w 100 a		1.00	4 (2)
NATIONAL Assessment Centre Services.	(wel 1 Jan/05) . N	MAN 119/498	33
Date In: 12 1/ Job description	. 1	Date &Time Complete	ed Done by
Ref No: MSA TM 1190100V SAS e-filling			
	shir, AlCahra)		<u> </u>
001 11 11 20 2 90 1-Motor Clat			
	O (Withlat OD 2hrs, 7	P 4hrr)	
OD (TP) Reporting Only			
	urvey Report		· •:
1 P Insurer:	by Pax / Hand to	Dwner/Wisn	
Professed Wksp / INC Assign Wksp / QW: (of Pray Rungiv	Telt	Fax:
TP Particulars: Veh No: GBG SOUP	INC(
Owner / Driver: (Tel:	· · · · ·
Policy No: () Period: () (Cover Type: ().
Confirmed by : (Dates,	Timer)
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-209	; P: 21-79%. P: 9	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000 ()/\$2,000	0()		
Sensol Bellings & Stock Could be Stock Could be	相關的知識的	经营业的	18.18.28.18.18.18.18.18.18.18.18.18.18.18.18.18
() Walk-In Customer: Customers Information strictly Co	onlidential & Stric	lly NO refer of repair	or.
() Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-In ()/ Towed-In (); Invoice: YES ()/I	NO(); Tov	ving Co: (· , ·	/
usminita aviateis calcinne cash cottone da la collection	100000000000000000000000000000000000000		THE MENTION OF THE PERSON OF T
1) Apply for Transport Allowance ()/ Courtesy Car ()		
2) QC Check / Post Repair Inspection (·)		
3) Upload Resurvey Photo [Repair Cost>\$3000] () - 1	<u> </u>	
Injurý:			
			Windson Co. St. V.
Control Section (Section Control Section (Section Control Assets)	4-010-4-5-5-0100-010-010-010-010-010-010-010-01	MEHISHIS SIPARISHANIAN	•
·			I w commu
1180808000	TOTAL MERCENSIA		Maria Manuel
NA908555	TOXOLESH TETT	The state of the s	PROPERTY WASHINGTON
	1) All 1 Applicant Re 2) DA 1 Dame to Ass		\$40/545 ·
river/Owner:	4) PT 1 Follow-Three	igh Survey	\$120
ontact No:	Por elaiming again	stinconly (Resurvey)	(00) 230
rnäged Portion:	6) TR: Re-Inspection 7) NI : Idao DA + SI	1	\$75 \$160
	4) NTUC Additional	Services:-	
Checked by (Engr-In-Churge):	NS: Courtery Co	/Tpt Allowance	35
45 - CHARLES AND SERVING THE CONTROL OF SERVING SERVIN	PNS: Hanale Cu-o	dinetion	510
The second secon	To + NY: Post Repair	nepeation	\$25
contors Communistic 381 232 22 2000 3 3 4 4 7	N/i Fost Repair	Inspection	\$3 \$20 - 1
nations communicate to the second	N/i Fost Repair	Inspection Lixours Coordination in INC) egalost tric	30

9:

SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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 this centre and to copies of the report being made available

Date Of Report	ACCIDENT STATEMENT
Date Of Report Date Of Accident	12/11/2019 18:12
Exact Location Of Accident	11/11/2019 22:00
Country/State of Loss	CARPARK AT ECO SANCTUARY CONDO (LOBBY C)
	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFT4900A
Insured/Policyholder	
Name Of Registered Owner	TAN YII HSIEN, BARNABAS (CHEN YUXIAN, BARNABAS)
NRIC No	S8023523B
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97545991
Alternative Phone No	OTHERS-97545991
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO-1.5 L (A)
Exact Purpose for which vehicle was being used at ime of accident	CAR WAS PARKED
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No. Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	19-MT104747-R01
Cover Note Number	
Driver	
lame of Driver	TAN YII HSIEN, BARNABAS (CHEN YUXIAN, BARNABAS)
IRIC No	S8023523B
ate Of Birth	18/08/1980
occupation	INDOOR
ata Of Dalutara Barrella	30/06/2000
AND A PRODUCTION OF THE PROPERTY OF THE PROPER	19 YEARS AND 4 MONTHS
and a	MALE
obile Mussle	(LOCAL) +65-97545991
ax Number	
ontact Number	OTHERS-97545991
A - 11 A - 12 F	HANCARREPAIRS@GMAIL.COM

