NATIONAL Assessment Cer	ntre Services. wet 1.	anos MN41 19699	184		
Date In: 29/2/19-18:16	Job description	Date & Tir	ne Completed	Don	e by
Ref No: 412 mg 19017374/14	SAS e-filing	i			
Veh No: 6645144B	E-mail (within Shrs, A	(C 2hrs)			
D.O.A: 27/19-14:13	i-Motor Claim For	cm _			
OD : FP Reporting Only	i-Motor W/O (with	n: OD 2hrs, TP 4hrs)			
OB . It y reporting Only	i-Photo Uploaded	1			
TP Insurer:	Assessment/Survey I	Report			
Tr mador.	Ass't Report by Fax	/ Hand to Owner/WI	KSD	126300	
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax	:	
TP Particulars: Veh No: 47	116472	INC()/Non-l	NC()		
Owner / Driver: (100	Tel:	¥)	"nes-rei
Policy No: ()	Period: () Cover Typ	e: ()	
Confirmed by: (Dat	e: 7	ime:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-	79%. P: 80-100	0%]	
Year of Registration: ()	Warranty: YES ()/1	10()	SACRETAL FRANCE CONTRACTOR		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()				
General Remarks:-					
() Walk-In Customer: Customers in	The state of the s				
() Total Loss Case : to e-mail Ins	THE RESERVE AND PARTY OF THE PA	dar & Strictly NO 1316			
				·	
	ice: YES () / NO (); Towing Co: (
Remarks: (INC hotline: 6788 6616)	Date&Time	Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()			Get also the common	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost>	\$30001 ()				7.15.300
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Injury:					
Date/Time Actions		4.00	THE RESTAURANCE OF	200 PM	10000
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aimant's Particulars :-	1) AR:	Accident Reporting (53	0);		
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iver/Owner:				51	
mto as NI.		Towing Fee Follow-Through Survey	\$40/\$4:		
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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 willful 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

	ACCIDENT STATEMENT
Date Of Report	29/07/2019 18:16
Date Of Accident	27/07/2019 14:00
Exact Location Of Accident	15 UBI RD 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH5144B
Insured/Policyholder	
Name Of Registered Owner	MS TOH MUI GEOK (ZHUO MEIYU)
NRIC No	S7539376H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92963390
Alternative Phone No	OFFICE-92963390
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5 LX 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
f 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-MV009857-R01
Cover Note Number	

Driver

Name of Driver TANG YANG KEN NRIC No S7525380Z Date Of Birth 20/08/1975 Occupation INDOOR Date Of Driving Pass 23/12/1994

Driving Experience 24 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97696561

Fax Number

Contact Number OFFICE-97696561

EMail Address NOEMAIL

BLK 656 JALAN TENAGA Address

#04-106

Postcode 410656

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured SPOUSE

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)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

YES NO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GT1164R Vehicle Registration Number TOYOTA DYNA

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver PEH KEK YONG NRIC/Passport Number S1362471B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 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 :
 - (1) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (1111)
 - (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:
 - (1) 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

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

Policy holder's signature

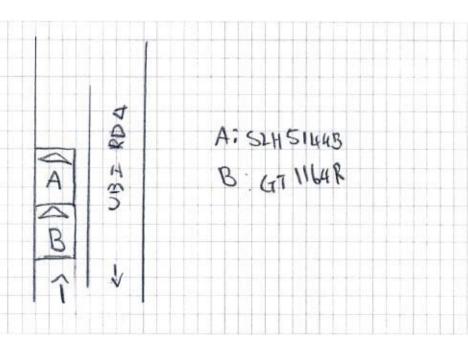
Date / time:

Driver's signature (if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, as I was park along the road side stationary. I suddenly felt a impact hitting the rear portion of my vehicle (SLH5144B). I went down to check and realise vehicle B (GT1164R) collided with 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.:

SINGAPORE ACCIDENT STATEMENT

MPORTANT 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.

The state of the s	ACCIDENT DETAILS	
Date of accident	27/07/19	(DD/MM/YY)
Time of accident	1400	(HH:MM)
Exact location of accident	15 Upi R24	

		DETAILS OF	VEHICLE		副部 电波波 法市场证券
Vehicle registration number	SLH	5144B			
Vehicle make and model	HUNDON	HK-1			
Type of vehicle	Saloon	MPV 🗆	CRV D	201	0
	Lorry	Bus 🗆	Moto	rcycle 🗆	Others:
Vehicle category	Private ø	Comme	ercial 🗆	Motorcy	cle 🗆
Purpose of using at said time					
Are you claiming under your	Yes 🗆	No 🗆	if no, ple	ase select:	
own insurance company?	Third part of	claim 🔽	Reportin	g only 🗆	

MARKAGARAN TAN	INSURANCE IN	FORMATION	部級語でおきて
Insurance company	Tokio Mavine	43	A DESCRIPTION OF THE PERSON OF
Policy number	18-M1 20082	4-201	
Type of policy	Comprehensive z'	Third party fire & theft	TP only 🗆

INSURED / POLICY HOLDER				
Name	TOH MUI TECK MA	le 🗆	Female a	
NRIC / Fin / Passport number	575393464			
Contact	92963390			
Address	BIX 656, SMON TENNSON # 04-106, 5(410)	SL)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Tang Yang Ken	Male 🗆	Female 🗆			
NRIC / Fin / Passport number	5752535UE					
Contact	9769 6561					
Address	BIK 656, Jalan Tenga/ 40L	1-106/5/4106361				
Email address						
Date of birth	20/06/1975					
Occupation	Indoor 🗷 Outdoor 🗆					
Driving date pass	23/12/1944					

A Marie Company and the latest	GENERAL	INFORMATION	OF THE ACCIDENT		a water
Was driver an employee of	Yes 🗆	Nop	Will the same of t	Van 200	
the insured's company?	If no, rel		driver and insured: _	sporse.	
Accident captured by camera?	Yes 🗆	Noa			
Weather condition	Clear	Raining	Others:		
Road surface	Dry D	Wet 🗆			
No of passenger	10			(Inclusive of d	river)
And the second s					
### (30 p.) 4 mg	\$17M146	PASSENGI	ER1	A CONTRACTOR OF THE SECOND	
Name		A STATE OF THE PARTY OF THE PAR			
Gender	Male 🗆	Female			
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Gender	Male 🗆	Female			
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Gender	Male 🗆	Female □			
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Gender	iviale 🗆	Female 🗆			
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Was anybody injured? Was other vehicle damaged?	Yes 🗆	No 🗷			
was other vehicle damaged?	Yes_Ø	NOL			
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Name					

	THIRD PARTY VEHICLE 1
Vehicle registration number	GTILLAR
Vehicle make model	Toyota Dyna
Name	PEH KEKYONG
NRIC / Fin / Passport number	513624719
Contact	

大名的过去式与一个	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Charles the San Control of the Contr	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

数据现象 (2014年 1916年 1914年 191	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

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

THIRD PARTY VEHICLE 6					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	TO NAME OF THE OWNER.	MINISTS DE	2001	CONTRACT CONTRACT	on the state of the	NAME OF STREET
	THE PERSON NAMED IN	INJURED PE	RSON 1			
Name						
Injuries sustained			0======================================			
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No 🗆				
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Were seat belts worn?	Yes 🗆	No 🗆				
Was injured conveyed to	Yes 🗆	No □				
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Injuries sustained						
Which vehicle person in?						
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Was injured conveyed to	Yes 🗆	No 🗆				
hospital by ambulance?						
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DRIVER.



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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-MV009857-R01 (Private Motor Car 24 Months)

1. Index Mark and Registration Number

SLH5144B

Chassis No.: JHMRU1830GX200598

of Vehicle

2. Name of Policyholder

MS TOH MUI GEOK (ZHUO MEIYU)

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

08/11/2018

4. Date of Expiry of Insurance

07/11/2020

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 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 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

Insurance Plan: Comp Limit for total loss or theft: Prevai

Prevailing Market Value

Own Damage Claims

SGD 600 SGD 100

Financial Interest:

Policy Excess:

Windscreen Excess OCBC BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Account: E2316DDA

Authorised Signature

User Name: Saenah Bie Mohd Pamli- M

Printed 26/10/2018