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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 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.

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Date Of Report 04/12/2019 16:13 Date Of Accident 04/12/2019 08:25

Exact Location Of Accident BKE TOWARDS PIE (AFTER DAIRY FARM ROAD EXIT)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR6784G

Insured/Policyholder

CHENG CHOONG HIANG Name Of Registered Owner

NRIC No S1630782C

Email Address LIANG46@YAHOO.COM.SG (LOCAL) +65-97720388 Mobile Phone No. Alternative Phone No OTHERS-97720388

Vehicle Particulars

Manufacturer TOYOTA WISH Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

TOKIO MARINE INSURANCE SINGAPORE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

19-MW001819-R04 Policy Number

Cover Note Number

Driver

BEH BUN LIANG Name of Driver NRIC No S0212531E Date Of Birth 02/01/1954 Occupation INDOOR Date Of Driving Pass 12/05/1972

Driving Experience 47 YEARS AND 6 MONTHS

Gender

Mobile Number (LOCAL) +65-97720388

Fax Number

OTHERS-97720388 Contact Number

EMail Address LIANG46@YAHOO.COM.SG Address

BLK 253 BANGKIT ROAD

#13-228

Postcode

670253

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

CHAIN COLLISION

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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)

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 AND ATTACHMENT

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

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

SJB7870E

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

SLC3530J

Page 2 of 14

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

DETAILS OF INJURED PERSON 1

Name

BEH BUN LIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

BODY PAIN SKR6784G

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre astablished 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 sottlement 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:
 - (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.

Policyholder's Signature Date & Time

Driver's Signature

Jif driver is not the policyholder)

Date & Time:

Reporting Centre P

Name

NRIC/FIN No.

DECLARATION

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

Date & Time:

(indriver is not the policyholder)

On 04.12.19 at about 08:25 hours along BKE towards PIE (After Dairy Farm Road Exit). I was travelling straight on the lane 1 and it was heavy traffic, when my front vehicle (C) slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realise it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of a total of 3 vehicles involved and I have 1 passenger inside my vehicle (A).

Vehicle (A): SKR 6784G

Vehicle (B): SJB 7870E

Vehicle (C): SLC 3530J

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Car Caclistons Confors

Accident Date: 04/12/19 Time: 08: 25 (hh:	mm) 24 hr fo
Location BKE towards PIE (After Dury Form Ro	17 1
	CUST EX 11
Vehicle Number SKR 6784 G	
Insured Name Cheny Choon Hieney	
NDIC EIN S (C) . V	
Make Togota Model - USL	
Are you claiming under your own insurance policy for repair to your vehicle' () Yes If No,Pls select: (/) Third Party () Reporting	?
Insurance Company Total Maria () Reporting	
Type of Policy (/) Comphensive () Third Party Fire & Theft	
Policy Number 19 - MW 001819 - ROY	() TP Or
Name of Driver Date 6	
Name of Driver Beh Bun Ling ()Same as Inst
U	
NRIC / FIN Contact Number 97 9	2227 61
Date of Birth 02/01/1954	W (750)
Driving Pass Date 12/05/1977	
Occupation () Indoor () Outdoor () Fetire	
Gender (/) Male () Female	
Email Address 11 ang 46 @ ganov 10 m. 19 ()NO EMA
Address of Driver BIE 253 Bangtit Road)NO LIVIA
#13-228 S(670253)	
Was driver an employee of the Insured's Company? () Yes (\ No	
If No, Relationship of the Driver with the Insured	
() Owner (/) Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No	7 0101115
If Yes, Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	- 4000
Weather Conditions () Clear () Raining () Others Road Surface () Dry () West () Others	
Was any foreign vehicle involuded in	
Was any foreign vehicle involved in this accident? () Yes (/) No Was anybody injured in the accident? (//) Yes () No	
If you defined the D	
Was there serviced	
Was the Accident remark day 1 To 11 Co	
DETAILS OF 3 rd parry Name / Nric () Yes () No If yes	attach police rep
Veh B SOBARTOE	Contact
Veh C SLC 35301	
Veh D	
Veh E	
Veh F	

Posseyer: Cheny Choony Hing (Female)

Tokio Marine Insurance Singapore Ltd.

yony Feg. No.: 192300014Mi rCST Reg No.: M2-0000023-4

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T (65) 6221 6111 € (65) 5221 4355 / (65) 6224 0895 E tmis@tokiomarine.com.sg W. www.tokiomarine.com





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-MW001819-R04 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SKR6784G

Chassis No.: JTDER12W303001743

2. Name of Policyholder

MS CHENG CHOONG HIANG

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

03/03/2019

4. Date of Expiry of Insurance

02/03/2020

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 (Trivid-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are mit 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

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Policy Excess:

Prevailing Market Value Own Damage Claims Windscreen Excess

SGD 800 SGD 100

Tokio Marine Insurance Singapore Ltd.

Account: 2131DDA

Authorised Signature

User Name: Intermediaries from TM O

Printed 15/02/2019