Date In: 16/16/19-09: T1	Jeb description	n .	Date &Time Completed	Don	e by
Res No: NO Ton 2 19 0 16288/24	SAS e-filing				
Veh No: 57U5Y17D.	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 18/19-19:00	i-Motor Cla			-1000	
	i-Motor W/0	O (Within: OD 2hrs	s, TP 4hrs)		
OD TP Reporting Only	i-Photo Uplo	paded			
TP Insurer:	Assessment/S	urvey Report			
11-110-101	Ass't Report l	y Fax / Hand t	0 Owner/Wksp	NASCON 113 1 180	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:	
TP Particulars: Veh No: \$5	TOHTU .	, INC()/Non-INC()	W.	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-20	%; P: 21-79%. P: 80-10	0%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000 ()/\$2,000	()			
General Remarks:	Clear moves.	DECENSARY.		at litera	
A AND WITH CO. O. CO. CO. C.	437.49014.6° Janes (47)			2019 321-1-5	
() Walk-In Customer: Customer's info		nfidential & Str	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insur					
Drive-In ()/ Towed-In (); Invoice	:e: YES() / N	(O) ; To	wing Co: ()
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Done	by
	Courtesy Car ()		Stin .	
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2) QC Check / Post Repair Inspection	()				ALC: N
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number 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.
- 5. 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	16/09/2019 09:51		
Date Of Accident	13/09/2019 19:00		
Exact Location Of Accident	UPP CHANGI RD EAST		
Country/State of Loss	SINGAPORE		
machine to the annual commence from the commence of	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJU5457D		
Insured/Policyholder			
Name Of Registered Owner	BLAZE MOTORING PTE LTD		
Co Reg No	201531362N		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-91449265		
Alternative Phone No	OFFICE-91449265		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	COROLLA AXIO 1.5X SPECIAL EDITION A		
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		
Policy Number	18-MI001921-R01		
Cover Note Number			
Driver			
Name of Driver	FARAZDAQ BIN JOHARI		
NRIC No	S7346412I		
Date Of Birth	21/12/1973		
Occupation	OUTDOOR		
Date Of Driving Pass	24/03/2004		
Driving Experience	15 YEARS AND 5 MONTHS		
Gender	MALE		

(LOCAL) +65-97631143

OFFICE-97631143

NOEMAIL

Address BLK 396 TAMPINES AVENUE 7

#04-301

Postcode 520396

Was driver an employee of the Insured's Company NC

If No, Relationship of the Driver with the Insured OTH

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

3

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190914/2001.

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 SKS5015U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAN TUAN HONG

NRIC/Passport Number

S8429838G

Contact Number

96209889

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NO

DETAILS OF INJURED PERSON 1

Name FARAZDAQ BIN JOHARI

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJU5457D

YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Page 3 of 21

SKETCH PLAN

IMPORTANT NOTICE

- 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:

Driver's Signature

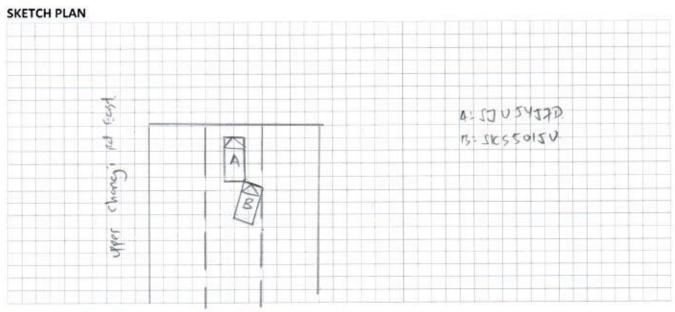
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to pokce report- + 2019 0914 2001.	
25	
100	
BLAZE	

