NATIONAL Assessment C		Date & Time Completed	Done by
Date In: 2017/19-18:18	Jeb description	Date & Time Completed	Polic of
Res No: 447M719313Kopzy	SAS e-filing		
Veh No: JME 148M	E-mail (within Shrs, AIC 2	hrs)	4
D.O.A : 23 1/19-15:15	i-Motor Claim Form		
OD P. Reporting Only	i-Motor W/O (Within: C	DD 2hrs, TP 4hrs)	
OB : IT steporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Rep	port	
Transurer.	Ass't Report by Fax / H	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / Q	W: (Tel: F:	ix:
TP Particulars: Veh No	: hby 54083 II	NC()/Non-INC()	
Owner / Driver: (Tcl:)
Policy No: (Period: () Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 80-10	00%]
Year of Registration: () Warranty: YES ()/NO	()	
	g:\$1,000()/\$2,000()		
General Remarks			
() Walk-In Cucrom er : Custome	r's information strictly Confidential	& Strictly NO refer of repairer	Sec. Sec.
() Total Loss Case : to e-mail		a Suictly NO 13ter of repailer.	
			
Drive-In ()/ Towed-In (); 1	Invoice: YES () / NO (); Towing Co: (
Remarks:- (INC hotline: 6788 6	616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Courtesy Car ()		
2) QC Check / Post Repair Inspection			
3) Upload Resurvey Photo [Repair Co			
Injury:			
Date/Time Actions	Comes projekty staly (S) 1985		MARIE AND COLORS
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		and the second	Anit (S) Amit (S)
M&1202412 .	Invoice	Preparation Checklist	fit Bill Add Bill
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river/Owner:	4) FT : Fol	low-Through Survey \$3	20
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amaged Portion:	6) TR : Re-		775
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C Charlant on T of	S) NTUC A	Additional Services:-	
C Checked by (Engr-In-Charge):	*N5: Co	urtesy Car / Tpt Allowance	\$5
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Mobile Number

Fax Number Contact Number

EMail Address

Date Of Driving Pass Driving Experience

- 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.
- 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.

	ACCIDENT STATEMENT
Data Of Bassat	25/07/2019 18:28
Date Of Report	
Date Of Accident	23/07/2019 15:15
Exact Location Of Accident	ALONG TELOK AYER
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SME1168M
Insured/Policyholder	
Name Of Registered Owner	CHEW GUAN KHENG
NRIC No	S1713389F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96663680
Alternative Phone No	OFFICE-96663680
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	19-MS007576-R00
Cover Note Number	
Driver	
Name of Driver	TENG KAI SIANG
NRIC No	S9520865G
Date Of Birth	04/06/1995

INDOOR

21/06/2014

NOEMAIL

5 YEARS AND 1 MONTH

(LOCAL) +65-82825678

OFFICE-82825678

BLK 549 SERANGOON NORTH AVENUE 3 Address

#09-29

550549 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

0

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

GBH5408J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 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.
- 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.
- 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)

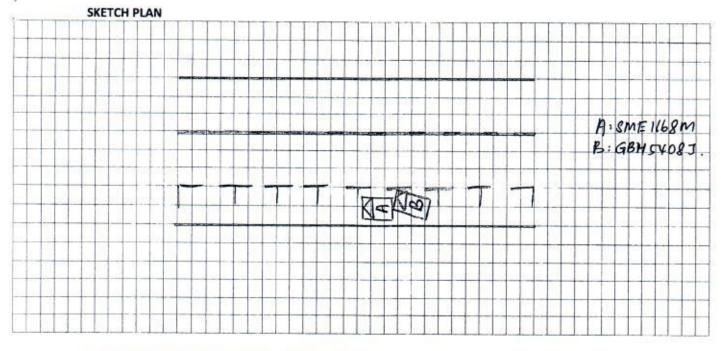
I understand, acknowledge, agree and consent that:

- (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:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked stationary at the carpark of Telok Ayer

Street. When vehicle B tried to park the lot behind of my vehicle,
he accidentally collided onto the rear 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.
- Please report correctly on the details of the accident to appear of
 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.

TO THE PARTY OF TH	ACCIDENT DETAILS	
Date of accident	23/07/2019	(DD/MM/YY)
Time of accident	1515	(HH:MM)
Exact location of accident	Along Telok Ayer	

	DETAILS OF VEHICLE
Vehicle registration number	SME 1168 M
Vehicle make and model	Honda Civic
Type of vehicle	Saloon MPV CRV Van CRV O Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

	INSURANCE IN	FORMATION	NEUX NUMBER OF
Insurance company	Tokio Marine		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

建 基层工作。14年10年8月1日	INSURED / POLICY HOLDER		
Name	Cathryne Chew	Male □	Female 🗆
NRIC / Fin / Passport number	S171 33 89 F		
Contact	9666 3680		
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Teng Kai Siana Males	Female 🗆			
NRIC / Fin / Passport number	S 9520865 G				
Contact	8282 5678				
Address	Bik 549 Serangovn North Ave 3 #09-29 S(550549)				
Email address					
Date of birth	04/06/1995				
Occupation	Indoor D Outdoor D				
Driving date pass	21/06/2014				

			OF THE ACCIDENT	Approximate the state of the state of
Was driver an employee of	Yes 🗆	No	response to the second	Mother
the insured's company?			driver and insured:	MOINER
Accident captured by camera?		No		
Weather condition	Clear 🗆	Raining	Others:	
Road surface	Dry 🗆	Wet		
No of passenger	0			(Inclusive of drive
		LWGHING CO.		
基据的关系的关系,		PASSENGER	112	
Name				
Gender	Male 🗆	Female 🗆		
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Gender	Male 🗆	Female 🗆		
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Name				
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Name		PASSENGER		
Gender	Male 🗆	Female		
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	de la Contraction	DACCENCED		ON THE PERSON NAMED IN COLUMN
N	A PART AND	PASSENGER	0	
Name	NA-I	F		
Gender	Male 🗆	Female	111	
	ELIZABETH STATE			
		OTHER INFORM	ATION	
Was anybody injured?	Yes 🗆	No		
Was other vehicle damaged?	Yes 🗆	No		
	C. Creptopy			
MARKET STATE OF STATE	THE OWNER OF TAXABLE PARTY.	S OF POLICE STA	SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE	SECTION AND PROPERTY.
Reported to police?	Yes 🗆	No e If yes	s, please state which	police station.
Police station name				
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Name				
	The leading	WITNESS 2	or to 12 major	Constitution of the Consti
Name				

EMPLOYING TO SERVICE THE SERVI	
经验的证明的	THIRD PARTY VEHICLE 1
Vehicle registration number	GBH 5408J
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
建设建筑市场的股份	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	THE PARTY OF THE P
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
NEW THE PROPERTY OF THE PARTY O	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD FARTT VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
Company of the Compan	THIRD PARTY VEHICLE C
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Managara da Angel da	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	AND WALKS	INJURED PERSON	THE REAL PROPERTY.		The same
Name		INJUNED PERSON	- Continues of the Cont	elle de la	-
Injuries sustained				7	_
Which vehicle person in?	-				
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	,				
	er en en en	INJURED PERSON			V-5016
Name		INJUNED I ENJOI	* The state of the		
Injuries sustained				1	
Which vehicle person in?				/	
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?			/		
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Injuries sustained			/		
Which vehicle person in?			/		
Were seat belts worn?	Yes 🗆	No 🗆			
Mac injured conveyed to					
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			
	Yes 🗆	No a			
	Yes 🗆		7		4/0
hospital by ambulance?	Yes	INJURED PERSON	4		
hospital by ambulance?	Yes 🗆		4		
Name Injuries sustained	Yes 🗆		4		
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		INJURED PERSON	4		
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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9520865G



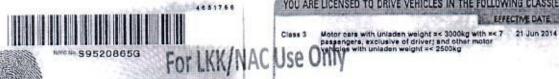
TENG KAI SIANG

in

CHINESE Date of birth 04-06-1995 M Country of birth SINGAPORE

For LKK/NAC Use C





16-11-2010

APT BLK 549 SERANGOON NORTH AVENUE 3 # 809-29 SINGAPORE 550549

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

NP 428A

Win Marine Insurance Singapore I to

Bog No. 19770001 & MICST FOR No. 117 (00007). 41 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

(65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E tm/s@tokiomarine.com/sg W www.tokiomarine.com

I divide Mayine 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.: 19-MS007576-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SME1168M

Chassis No.: MRHFC5650KT000652

2. Name of Policyholder

CHEW GUAN KHENG

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

28/06/2019

4. Date of Expiry of Insurance

27/06/2020

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 o 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

. 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: E2316DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

SGD 600 SGD 100

Financial Interest:

Windscreen Excess DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature