NATIONAL Assessment Centre	Services.	[wel 1 Jan'03] .	: MNA 11915	849	
Date In: 26/11/19 09:23	Job description)I)	Date &Time Completed	Do	ine by
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TP Particulars: Veh No: 51	J 5416 G	, INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	nd: ()	Cover Type: ()	
Confirmed by : (Dater.	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () W	arranty: YBS ()/NO()		
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2) QC Check / Post Repair Inspection)=			
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()	· l		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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

经济的大学的	ACCIDENT STATEMENT
Date Of Report	26/11/2019 09:23
Date Of Accident	20/11/2019 14:40
Exact Location Of Accident	CTE TWDS CITY AT EXIT 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL6544C
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	100
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	THE STATE OF THE S
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	REPORTING ONLY
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	19-MK000100-R01
Cover Note Number	
Driver	
Name of Driver	WONG LING LI SHEILIA
NRIC No	S9047272J

 NRIC No
 \$9047272J

 Date Of Birth
 05/12/1990

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/11/2014

Driving Experience 5 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-88501869

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 712 WOODLANDS DR 70 #08-93

Postcode

730712

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

CHAIN COLLISION

Weather Conditions

AFTER RAINED

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

3

involved in the accident

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)

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

SLJ5416G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMK2602M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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.
- 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.
- 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.
- 7. 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:
 - (i) 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
- 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.
- 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, 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.

Reg. No. 01631486C

Policyholder's Signature Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN											
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+.	Statement
	/	(

DECLARATION

I/We declare the foregoing particulars are true in every respect

Reg. No. 201631485C

Policyholder's Signature Date & Time: Driver's Signature

1800ms-

(If driver is not the policyholder)

Date & Time:

mark

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I WAS TRAVELLING ALONG CTE TWDS CITY AT EXIT 10, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

ACCIDENT STATEMENT

	LOCATION:	CTE	-tuds	City	(/YYYY), TIM	Exit	10
	1. DETAILS	S OF VEHICLE			The state of the s	EXIT	. 10.
	a) VEHIC	CLE NUMBER	, ,. ,	(1)			
	DINSUR	RANCE COM	PANY.				
	c)POLIC	CY NUMBER:_	MAI.	TM	7		2.5
	d)POLIC	CY TYPE: (CO	MPPELIENCE	N/E / #1/10			
	e)MAKE	& MODEL:_	VIEW FLIENZI	VE / IHIRE) PARTY / TH	IRD PARTY F	IRE &THEFTI
	f)TYPE:(S	ALOON / CO	DIPE / MDV	1.01			2006
	g) VEHIC	LE CATEGOR	Y-/PDIL/ATC	/VAN/L	ORRY / MO	TORCYCLE /	OTHERS)
	h)PURPC	DSE OF USING	ATACCIO	The Thirty	EKCIAL / MC	DIORCYCLE)
	i) ARE YO	UCLAIMING	UNDER VO	LIST THATE.	Covas	mercia !	_ Privat
	IF NO, P	LEASE STATE	THIPD PAD	OK OWN	INSURANCE	(YES/NO)	
	2. INSURED	/ POLICY HO	LDER	III CLAIM	/ REPORTIN	IG ONLY)	100
	A)NAME:	Forte	Auto	leas:	ng	(MALE / FI	
	b) NRIC/FI	IN/PASSPORT			4	(MALE / FI	EMALE)
	CJADDRES	SS:			CON	IACT:	914492
11 0	* CONTINU	JE TO 3.d IF D	PRIVER ALSO	2 POLICE	uo.		
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(1)	DINKIC/FIN	VPASSPORT:	y zing	L ₁	CONT	_(MALE / FEI	MALE) 50 1869
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email = merun

fax =

VIDEO = MA.

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: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the Lokio 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-MK000100-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SLL6544C

Chassis No.: JM6BN22A8H0142960

2. Name of Policyholder

FORTE AUTO LEASING PTE. LTD.

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

03/09/2019

4. Date of Expiry of Insurance

02/09/2020

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

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

Third Party, Fire & Theft

Insurance Plan: Limit for total loss or theft:

Prevailing Market Value

Excess-Third Party (Sect II) SG

SGD 2,500

Financial Interest:

Policy Excess:

Excess - Fire & Theft SGD 2,500

TAI THONG LEE TRADING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Account: 1141DDR

Authorised Signature

User Name: Intermediaries from TM O

Printed 30/08/2019