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Veh No: JV 2527A	E-mail (within Shrs, AIC 2hrs		
D.O.A : 10/6/19-15:47	i-Motor Claim Form		
OD TP' Reporting Only	i-Motor W/O (Within: OD	Place TP Abre)	
	i-Photo Uploaded	21(3, 77 - 71(3)	
TP Insurer:			
	Assessment/Survey Repor		
Professed Witness / INC Assistance   Williams	Ass't Report by Fax / Han		#=====================================
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	3
TP Particulars: Veh No:50	massic inc		i .
Owner/Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 30-100	)%]
Year of Registration: ( )	Warranty: YES ( )/NO(	)	
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2) QC Check / Post Repair Inspection	/ Courtesy Car ( )		
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umant's Particulars :-	2) DA : Dame;	e Assessment (\$100); INC (\$80)	
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maged Portion:	6) TR: Re-insp	against INC Only (wef 10 Jon 2005) section \$75	
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Checked by (Engr-In-Charge):		sy Car / Tpt Allowance \$5	
No. 10 Control of the Control of	*N6: Repair	Co-ordination 510	
ditors' Comments :-	77 AV 200 CO. S.	pair Inspection \$25 ollect Excess Coordination \$5	
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2/3:	9) N12: Idac M Invoice dated	obile 30  Fee Chargea	Market 9
now.	Invoice dated	Fee Charged	SEIN

### 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.
- 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.
- 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.

aroresaid,		
Brack to the second second second second	ACCIDENT STATEMENT	
Date Of Report	11/06/2019 11:34	
Date Of Accident	10/06/2019 05:45	
Exact Location Of Accident	WOODLANDS CAUSEWAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV2527A	
Insured/Policyholder		
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD	
Co Reg No	201631486C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91449265	
Alternative Phone No	OFFICE-91449265	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	VIOS E AUTO	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE	
Insurance Company		
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	

18-MJ001237-R00

### Driver

Policy Number

Cover Note Number

Name of Driver ABDUL MALIK BIN ZAMBRI

 NRIC No
 \$1478722D

 Date Of Birth
 23/03/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/09/1998

Driving Experience 20 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94523563

Fax Number

Contact Number OFFICE-94523563

EMail Address NOEMAIL

Address BLK 204 MARSILING DRIVE

#09-180

Postcode 730204

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHI

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

•

2

NO

NO

# 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NAME:

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. 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? 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

SLM963K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

venicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

### 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:
  - 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:

2016314860

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

# Petr to Historia.

**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 .:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1478722D





ABOUL MALIK BIN ZAMBRI

عبدال مالك بن زمبري

SINGAPORE

For LKK/NAC Use

ABDUL MALIK BIN ZAMBRI

# For LKK/NAC Use Only



28-06-1994

For LKK/NAC Use Only

NO. 1 JALAN PI 8/7 TAMAN PULAI INDAH, 81110 KANGKAR PULAI JB

NRIC No: \$14787220

Date: 05-04-2007

EFFECTIVE DATE

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

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

# 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

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-MJ001237-R00 (Private Motor Car)

1. Index Mark and Registration Number

SJV2527A

Chassis No.: MR053HY9305147115

of Vehicle

2. Name of Policyholder

FORTE AUTO LEASING PTE. LTD.

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

12/09/2018

4. Date of Expiry of Insurance

11/09/2019

# 5. Persons or Class of Persons entitled to drive\*

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

The hirer.

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 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 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 business 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 vehicle.
- \* 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

Account: 1141DDB

Insurance Plan:

Third Party, Fire & Theft

Limit for total loss or theft: Policy Excess:

Prevailing Market Value

SGD 2,500

Financial Interest:

Excess - Fire & Theft Excess-Third Party (Sect II) SGD 2,50 TAI THONG LEE TRADING PTE LTD SGD 2,500

Tokio Marine Insurance Singapore Ltd.

**Authorised Signature** 

User Name: Yeo Chor Joo Irene - Mot

Printed 11/09/2018