. . ph of 1 and (wel 1 Janos) NATIONAL Assessment Centre Services. Done by Date &Time Completed Date In: Jeb description Ref No. SAS c-Illing E-mail (Stoila thes, AlC 2hrs) D.OA i-Motor Claim Form I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP & Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proforred Wksp / INC Assign Wksp / QW: (Fax: TP Particulars: Veh No: INC ()/Non-INC(Owner / Driver: (Tcl:) Policy No: (Period: (Cover Type: (Confirmed by : (Dates . Thuci Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (Concentration of the contract) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO () ; Towing Co: (Comparis Comparison of the Com 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .) 3) Upload Resurvey Photo [Repair Cost> \$3000] Injury: 1) AR I Aceldent Reporting ING (280) 2) DA | Damere Assessment (5100 340/\$45 3) TF : Towing Pee Driver/Owner: \$120 4) PT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey)
For plaining against INC Only (wef 10 Jan 200)) 230 Contact No: 6) TR : Re-laspeolion Darnaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-23 QC Checked by (Engr-In-Charge): NS: Courlesy Cor / Tpt Allowande \$10 *No: Rapair Co-ordination \$25 *N7; Post Repair Inspection 35 *NS; DV / Collect Excess Coordination TP (NII): TP (Non INC) egalest INC
9) NII: Idao Mobile lat. 1: Pes Chorged hivolor doted 1 2/3; Fee Charged Involce dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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

Control of the season of the season of the	ACCIDENT STATEMENT
Date Of Report	22/06/2019 15:49
Date Of Accident	29/05/2019 11:30
Exact Location Of Accident	ALONG WOODLANDS DRIVE 16
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7189K
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE.LTD.
Co Reg No	201531362N
Email Address	RASHIMZUL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86860146
Alternative Phone No.	OFFICE-86860146
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MS006485
Cover Note Number	
Driver	
Name of Driver	ZULFAZLI BIN ABDUL KADIR
NRIC No	S8637157Z
Date Of Birth	22/12/1986
Occupation	INDOOR
Date Of Driving Pass	30/09/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86860146
Fax Number	23 Section 2 and 16 (2016)
Contact Number	OTHERS-86860146
	CONTRACTOR AND

RASHIMZUL@GMAIL.COM

Address

BLK 512B YISHUN STREET 51

#13-491

Postcode

762512

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

1000

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

0

Was any other material or property damaged?

I have been approached by unknown person(s

YES

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

120

Number of Passengers (Including Driver)

NO 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

PLEASE REFER TO SKETCH PLAN

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

SDS4135X

Vehicle Make/Model/Colour

BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

QIAN YIJUN

NRIC/Passport Number

Contact Number

94574420

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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
- 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
- 7. 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)
 - (i) 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.
- 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

for amplying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

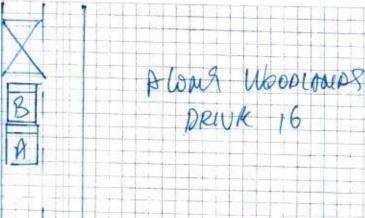
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No .:

A)	SJQ789K	_
B)	805 4135×	



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

00 291	2 10 1				
10/-11 1	2017 at	11.30pm	I was	travelling	along
Upodland Die Could not b	10 Sudder	oly the	or infron-	+ 5100	and I
Love Not 6	take on fin	e and t	# hit the	seas of	the said
605					-01
L-T-					
the control of the co					
ECLARATION					

I/We declare the preports 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.:

Wame:

ACCIDENT STATEMENT

Ac	CIDENT DATE: (29, 5, 2019) (DD/MM/YYY), TIME: (11:36) (HH:MM	1
ro	CATION: Woodland Or 16	1
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 550718910	
	DINSURANCE COMPANY: Blaze Makering Token MARINE	
	CJPOLICY NUMBER: MS006485	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	SIMANE & MODEL: MISSISHIE FRUCHILL	
	G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
	THE ONE OF USING AT ACCIDENT TIME.	
	JAKE YOU CLAIMING UNDER YOUR OWN INSUITANCE WEST	
	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER	•
	A)NAME: ZOIFALL : SMALE DEFMALET	
	CIADDRESS - S8 0371572 CONTACT: 86860146	
	CJADDRESS: YISLIA St 51 BILES 12 #13-491 (762512)	
351.110 · 0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
THO of passanga	, DRIVER	
Claduding driver	DINRIC/FIN/PASSPORT: 201531 (62M CONTACT)	
(_)	CIADDRESS: CIADDRESS: CONTACT:	
	d) DATE OF BIRTH: (27) 12/1986 J(DD/MM/YYYY)	
	e/OCCUPATION: (INDOOR / OUTDOOR)	
4	1001E OFDRIVING PACE 20 Sep 2010	
0.5	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES TWO)	
5.	WEATHER CONDITION: (CLEAR / RAINING / OTHERS	_
6	DIROAD SURFACE: (DRY / WET / OTHERS	
7.	WAS ANYBODY INJURED (YES /NO) O)REPORTED TO POLICE (YES /NO)	
22	IF YES, PLEASE STATE WHICH POLICE STATION.	
He of passenger	IHIRD PARTY VEHICLE	
Including driver)	b) DRIVER'S NAME: ALAN YIJAN	
()	CINRIC/FIN/PASSPORT: S96757675 CONTROL 9 15214675	
No of passenger	d) VEHICLE NUMBER	
Including driver)	e) DRIVER'S NAME:	
()	f) NRIC/FIN/PASSPORT:CONTACT::	
	322 10	

email = Rashimzul@Gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8637157Z



ZULFAZLI BIN ABDUL KADIR

For LKK/NAC Use Only

DRIVING LICENCE

S8637157Z

ZULFAZLI BIN ABDUL KADIN

Birth Date 22 Dec 1986

JAVANESE

22-12-1986

SINGAPORE

5706774



APT BLK 512B YISHUN STREET 51 #13-491 SINGAPORE 762512

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOILOWING CLASSES!

For LKK/NAC Use Only

S/No. 9000134276

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.sg W: www.tokiomarine.com

A member of the Tokio Marine Group



Certificate of Insurance

FORM MX1 H

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.: MS006485 (Private Car)

Index Mark and Registration Number of Vehicle

SJQ7189K

Chassis No.: JMYSRCY2A9U004227

2. Name of Policyholder

BLAZE MOTORING PTE. LTD.

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

21/05/2019 (18:06:30)

Date of Expiry of Insurance

24/05/2020

Persons or Class of Persons entitled to drive*

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.

Use for racing, pace-making, reliability trial or speed-testing.

Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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 under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use*

* 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

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 leffect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation).

ADDITIONAL INFORMATION Account No: 1141DDB Insurance Plan: Third Party Fire & Theft Limit for total loss or theft:

Policy Excess:

Prevailing Market Value

Excess - Fire & Theft Excess-Third Party (Sect II) SGD 2,500.00 SGD 2,500.00

Financial Interest:

TAI THONG LEE TRADING PTE LTD

Additional Terms:

th crimmo

1. Vehicle is licensed for private hire by LTA and can be used for private hire limousine services

2.All drivers must have the necessary private hire licences when used for private hire 3.Additional Excess of SGD 3,500 for YID applied on Section 1 & Section 2 separately

4. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable

5. Private Hire Usage Vehicle Endorsement is applicable

6.Approved workshop plan only

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature