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Preferred Wksp / INC Assign Wksp / QW:	OD 7 (FP) Reporting Only			1		
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TP Particulars: Veh No. R. 26 o U INC		Ass't Report	by Fax / Hand to	Owner/Wksp		
Owner / Driver: (Tel:) Policy No: () Period: () Cover Type: () Confirmed by: () Date: Time:)	Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
Dower / Driver: (TP Particulars: Veh NouR	2500	. INC()/Non-INC()		
Confirmed by: (Owner / Driver: ()	=
Insured/Driver Liability: (%) [Note-Est Stams (WO): N: 0-20%; P: 21-79% P: 80-160%] Year of Registration: () Warranty: YES () /NO() Excess: (\$) Loading: \$1,000 () /\$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Walk-In Custom: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Toweld-In (); Invoice: YES () / NO (); Towing Co. (Policy No: ()	Period: ()	Cover Type: ()	
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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.
- 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 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.

THE RESERVE SHAPE THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	31/05/2019 16:21
Date Of Accident	31/05/2019 12:30
Exact Location Of Accident	ABC FOOD COURT CARPARK
Country/State of Loss	SINGAPORE
A CARLO SAN PARAMETER DE LA CARLO DEL CARLO DE LA CARLO DEL CARLO DE LA CARLO	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH6651J
Insured/Policyholder	
Name Of Registered Owner	LIM SIM AI
NRIC No	S1405934B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96202326
Alternative Phone No	OFFICE-96202326
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTI 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	18-MT103956-R00
Cover Note Number	
Driver	
Name of Driver	CHANG BING CHUEN
NRIC No	S9410832B
Date Of Birth	22/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96271660
Fax Number	
Contact Number	OFFICE-96271660
EMail Address	NOEMAIL

Address 3 RIVER VALLEY CLOSE

#04-02

Postcode 238429

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE 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?

NO

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)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFG250L

Vehicle Make/Model/Colour

MAZDA 3

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

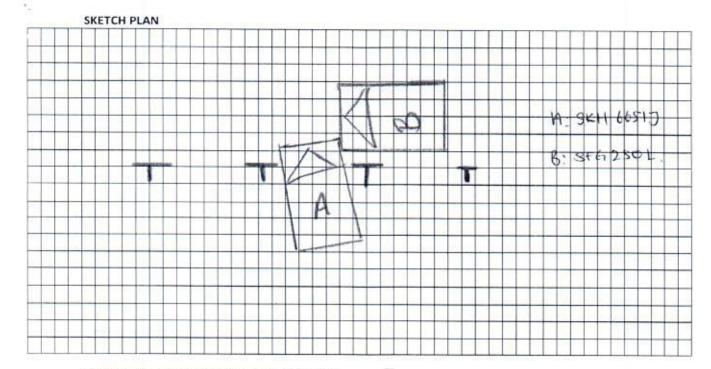
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Page 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the parking but wathing to go out when I was existing the lot I churked on my right and notice that the vehicle B overs proking on the Sole with hozard light on when I was halfman out of the lot, suddenly vehicle B mared forward and collided onto the from right portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time: Driver's signature

(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

新国教公司	ACCIDENT DETAILS	
Date of accident	31 - 03-2019	(DD/MM/YY)
Time of accident	12:30pm	(HH:MM)
Exact location of accident	Alexandra rand IABC food court carport.	* *

阿拉斯拉里斯斯斯	D	ETAILS OF	VEHICLE	图台记录器	的是一种,但是一种的一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一
Vehicle registration number	SKH 665	UL			
Vehicle make and model	Herelo co				
Type of vehicle	Saloon Z	MPV Bus	CRV t	Van	Others:
Vehicle category	Private	Comm	ercial 🗆	Motorcy	cle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part cl	No 🗆	if no, ple Reportin	ase select: g only \square	

INSURANCE INFORMATION			
Insurance company	Stuc. TolGo	Muine	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER				
Name	LIM SIM HI	Male 🗆	Female 2	
NRIC / Fin / Passport number	814059348			
Contact	9620.0326			
Address	3 River valley close #04-02			

