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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	:	
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Owner / Driver: (Tcl:)	
Policy No: () Period	d: ()	Cover Type: ()	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- 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.

100 100 100 100 100	ACCIDENT STATEMENT
Date Of Report	21/05/2019 09:54
Date Of Accident	20/05/2019 16:30
Exact Location Of Accident	SLIP RD COMPASSVALE DR TWDS PUNGGOL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU2689X
Insured/Policyholder	
Name Of Registered Owner	IVAN TAN 28
Co Reg No	53335817E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ000717-R00
Cover Note Number	
Driver	
Name of Driver	TAN SECK HOE (CHEN SHIHE)
NRIC No	S0249215F
Date Of Birth	11/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1975
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE

(LOCAL) +65-90079017

OFFICE-90079017

NOEMAIL

Address 421 PUNGGOL ROAD

Postcode 546649

Was driver an employee of the Insured's Company YES

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)

2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by YES NO

ambulance?

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)

1

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

REFER TO 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 SLB5834A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver YONG JONAN NRIC/Passport Number S8927637C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN SECK HOE (CHEN SHIHE) Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

YES

BODY

SJU2689X

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.:

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE AS THERE WAS ONCOMING VEHICLES TRAVELLING ALONG MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

	DD/MM/YYYY! TI	MAEN IL ZO
LOCATION: 41: 7 Rd (2000)		ME.(10:20)(HH:M
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: \$102659	5 W	ud Ringgol Rd.
C)POLICY NUMBER:	2.1	
d)POLICY TYPE: (COMPREHENSIVE e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV / g)VEHICLE CATEGORY:(PRIVATE /	/ ^ > / \ / \ C = = · · ·	
h) PURPOSE OF USING AT ACCIDEN	T TIME	MOTORCYCLE)
i) ARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY 2. INSURED / POLICY HOLDER A) NAME:	OWN INSURANCE	CE (YES) NO)
b) NRIC/FIN/PASSPORT:	cc	(MALE / FEMALE)
* CONTINUE TO 3.d IF DRIVER ALSO		
(1.) alNAME: Ton slok Hol (C b)NRIC/FIN/PASSPORT: Saugnal c)ADDRESS: 4VI Anagyz) Found		MALE / FEMALE)
*d) DATE OF BIRTH: (OR)	
4. WAS DRIVER AN EMPLOYEE OF TH IF NO, RELATIONSHIP OF THE DRI 5. a) WEATHER CONDITION: (CLE)R / RA b) ROAD SURFACE: WARY (CLE)R / RA	E INSURED'S CO	OMPANY? (YES / NO)
DIROAD SURFACE: IDDY	VINING / OTHERS_	
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE 8. THIRD PARTY VEHICLE		_
8. THIRD PARTY VEHICLE	STATION:	
including driver) b) DRIVER'S NAME: You John		EL:
9. THIRD PARTY VEHICLE	657C CON!	TACT:
d) VEHICLE NUMBER		
d) VEHICLE NUMBER: aduding driver) f) NRIC/FIN/PASSPORT:	MODE	L:
d) of passenger d) VEHICLE NUMBER:	MODE	
d) of passenger d) VEHICLE NUMBER:	MODE	L:

email = mhlauto 65 @ gmanl. com fax =

VIDEO =

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of IVAN TAN 28 (53335817E)

Date: 10/01/2018

The Following Are The Brief Particulars of :

Name of Business

IVAN TAN 28

Former Name(s) if any

Date of Change of Name

Registration No.

53335817E

Registration Date

27/04/2016

Commencement Date

27/04/2016

Status of Business

Status Date

10/01/2018

Renewal Date

10/01/2018

Expiry Date

27/04/2018

Renewal via GIRO

NO

Constitution of Business

Sole-Proprietor

Principal Place of Business

421 PUNGGOL ROAD BEAUTY GARDEN

SINGAPORE (546649)

Date of Change of Address

Principal Activities

Activities (I)

PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR

AND TRISHAWS) (49219)

Description

Activities (II)

Description

Particulars of Authorised Representative(s)

Name

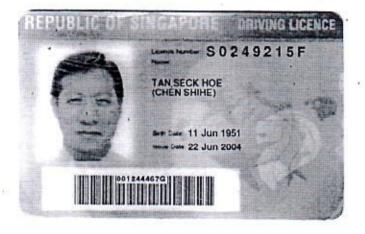
ID

Nationality

Address

Address Source

Date of Appointment



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0249215F





TAN SECK HOE (CHEN SHIHE)

CHINESE Date of birth 11-06-1951

Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars of unlader; weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weightnot exceeding 2500 kg

30 Jun 1975

NP 426A



5860099





Date of leave

09-01-2018

421 PUNGGOL ROAD SINGAPORE 546649

Tokic Marine Insurance Singapore Ltd.

(Company Reg. No. 19230/0014M) (GST Reg No. M2-00000, 3-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 06/9046

1 (65) 6221 6111 €: (65) 6221 4355 / (65) 6224 0355 €: this @tokioimarine.com.sg '#: www.tokiomarine.com

A realistic of the Lorgo Marina finogra-



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 18-MJ000717-R00 (Private Motor Car)

1. Index Mark and Registration Number

SJU2689X

Chassis No: MR053ZEE106162026

of Vehicle

2. Name of Policyholder

IVAN TAN 28

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

08/06/2018

4. Date of Expiry of Insurance

07/06/2019

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

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 ensemment 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.

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 pusiness 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
- a Limitations rendered inoperative by Section 8 of the Motor Vehicles. Third-Party Risks and Compensation) 4et (Chapter 189) and Section 95 of the Road Transport Act, 1387 (Malaynia, 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 det ils, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for windsoever reason, you must return the Certificate to Tokic Manne Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost distroyed, you must make a statistory declaration to the effect. Failure to comply with this duty is an effence under Motor Vehicle (Third-Party Rists and Compensation Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2388DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Datt age Claims

Excess-Third Party (Sect II)

Windscroom Excess

SGD 3,500 SGD 3,500 SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Chong \i Shan Medaline -

Printed 24/05/2018