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 Personner's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 13 /9 / 19)(DD/MM/YY)	YY), TIME:(19:00)(HH:MM)
LOCATION: upper changi Rd East.	
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: JUNE 1	60 SE 26
C)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	ARTY / THÏRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV / VAN / LOR g) VEHICLE CATEGORY: (PRIVATE / COMMERC h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INS IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	URANCE (YES/NO)
2. INSURED / POLICY HOLDER	CLI OKING ONET
b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER
The of passengs DRIVER (Included 1) a) NAME: Farazday, Bin Johns	
hindicient by property by the balling	CONTACT: 93 63 1143
CIADDRESS: Ole 396 Jam 20015 AULONE	4
Imale,	
e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 2131	25 %
4. WAS DRIVER AN EMPLOYEE OF THE INSUR	
IF NO, RELATIONSHIP OF THE DRIVER WIT	H INSURED: HMI.
5. a) WEATHER CONDITION: (CLEAR / RAINING /	OTHERS)
6. WAS ANYBODY INJURED (YES / NO) - TOURS	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION	:
8. THIRD PARTY VEHICLE	
No of passenger a) VEHICLE NUMBER: SICKSOITY.	MODEL:
- including driver) of billion of the conservation	CONTACT: 96209889.
9. THIRD PARTY VEHICLE	CONTACT: 96 00 16 89.
	_MODEL:
A los of harrender	
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:
(_)	The season and the se

email =

fax =

VIDEO = X





1 of 3

Report No. T/20190914/2001

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 00:22	lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	lars		10000000000000000000000000000000000000	
	Informant: DAQ BIN JC		Address: APT BLK 396 TAMPINES AVI 520396	ENUE 7 #04-301 SINGAPORE	
ID Type / ID No.: NRIC NO / S7346412I			Contact No.: Home/Office: Mobile: 97631143		
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 21/12/1973	Type of Informant: Driver	A CONTRACTOR OF THE PARTY OF TH	
Race: Javanese			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2019 19	Type of Location: Straight Road
	NGI ROAD EAST	Road Surface:		Road Speed Limit:
Traffic Flow: Traffic		Traffic Control Traffic Light - V		Traffic Volume: Light
Type of Collis	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJU5457D	Car	TOYOTA	AXIO	Silver	Seriously Damaged	187/17
SKS5015U	Car	HONDA		Red		0

1000mm 100mm 10
Use of Pedestrian Crossing: NA





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 2 of 3 Report No. T/20190914/2001

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver			MARKET COME	The same	-	
Name	FARAZDAQ BIN JOHARI		ID No.		S7346412I	
Related Vehicle	SJU5457D (Car)		Contact No.		97631143	
Hospital/Clinic	CENTRAL 24-HR CLINIC (TAMPINES)		Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	13/09/2019		Date Disc	harge 13/09/2019		9/2019
No. of Days gran	nted Medical Leave 03 Degree of				Slight	
Driver						
Name	TAN TUAN HONG		ID No		S8429838G	
Related Vehicle	SKS5015U (Car)		Conta	ct No.	96209889	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL		Degree of Injury NIL		

Brief Details.

On 13/09/2019 at 7.02pm, I involve in a accident along Upper Changi Rd East. I wish to state that I was at the traffic light and it was amber and manage to slow down and stop on time. I did not do a emergency breaking where suddenly I feel an impact from the rear and the impact was a red in colour car had hit to my car rear right side. The red car the end up on my right side of the car. It was 3 lane and I was at the lane 2. The red car airbag was also came out.

- 2. I then went out from my car and we exchange particulars.
- 3. On the same day I went to clinic and was given 3 days of MC due to pain on my neck, back of my head, left thigh(recovering from my operation on 28 June 2019).
- 4. There is no car camera in my car (SJU5457D) but there is car camera in the red car (SKS5015U).





Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAP

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

3 of 3 Report No. T/20190914/2001

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2019 00:22
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	SINGAPORE POLICE FORCE
Authentication Stamp NP168	
	SIGNATURE

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

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-MI001921-R01 (Private Motor Car)

1. Index Mark and Registration Number

SJU5457D

Chassis No.: NZE1416100306

of Vehicle

2. Name of Policyholder

BLAZE MOTORING PTE. LTD.

3. Effective date of the Commencement of

Insurance for the purposes of the Act

26/12/2018

4. Date of Expiry of Insurance

25/12/2019

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.

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

Third Party, Fire & Theft

Limit for total loss or theft: Prevailing Market Value

Policy Excess:

Insurance Plan:

Excess-Third Party (Sect II) SGD 1,50 TAI THONG LEE TRADING PTE LTD SGD 1,500

Financial Interest:

Tokio Marine Insurance Singapore Ltd.

Account: 1141DDB

Authorised Signature

Printed 01/01/2019 User Name: Yeo Chor Joo Irene - Mot