DRIVER	SAME AS INSURED ABOVE (SKIP	TO D.O.B)	
Name	CHANG BING CHUEN	Male	Female
NRIC / Fin / Passport number	56,4108328		
Contact	96771660.		
Address	3 Fiver valley close #04-02 S(238429)		
Email address			
Date of birth	22-c8-lm4		1755-7-5
Occupation	Indoor □ Outdoor ₽		
Driving date pass	25 - MAY-2013.		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
the insured's company?	If no, relationship of the driver and insured: Sco.
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	(Inclusive of driver)
THE RESERVE OF THE SECOND	PASSENGER 1
Name	, ADSTRUCK I
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male - Female -
0011001	Male a Telliale a
Manager and the second	DACCENCED 2
Name	PASSENGER 3
Gender	Male Female
Gender	Male D Female D
	DASSELVOTO 4
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Name	Note to the second seco
Gender	Male Female
	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
建筑的中华的 中华的中华的中华的	OTHER INFORMATION
Was anybody injured?	Yes D No D
Was other vehicle damaged?	Yes, ✓ No □
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
AND THE PROPERTY OF THE PARTY O	WITNESS 1
Name	
发展的企业。	WITNESS 2
Name	

THIRD PARTY VEHICLE 1		
Vehicle registration number	SFG 2SOL	
Vehicle make model	HAZDA 3	
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 2		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 3		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 4		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

September 1997	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Company of the second second	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

建国来的3、福度企业企业	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	NY UNITED STATES	INJURED	PERSON 1	- The Control of the	
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
	7.0				/
ALTERNOON AND THE STATE OF THE	NAME OF THE	INITIDE	PERSON 2		
Name	The state of the s	INJONEL	FERSON 2		
Injuries sustained	-				
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆		<i>f</i>	
hospital by ambulance?	103	140 🗅	/	M.	
nospital by ambalance:					
	No. of the last of	INILIDE	PERSON 3		
Name		INJUNEL	PERSONS	BUSHINGS AND STREET	
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Ves	N			
	Yes 🗆 🗎	No 🗆	/		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No o			
nospital by ambulance?					
	Santan 2-1	INTERIOR OF THE PARTY OF THE PA	PERSON 4	Salar Sa	
Name		INJUNE	PERSON 4		
Injuries sustained	+ /				
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Were seat belts worn?	Yes 🗆	Nee	_		
	-	No 🗆			
Was injured conveyed to	Yes 🗆	No □			
hospital by ambulance?	/				
Manager and the second				SCHOOL STATE OF THE STATE OF TH	ASSESSMENT OF THE PARTY OF THE
Name of the State	TO THE PARTY OF TH	INJUREL	PERSON 5		
Name /					
Injuries sustained					
Which vehicle person in? Were seat belts worn?					
	Yes 🗆	No 🗆		1	
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?				_	
THE PARTY OF THE P		INJURED	PERSON 6	AND DESCRIPTION OF THE PARTY OF	
Name					
Injuries sustained					
Which vehicle person in?	0.92				
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			





For LKK/NAC Use Only





lokio Marine insurance Singapore Ltd.

Correan, No. 14: 197:00014/htGS1 Bog No. M2 0000023-41

1 (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E. tmis@tokiomarine.com.sg. W: www.tokiomarine.com 20 McCallum Street #09-01 Toldo Marine Centre Singapore 069045

TOKIOMARINE INSURANCE GROUP FORM MXI

Tokio Marine Brivia

Certificate of Insurance

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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-MT103956-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle

SKH6651J

Chassis No.: MRHFC5650JT001069

2. Name of Policyholder

LIM SIM AI

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

03/07/2018

4. Date of Expiry of Insurance

02/07/2020

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
no permitted and it was all the person driving in 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 of the Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle, and is not disquantied by order of a Court of Law or by reason of any enactment or regulation in that behavior 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

Limit for total loss or theft: Prevailing Market Value Policy Excess:

Own Damage Claims

SGD 600

Financial Interest:

Windscreen Excess DBS BANK LTD

SGD 100

Tokio Marine Insurance Singapore Ltd.

Account: E2316DDA

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot