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D.O.A: H/1/4-13:17	i-Motor Clai	im Form	4		
OD / TP) Reporting Only	i-Motor W/C	O (Within: OD 2h)	s, TP 4brs)		
OD : 17 Reporting Only	i-Photo Uplo	paded			
TD	Assessment/St	urvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: 68	SJ9vo3x	. INC()/Non-INC()		
Owner / Driver: (Tel:)	_
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ())/NO(1		
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General Remarks;-				Scott Sir - >	
() Walk-In Customer: Customer's in	nformation strictly Co	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	urer URGENTLY.				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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.

aroresaid.	
Antinia de la composição de la composiçã	ACCIDENT STATEMENT
Date Of Report	21/11/2019 16:05
Date Of Accident	21/11/2019 10:10
Exact Location Of Accident	BLK 634 HOUGANG AVE 8 CARPARK
Country/State of Loss	SINGAPORE
Maria de la companya	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK7339P
Insured/Policyholder	
Name Of Registered Owner	ANG HUI LING
NRIC No	S6825717D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90266464
Alternative Phone No	OFFICE-90266464
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS011954
Cover Note Number	
Driver	
Name of Driver	YEO CHIEW HONG
NRIC No	S6825688G
Date Of Birth	07/07/1968
Occupation	OUTDOOR

28/01/1993

MALE

NOEMAIL

26 YEARS AND 9 MONTHS

(LOCAL) +65-92988269

OFFICE-92988269

BLK 239 LORONG 1 TOA PAYOH Address

#10-92

Postcode 310239

Was driver an employee of the Insured's Company NO

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 SIDE SWIPE 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

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)

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

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

GBJ9203X

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)

DETAILS OF INJURED PERSON 1

YEO CHIEW HONG Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NECK & BACK

SKK7339P

YES

NO

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.
- 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.
- 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 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:

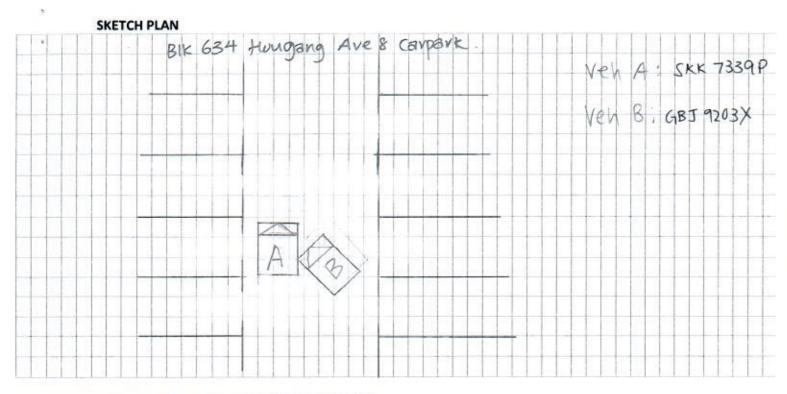
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (I) 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:



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the	veh	ß.	Witho	ut any .	signa	(5,	veh	B (GB	3 9203×), suo	iden1.	1
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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

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.
- 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.

在新世界的是199 年	ACCIDENT DETAILS	
Date of accident	21 11 / 2019	(DD/MM/YY)
Time of accident	10:10 am	
Exact location of accident	V V V	(HH:MM)
Exact location of accident	BIK 634 Hougang Ave & Carpark.	

2010年代 2010年 1910年 19	DI	TAILS OF	VEHICLE	5 5 K	別は なっちょう
Vehicle registration number	SKK 13.	39 P			
Vehicle make and model	Toyota	VIOS			
Type of vehicle	Saloon Z	MPV 🗆	CRV Motor	Van cycle 🗆	Others:
Vehicle category	Private	Comme		Motorcyc	
Purpose of using at said time			or order E	Motorcyc	ie u
Are you claiming under your own insurance company?	Yes Third part cla	No,⊠ im p	if no, pleas		

MUNICIPAL CONTRACTOR	INSURANCE IN	FORMATION	SECTION AND DESCRIPTION OF THE PERSON OF THE
Insurance company	Tokio Marin	16.	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER						
Name	Ang Hui Ling	Male 🗆	Female 🗹			
NRIC / Fin / Passport number	568257170	iviale 🗅	remale			
Contact	9026 6464					
Address	BIK 239 lorong 1 Toa payoh #07-100 5(310239)					

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O	O.B)	
Name	teo chiew Hong	Male	Female
NRIC / Fin / Passport number	568 25688 6	IVIAIQ 🗆	remale u
Contact	9298 8269		
Address	BIK 239 lorong 1 Tod payon #10-92 S(310239)		
Email address			
Date of birth	07/07/1968		
Occupation	Indoor Outdoor		
Driving date pass	28 101 11993		

Was driver an employee of the insured's company? Accident captured by camera? Accident captured by camera? Yes □ No Ø For Patrician No Ø For Patrician	Was driver an employee of the insured's company? Weather condition Road surface Dry Raining Others: Road surface PASSENGER 1 Name Gender Male Female O PASSENGER 2 Name Gender Male Female O PASSENGER 3 Name Gender Male Female O PASSENGER 4 Name Gender Male Female O PASSENGER 5 Name Gender Male Female O PASSENGER 5 Name Gender Male Female O PASSENGER 6 No O DITHER INFORMATION Was anybody injured? Ves No O DETAILS OF POLICE STATION ACTION Reported to police? Ves O No O If yes, please state which police station. WITNESS 1 Name	JOHN STREET, MARKET WHI	GENERAL	INFORMATION	OF THE ACCIDENT	A CONTRACTOR OF THE SECOND
the insured's company? Accident captured by camera? Ves D No.2* Weather condition Road surface No of passenger PASSENGER 1 Name Gender Male D Female D PASSENGER 3 Name Gender Male D Female D PASSENGER 4 Name Gender Male D Female D PASSENGER 5 Name Gender Male D Female D PASSENGER 6 Name Gender Male D Female D PASSENGER 5 No D PASSENGER 5 No D Was anybody injured? Yes D No D Was other vehicle damaged? Yes D No D WITNESS 1	the insured's company? Accident captured by camera? Weather condition Cleary Raining Others: Road surface No of passenger Name Gender Male Female PASSENGER 1 Name Gender Male Female PASSENGER 3 Name Gender Male Female PASSENGER 4 Name Gender Male Female PASSENGER 5 Name Gender Male Female PASSENGER 6 Name Gender Male Female DETAILS OF POLICE STATION ACTION Reported to police? Police station name WITNESS 1 Name WITNESS 1	THE RESERVE OF THE PERSON OF T	The same of the same of	CONTRACTOR OF STREET	A CONTRACTOR OF THE PARTY OF TH	0
Accident captured by camera? Ves D No P Weather condition Clear Raining D Others: Road surface DPY_P Wet D No of passenger I (Inclusive of driver) PASSENGER 1 Name Gender Male D Female D PASSENGER 3 Name Gender Male D Female D PASSENGER 4 Name Gender Male D Female D PASSENGER 5 Name Gender Male D Female D PASSENGER 6 Name Gender Male D Female D PASSENGER 5 No D PASSENGER 5 N	Accident captured by camera? Yes D No E' Weather condition Clear Raining DOthers: No of passenger I (Inclusive of driver) PASSENGER 1 Name Gender Male Female D PASSENGER 2 Name Gender Male Female D PASSENGER 3 Name Gender Male Female D PASSENGER 4 Name Gender Male Female D PASSENGER 5 Name Gender Male Female D PASSENGER 6 Name Gender Male Female D OTHER INFORMATION Was anybody injured? Yes No D Was other vehicle damaged? Yes No D DETAILS OF POLICE STATION ACTION Reported to police? Yes No D DETAILS OF POLICE STATION ACTION Reported to police? Yes No D WITNESS 1 Name		If no, rela	ationship of the	e driver and insured: _	wife
Weather condition Road surface No of passenger PASSENGER 1 Name Gender Male Female PASSENGER 2 Name Gender Male Female PASSENGER 3 Name Gender Male Female PASSENGER 3 Name Gender Male Female PASSENGER 5 Name Gender Male Female PASSENGER 5 Name Gender Male Female PASSENGER 5 Name Gender Male Female PASSENGER 6 Name Gender Male Female PASSENGER 5 Name Gender Name Gender Male Female PASSENGER 5 Name Gender Name Gender Name Withess 1	Weather condition Clear Raining Others:					
Road surface No of passenger	Road surface No of passenger		Clear		Others:	
No of passenger	No of passenger I			1000		
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大学工具数量分别是是企业		THE PERSON NAMED IN	ED PERSON 1
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Injuries sustained	Neck	F &	Back
Which vehicle person in?	Driv	er	
Were seat belts worn?	Yes	No □	
Was injured conveyed to	Yes □	No.	
hospital by ambulance?			
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Name			
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Was injured conveyed to	Yes 🗆	No 🗆	
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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: trais@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.: MS011954 (Private Car)

Index Mark and Registration Number of

SKK7339P

Chassis No.: MR053HY9305122477

2. Name of Policyholder

ANG HUI LING (Non Driving)

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

15/11/2019 (16:54:00)

4. Date of Expiry of Insurance

14/11/2020

5. 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. 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.

• 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.

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, 1967 (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 leffect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation). Act (Chapter 189).

ADDITIONAL INFORMATION		Account No: 2417DDA
Insurance Plan:	Comprehensive	

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims Additional Excess for Unnamed SGD 2 000 00 SGD 500.00

(Original Excess : SGD 2.000.00)

Driver(s)

Additional Excess for Young or

SGD 1,500.00

Inexperience Driver(s)

WindScreen Excess Excess-Third Party (Sect II) SGD 100.00 SGD 1,500.00

Financial Interest:

GV CREDIT PTE LTD

Additional Terms:

- 1. Unnamed Driver Excess is not applicable
- Vehicle is licensed for private hire by LTA and can be used for private hire limousine services.
- Only named drivers with private hire licences can use car for private hire.
- YID excess applied on Section 1 & Section 2 separately
- Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable.
- Private Hire Usage Vehicle Endorsement is applicable.
- 7. Approved workshop plan only

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature