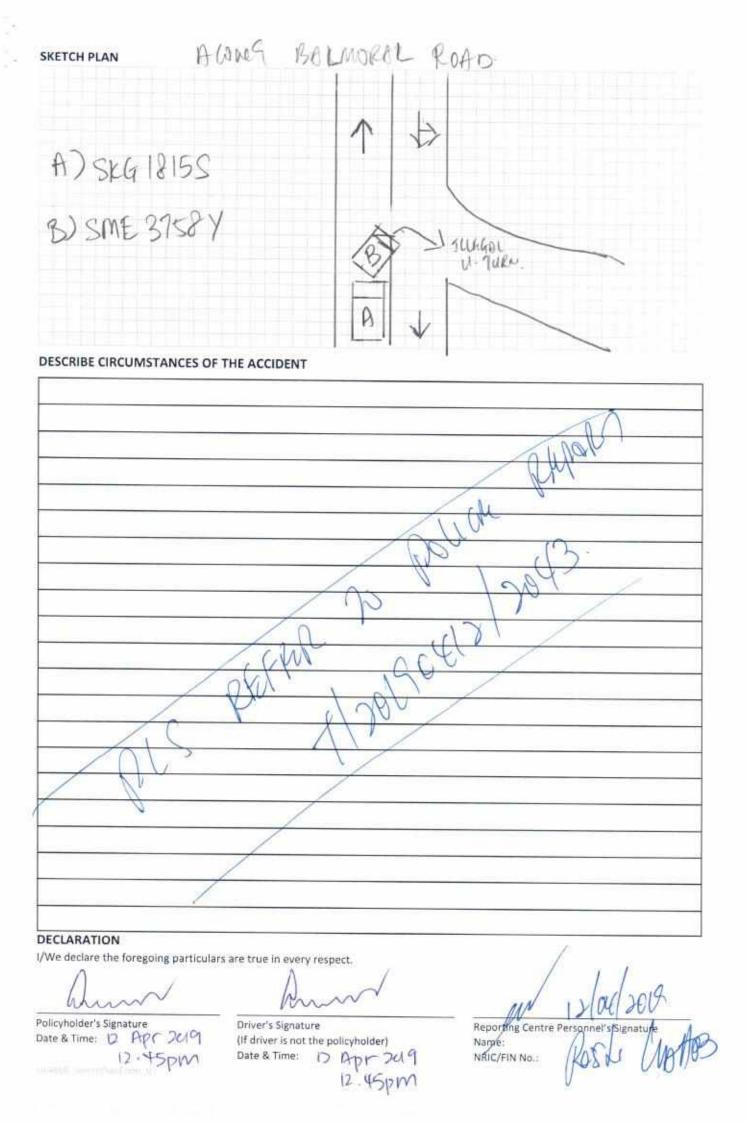
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Beporting Centre Personn

Name:

NRIC/FIN No.

Charles Water Helps Delical Inc.







1 of 3

Report No. T/20190412/2043

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

REPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 12/04/2019 12:09			Vide Report No.:	Station Diary No.: 34	
Informant	's Particu	lars			
Name of Informant: NG HWEE TENG			Address: APT BLK 527 JURONG WEST STREET 52 #12-287 SINGAPORE 640527		
ID Type / ID No.: NRIC NO / S8203573G			Contact No.: Home/Office:	Mobile: 98435348	
Nationality		EN	Email:		
Sex: Age: Date of Birth: Female 37 11/01/1982		Date of Birth:	Type of Informant: Driver	The state of the s	
Race: Chinese Occupation: Real estate agent			Language: English	Institution / School Name:	
			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/04/2019 16:20	Type of Location: Bend	
STEVENS R BALMORAL Stevens Roa Weather:		Road Surface:		Road Speed Limit: 60 Km/h	
Drizzling Traffic Flow:)	Wet Traffic Control: Not Controlled		Traffic Volume: Light	
Two Way	sion:	1401 Controlled		Anyone conveyed by	

Details of Vo	enicie invo		1.11-1	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	COIOI		110 011
SKG1815S	Car	MERCEDES BENZ	C 180 CGI	Red	Slightly Damaged	0
SME3758Y	Car	HONDA		Black	Slightly Damaged	0

Details of V	ehicle Insurance		1	Europe Date
The state of the s	L. C.	Insurance No	Effective	Expiry Date
Vehicle No.	MATERIAL STATE OF THE STATE OF	MT107831	26/09/2018	20/10/2019
SKG1815S	TOKIO MARINE INSURANCE SINGAPORE LTD.	WI 107831	20/00/2010	PERMINISTRA CASE





2 of 3

Report No. T/20190412/2043

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Brief Details.

On 11/04/2019 @420pm, I was driving along Steven Road turning left towards Balmoral Road. At that point of time, there was a m/car SME3758Y in front of my car. It stopped suddenly at one side of the road, then it suddenly turned right after it stopped without signaling. I think the driver was trying to go to the opposite side of the road, that's why it suddenly turned right after stopping at the road side. I could not brake in time or response to his sudden change of directions, my car collided onto his car rear right side. I wished to state that he was making an illegal U-turn at that point of time, he also didn't signal his intention when he was turning right. He then left the scene without even stopping. I am lodging this Police report to claim against his insurance company.





3 of 3

Report No. T/20190412/2043

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

NP168

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: D / Sgt 2 CHIEW BENJAMIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 12:09
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

•	ACCIDENT STA	MEMENT - H- 30 DM
100	DENT DATE: 11. 1.4 , 2019 HODIMM	/YYY), TIME:(:)(HH:MM)
ACCI	DENT BATELLAND	
LOCA	TION: Stevens Rd tun	ning twords Balmonl
20	Parameter State St	
15	DETAILS OF VEHICLE SKG 181	5 S
	a) respect tromoth.	
×	b)INSURANCE COMPANY: Tokio"	manne
	CIPOLICY NUMBER: MT 107 83	
	d)POLICY TYPE: (COMPREHENSIVE / THIR	DPARTY / THIRD PARTY FIRE &THEFT)
		Server party seems 1 profit the artistical field
74	I)TYPE:(SALOON / COUPE / MPV / VAN /	
2	.g) VEHICLE CATEGORY: (PRIVATE / COMA h) PURPOSE OF USING AT ACCIDENT TIME	
*	I) ARE YOU CLAIMING UNDER YOUR OWN	7
	IF NO, PLEASE STATE (THIRD PARTY CLASS	
	INSURED / POLICY HOLDER	MY KEROKING CITETY
	AJNAME: NG HWEE TENG	(MALE / FEMALE)
	b) NRIC/FN/PASSPORT: \$8203573	プラスティー マー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
		VEST ST 52 #12-287
#E 8# 6#	s (640 527)	The state of the s
	* CONTINUE TO 3.4 IF DRIVER ALSO POLICE	CY HOLDER .
No of passonger	DRIVER US	
Including driver)	ONAME: NG HWEE TENG	MALE / FEMALE
(1)	b) NRIC/FIN/PASSPORT: S82836136	CONTACT: 48435348
(1)		VEST ST 52 #12-287
	*d) DATE OF BIRTH: (1) / 9 / 1982	UDD (LID AVVV)
53	e)OCCUPATION: (INDOOR / OUTOOR)	(DD/MM/YYY)
	DATE OF DRIVING PASC IN	May 2001
4.	WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES /(ND)
	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED : OWNER
5.	a) WEATHER CONDITION: (CLEAR / RAININ	
	b ROAD SURFACE; DRY / WED / OTHERS_	
	WAS ANYBODY INJURED (YES)	³⁰ : 13°
7.	a)REPORTED TO POLICE (YES / NO)	BUTTELISTAIN NPC
1.6	IF YES, PLEASE STATE WHICH POLICE STA	ATION: BUILDIE
le of passonger	THIRD PARTY VEHICLE SME 3158 Y	MODEL: HONDA
o of passonger	b) DRIVER'S NAME:	MODELI
including driver)	c) NRIC/FIN/PASSPORT:	CONTACT:
(\underline{L}) 9	THIRD PARTY VEHICLE	
i. A	ci) VEHICLE NUMBER:	
to of passanger	AL DRIVER'S NAME	The second secon
liveluding_driver)) f) NRIC/FIN/PASSPORT:	CONTACT:
()		
	1.6%	

email = ng hweeteng@ hotmail .com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8203573G



Name

NG HWEE TENG



CHINESE Date of Sirth 11-01-1982 Country of birth SINGAPORE





4113364



₩ S8203573G

02-03-2012

APT BLK 527 JURONG WEST STREET 52 #12-287 SINGAPORE 840527

NRIC No: \$82035736

Date: 21/02/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! PASS DATE Motor Cars and Motor Tractors the weight of 14 May 2001 which unkiden does not exceed 2500 killograms

NF 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 Tokio Marine Group

POLICY ENDORSEMENT

INSURED / ADDRESS

NG HWEE TENG

368 CORPORATION DRIVE

#03-463

SINGAPORE 610368

POLICY NO

: 18-MT107831-R00

POLICY TYPE

: PRIVATE MOTOR CAR

POLICY PERIOD

: 26/09/2018 TO 20/10/2019

EFFECTIVE DATE : 26/09/2019

DATE OF ISSUE PREMIUM DUE

:01/04/2019

: SGD

54.18 (inclusive of GST)

ACCOUNT

: 2147DDA

The following endorsements, memorandum or clauses are added and form part of this Policy:

Endorsement No. 01

Vehicle Registration No. SKG1815S

It is hereby declared and agreed that the Period of Insurance under this policy is extended to read as stated above.

In view of above, an additional premium is charged to the Insured.

Subject otherwise to the terms, exceptions and conditions of this policy.

Signed for and on behalf of the Company

Authorised Signatory