Address

61 CHESTNUT AVENUE

#15-03

Postcode

679522

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

0

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

GBG5604P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMMAD HILMAN BIN MOHAMMAD HASNIN

NRIC/Passport Number

\$95216741

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 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 Police for investigation.
- 5. 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)

Lunderstand, 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 Parsonn Fs

Name

NRIC FIN NO

Eso Sanctuary Condo Corporte	L L .		+ . + + + + + + + + + + + + + + + + + +	
DSFT4900A BGBG 56049		Pillar		

My car 1 was	parked of my house condo(Eso Sonctuony)
	the cop (A).
I got a phor	e call, informing me that my vehicle (B)
hit onto my	car & while reversing reversing.
So, I went a	lown and exchanged particulars.
Vehicle (B)'s du	iver admitted fault and apologised to me
	ne by the security of the condo, vehicle (B) moved o
of the lot and	make a left furn. However, it couldn't finish
making the turn	without reversing- Koffee And that was when
vehicle (B) hit.	into my cap A.
DECLARATION	
I/We declare the foregoing parti	culars are true in every sespect t.
Policyholder's Signature Date & Time	Driver's Signature (Date & Time) (if driver is not the policyholder) Reporting Centre Personner's Signature Name:

PERSONAL PARTICULARS

Date of Accident. 4 / (1/201 9 Time of Accident:	10 00P (24Hps)
Vehicle No. 5 FT 4900 A Vehicle Make/Model	Missan Caffol-5A
Exact Location of Accident: Carpale of Eco San	cfuony Condo. (Lobby c)
Owner's Name/NEIC Tan Yi Haien, Barnakas I	
Driver's Name/NRIC: Tan Yi Hajen. Barnabas 7	C No: 58023523 B
Driver's Contact: 97545991 · Insurance Co & Pol	licy No: Takyo Marine.
Driver's Email Address: Harca repairs a gnail. com	a
Relationship between Owner & Driver, Spouse/Children/Friend/Parent	s/Others specify:
What do you wish to claim (Please circle one only) 1) Own insurance 2) Other Vehicle of he one you want to claim a	gainst) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of Private Use / Work Purpose	accident? (Please circle one only)
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Occupation	VVet
Indear Poutsour	
Any Injuries? (MC of 3 Days or more, police report is require	<u>:d)</u>
Yes (No) If Yes, which police station?	
The Other Party (Vehicle B) Details	
Driver's Name/IC: Mohammad Hilman Rusydi	Vehicle No: GBG.5604 P
Insurance Company: 4 No: 9521674 1	Driver's Contact:
(If more than 2 vehicles involved, please indicate the othe	r party vehicle numbers below)
Other Vehicle (Vehicle C) :	
Independent Witness (if Any):	
Preferred Workshop (If Any):	Contact:
* If no proper document are produced, IDAC should not file	the report
* Information will be discarded after one wook	

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: MZ-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 intention of the Tokia 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.: 19-MT104747-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SFT4900A

Chassis No.: JN1BAAC11Z0021264

2. Name of Policyholder

TAN YII HSIEN, BARNABAS (CHEN YUXIAN, BARNABAS)

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

13/07/2019

4. Date of Expiry of Insurance

12/07/2020

- 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

 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: 2538DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

Windscreen Excess

SGD 600 SGD 100

Tokin Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 08/06/2019



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: Name(as shownin NRIC) : _ NRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Dwner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: Emall Address Date of Accident Time of Accident: Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or MChelleby Youce Lumsal 19-MT104747-RO1 ON 979 Policyholder / Driver's Signature Date: Reporting Centre Personne Name:

> NRIC/FIN No .: Date: