		9/14/2001/1/265	* 1.72-1			
NATIONAL Assessment Centre Services.		Date &Time Completed	. Done by			
Date In: C(C) 2020 10 42 Jeb descripti		Date & Timo Compaced				
Ref No. NA/MI2000 1720/ SAS e-fillin		1				
(2003)	ila Sher, AIC 2lers)	ļ				
DIALOGA 11112	alm Form	Ju				
I-Motor W	I-Motor W/O (Within: OD 2hrs, TP 4hrs)					
OD (1) ! Reporting Only	iloaded					
	Survey Report					
TP Insurer: Ass't Repor	t by Fax / Hand	o Owner/Wksp		welver w		
Profurred Wksp / INC Assign Wksp / QW: (Yoli	Faxt)		
TP Particulars: Veh No: (158 130 /	, INC(
Owner / Driver: (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Tel:				
Policy No: () Period: ()	Cover Type: (
Confirmed by : (Dates .	Time:	1008/7			
		0%; P: 21-79%. P: 80-	[00%]			
Year of Registration: () Warranty: YES)				
Excess: (\$) Loading: \$1,000 ()/\$2,0	00 ()	AND THE STREET, WAS ASSESSED.	nara	major 25		
Concountering the Constitution of the Constitu	SALIDER DAY OF STREET	HOW MO WHAT OF TENSHOR	Media Maria			
() Walle-In Customer: Customer's Information strictly () Total Loss Case : to e-mail Insurer URGENTL'		7	•			
		owing Co: (' ,)		
an anni anni anni anni anni anni anni a	HONOR AND KARSON		A denotive to	Charmeto's		
Control and the Carolines of the account of the Carolines	STREET,	WHO THE	binki lanky			
1) Apply for Transport Allowance ()/ Courtesy Car (-;		•			
2) QC Check / Post Repuir Inspection (''		- · · · ·			
3) Upload Resurvey Photo [Repair Cost>\$3000] (
Infurý:	NAME OF THE OWNER, WHICH THE OWNER, WHIC		STAKE THE	AMPLE OF THE		
puntana salamban salamban kan berakan kan berakan berakan berakan berakan berakan berakan berakan berakan berak	Manager 1		ERISPECTATIVE.			
		•				
			STEEL	ADIL(1)		
MAXIOGEY	involector			nad bin		
	1) All I Analdan 2) DA I Damage	Tames and CE100K				
	TYTE TOWING		\$120			
river/Owner:	The second secon	T. C. Sand Clienting	¥30			
ontact No:	6) TR: Re-lamba	steinst INC Only (Wit 16376	The second of th			
nrnaged Portion:	TANT . Idan DA	+ SMRT Survey	\$160			
	One	onal Sarvious:-	\$3			
C Checked by (Engr-In-Charge):	NS: Courles	y Cor/Tpt Allowance Co-ordination	510			
THE RESIDENCE OF THE PROPERTY	WIS "NIE Post Re	peir Inspection	\$23			
adulors 206minimistr 1921 23 Mr. 1938 Millions 1980	TP(NII)IT	P (Non INC) STATES	30	WIND A		
u_1;	D) N17: Idas M	Pes Charge	PALICEARK			
1 2/3;	Involce dated	Pae Charte	· · · · · · · · · · · · · · · · · · ·			

• ...

1 2/3:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- e 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 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

	~ 11	11-15	те		1000	EMT
AU	ы	-	110	141		ENT

01/02/2020 10:42 Date Of Report Date Of Accident 31/01/2020 17:15

T-JUNCTION OF SIRAT ROAD AND LANGE ROAD Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

SKL8883Y Vehicle Registration Number

Insured/Policyholder

CHIA RUO LING, JASMINE (XIE RUOLING) Name Of Registered Owner

SXXXX567H NRIC No NOEMAIL Email Address

Mobile Phone No (LOCAL) +65-81828883 Alternative Phone No OFFICE-81828883

Vehicle Particulars

Manufacturer HONDA ODYSSEY Model

Exact Purpose for which vehicle was being used at PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

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

Insurance Company

TOKIO MARINE INSURANCE SINGAPORE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

MS009609 Policy Number

Cover Note Number

Driver

CHIA RUO LING, JASMINE (XIE RUOLING) Name of Driver

NRIC No SXXXX567H 06/09/1988 Date Of Birth INDOOR Occupation 15/08/2007 Date Of Driving Pass

12 YEARS AND 5 MONTHS **Driving Experience**

FEMALE

(LOCAL) +65-81828883 Mobile Number

Fax Number

OFFICE-81828883 Contact Number

NOEMAIL EMail Address

Address 65 FABER PARK

Postcode 129133

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

Vehicle

22 22 27 27 27 27

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

2

NO

1

NO

NO

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA1307E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 87802338

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

- 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)
 - (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, (d) 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

(If driver is not the policyholder)

Date & Time:

s Signature

NRIC/FIN No.:

SKETCH PLAN (LANGIE ROAD) Vehicle A (STOP LINE) - SKL 88837 Vehicle B - GBA 1307E SIRAT ROAD DESCRIBE CIRCUMSTANCES OF THE ACCIDENT straight along Sirat Road toward Highland Road Siran Road Lange Road) While driving T- Junction P255 through half grest. imp act wehic vehicle W25 vehicle with GBA 1307 E) that vehicle Withour Lange Road turning Stop line. accident The whole 64 captured in-car camera. outage - SKL 88 83 4 Vehicle - GBA 1307E Vehicle 13 DECLARATION I/We declare the foregoing particulars are true in every respect. mul Reporting Centre Personnel's Signati Name: NRIC/FIN No.: Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Nome: Date & Time: NRIC/FIN No.:

ehicle No.	SKL 888 3 4 Model / Make HONDA ODYSSRY			
Pate of Accident	31/01/20			
ime of Accident	1715 HRS			
ocation of Accident	SIRAT ROAD T junction of Sirat Road / lange Road			
xact purpose use during acci				
lame of Owner	Chia Ruo Ling, Jasmine			
elephone No.	H/P: 8182 8883. Home: Office:			
IRIC	58833567H			
Address	65 Faber Park S(129133)			
Claim type	OD THIRD PARTY REPORTING ONLY			
nsurance Company	TOKIO MARINE			
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft			
Policy No.	MS 009609			
Name of Driver	As Above If No,			
NRIC	Any Passengers: NIL			
Date of birth	06/09/1988			
Occupation	Outdoor / Indoor			
Oriving License Pass Date	15 Au 4 2007			
Gender	Male / Female			
Contact No.	H/P: Home: Office:			
Address				
Oriver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state ow ~~~			
Weather condition	Clear Raining Other			
Road Surface	Dry Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.				
Name And Contact No.				
Police Report	No. If Yes, Where?			
Vehicle B No.	Go A 1307 € Any Passengers:			
Name of Driver	Contact No.: \$7902338			
Vehicle C No.	Any Passengers :			
Vehicle D No.	Any Passengers :			
Vehicle E no.	Any Passengers :			
Vehicle F No.	Any Passengers :			
Vehicle G No.	Any Passengers :			
Witness Name	Witness Contact :			
Accident Portion	LEFT REAR PORTION.			
Camera Recorder	VES/NO France/ REGA			
Email Address				
PARTICULAR WORKSHOP	TWINGAR AUTOMOTIVE PTE CTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
CONTACT PERSON				

Tokio Marine Insurance Singapore Ltd. Company Reg. No. 19230001456 pc.51 king No. M2-000023-0 20 McCalum Street #09-01 Tokio Marine Centre Singapore 06/046 T (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0095 T trisim tokion

P



Certificate of Insurance

FORM MOST

Chassis No.: JHMRC1890KC203474

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.: MS009609 (Private Car (2 Years)) Index Mark and Registration Number of Vehicle

2. Name of Policyholder Effective date of the Commencement of Insurance for the purposes of the Act
 Date of Expiry of Insurance

CHIA RUO LING JASMINE (XIE RUOLING) 13/08/2019 (16:08:05)

12/08/2021

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 permit

Provided that the Person driving is permitted in accordance with the licensing or other laws or requisions to drive the Motor Values or has been to permitted and is not disquarfed by order of a Count of under the Road Traffic Act has not been cancelled at the time of the account loss or damage.

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.

Section 35 of the Road Transport Act, 1967 (Malaysia), are not to be

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 confly that the Policy to which this Certificate relates is issuenced Transport Act, 1987 (Malaysia) ed in accordance with the provision of the Motor Vehicles. (Third-Party Risks and Co

ruse refer to the Policy Schedule for full details, terms and conditions of the insural

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsdever reason, you must return the Certificate to Tokio. Marine transferable Singapore Ltd. within 7 days thereof. Act (Chapter 189).

ADDITIONAL INFORMATION Insurance Plan: Limit for total loss or theft:

Comprehensive Approved Workshop Plan

Prevailing Market Value

Policy Excess:

SGD 1,000.00 SGD 500.00

Own Damage Claims
Additional Excess for Unnamed
Driver(s)
Additional Excess for Young or
Inexpenence Driver(s)
WindScreen Excess SGD 3,500.00

SGD 100 00

Financial Interest:

OCBC BANK LIMITED

TOKIO MARINE INSURANCE SINGAPORE LTD.

(Original Excess : SGD 1,000 00)

Authorised Signature

User ID: 2316D0A-003

Printed 12-09-2019 to 08-21

Page 1