in part of their

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 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.
- 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 ladgement 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

Insured/Policyholder Name Of Registered Owner NRIC No S9029365F MolEMAIL Mobile Phone No Alternative Phone No OFFICE-82883684 Vehicle Particulars Manufacturer TOYOTA CAMRY Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Insurance Company Name of Insurance Company Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD TOYDE Of Coverage COMPREHENSIVE Policy Number TISHAMI INSURANCE SINGAPORE LTD TOYOE OWNER OF Number TORIC Numbe		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE SLZ2404B Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S9029365F NOEMAIL NOBbile Phone No Alternative Phone No OFFICE-82883684 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident If No, Please state action to be taken Vehicle Category Vehicle Category Insurance Company Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD Vehicle Category Policy Number 18-MT102619-R00 OVER TURN MEN MEN MEN MEN MEN MEN MEN NO S89450791 Name of Driver NIC No S89450791 NIC No S89450791 NIC NO NIC	Date Of Report	18/05/2019 11:37
Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S8029365F Email Address NOEMAIL (LOCAL) +65-82883684 Wehicle Particulars Manufacturer TOYOTA CAMRY Exact Purpose for which vehicle was being used at lime of accident for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Tokio Marine Insurance Singapore LTD Toyor Of Coverage COMPREHENSIVE NO TIKIN ONE NOEMAIN ILI HENG MELVIN (SHEN LIXING) S89450791 Date Of Driving Pass 1909/2017 Diving Experience 1 YEAR AND 7 MONTHS Gendard Number Jonatact Number	Date Of Accident	15/05/2019 23:30
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Insurance Company Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 18-MT102619-R00	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD COMPREHENSIVE Fleet Policy NO Policy Number 18-MT102619-R00	Vehicle Category	PRIVATE CAR
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 18-MT102619-R00 Cover Note Number - Driver Name of Driver SIM LI HENG MELVIN (SHEN LIXING) NRIC No S8945079I Date Of Birth 13/12/1989 Decupation INDOOR Date Of Driving Pass 19/09/2017 Driving Experience 1 YEAR AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-96809044	Insurance Company	
NO	Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Policy Number	Type Of Coverage	COMPREHENSIVE
Driver SIM LI HENG MELVIN (SHEN LIXING)	Fleet Policy	NO
Driver SIM LI HENG MELVIN (SHEN LIXING) NRIC No S8945079I Date Of Birth 13/12/1989 Decupation INDOOR Date Of Driving Pass 19/09/2017 Driving Experience 1 YEAR AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-96809044 Contact Number Contact Number	Policy Number	18-MT102619-R00
Name of Driver NRIC No S8945079I Date Of Birth Docupation Date Of Driving Pass Driving Experience MALE Mobile Number Contact Number SIM LI HENG MELVIN (SHEN LIXING) S8945079I 13/12/1989 INDOOR 19/09/2017 1 YEAR AND 7 MONTHS MALE (LOCAL) +65-96809044	Cover Note Number	
SIM LITHERS MELVIN (SHEN LIXING) S8945079	Driver	
Date Of Birth 13/12/1989 Decupation INDOOR Date Of Driving Pass 19/09/2017 Driving Experience 1 YEAR AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-96809044 Eax Number Contact Number	Name of Driver	SIM LI HENG MELVIN (SHEN LIXING)
Decupation INDOOR Date Of Driving Pass 19/09/2017 Driving Experience 1 YEAR AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-96809044 Eax Number Contact Number	NRIC No	S8945079I
Date Of Driving Pass 19/09/2017 Driving Experience 1 YEAR AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-96809044 Fax Number Contact Number	Date Of Birth	13/12/1989
Oriving Experience 1 YEAR AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-96809044 Fax Number Contact Number	Occupation	INDOOR
Gender MALE Mobile Number (LOCAL) +65-96809044 Fax Number Contact Number	Date Of Driving Pass	19/09/2017
Mobile Number (LOCAL) +65-96809044 Fax Number Contact Number	Driving Experience	1 YEAR AND 7 MONTHS
Mobile Number (LOCAL) +65-96809044 Fax Number Contact Number	Gender	MALE
ax Number Contact Number	Mobile Number	
NA 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Fax Number	
Mail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address

BLK 336A ANCHORVALE CRES #05-18

Postcode

541336

SPOUSE

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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?

NO

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)

3

Passenger 1

NAME:

: ONG HAN KIAT MELVIN

GENDER:

: MALE

Passenger 2

NAME:

: TAN SHU YI AVIS

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

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO 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

SKZ1767Y

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)

DETAILS OF INJURED PERSON 1

Name SIM LI HENG MELVIN (SHEN LIXING)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLZ2404B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name ONG HAN KIAT MELVIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLZ2404B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name TAN SHU YI AVIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLZ2404B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

MPORTANT NOTICE

- 1. Please report correctly the details of the addition to speed up the claims process.
- 2. This Farm must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wiful misrepresentation or withholding of material
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 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 aforessid.
- 3. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 insurers) 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;
 - (Ri) 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 low in administering, processing, handling and/or dealing with my dalins (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this occident and the insurers' lawyers/law firms, thay/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 Singapora, 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 feaud, 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:

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

vehicle A: SLZ 2404B vehicle B:SKZ 17674

SKELLR PLAN
SEADIST OF ALLES
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 15 May 2019 (23:29), at Malaysia customs
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DECLARATION
(We declare the foregoing particulars are true in every respect.
Policyholder's Signature Driver's Signature Personal Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date of Accident	: 15 May 2019 Accident Time: 23: 29 (24-HR-Format)
Accident Place	: Within Malaysia customs immigration check
Vehicle Reg. No. (Car Plate No.)	:5LZ 2404B
Vehicle Make/Model	: JOHO MARINE TOYOTA CAMRY
Insurance Company	: TOKIO MARINE Policy No.
Owner or Company Name /IC No.	: OUEK YUE RONG CHERRIE 59029365F
Owner or Company Contact No.	: 82883684 Owner's HpCompany Tel
DRIVER'S Name / IC No.	SIM LI HENG MELVIN S&945079I
DRIVER'S Date Of Birth	: 13 12 1989 DRIVER'S License Pass Date 19 Sep 2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: APT BLK 336A ANCHORVALE CRESCENT # 05-18
DRIVER'S Contact No./ Alt No.	:1) 9680 9044 2)
DRIVER'S Occupation	INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: plafinumwerkz@gmail.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including I	Oriver): 03
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YES (NO) as being used at the time of accident Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SKZ 1767	Y Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add;	

REPUBLIC OF SINGAPORE







SIM LI HENG, MELVIN (SHEN LIXING)

沈立兴

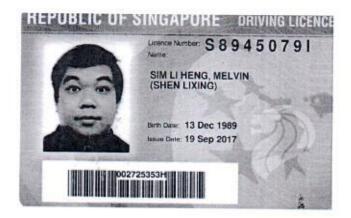
CHINESE

13-12-1989

Country of birth SINGAPORE







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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 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.sq W: www.tokiomarine.com

A member of the Tokio 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-MT102619-R00 (Private Motor Car)

1. Index Mark and Registration Number

SLZ2404B

Chassis No.: MR053BK4107046547

of Vehicle

2. Name of Policyholder

QUEK YUE RONG CHERRIE

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

16/05/2019

4. Date of Expiry of Insurance

11/07/2019

- 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 (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

Insurance Plan:

Prevailing Market Value

Limit for total loss or theft: Policy Excess:

Own Damage Claims SGD 1,000

Windscreen Excess

SGD 1,00

Tokio Marine Insurance Singapore Ltd.

-

Authorised Signature

Account: 2712DDA

User Name: Woo Zhi Wei Teselin - Mo Printed 02/01/2019



