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(11) (1P)' Reporting Only	I-Photo Uplonded		•
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksn	
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TP Particulars: Veh No: SM	IC 3868 Z . INC)/Non-INC()	
Owner/Driver: (Tcl:)
Policy No: () Period	1: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Not	e-Est. Status (WO): N: 0-:	20%; P: 21-79%. P: 80-10	00%]
Year of Registration: () Was	ranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000	Contraction of the Property of the Party of		Net line and the second of th
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	tesy Car ()		
2) QC Check / Post Repair Inspection	.(•)		
3) Upload Resurvey Photo [Repair Cost > \$3000) () : :		
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	3) TP : Towing 1	S40/S	45
Driver/Owner:	4) FT : Follow-T	hrough Survey (Resurvey) 5 hrough Survey (Resurvey) 5	20
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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.
- 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.	- The separate state of the separate state o
	ACCIDENT STATEMENT
Date Of Report	17/02/2020 17:05
Date Of Accident	14/02/2020 18:00
Exact Location Of Accident	CHANGI RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV2211X
Insured/Policyholder	
Name Of Registered Owner	MR TOH HIAN CHUAN
NRIC No	SXXXX881E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97620973
Alternative Phone No	OFFICE-97620973
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PARKED
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 CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MV010245-R03
Cover Note Number	
Driver	
Name of Driver	TOH CHOON WEI JARED (ZHUO JUNWEI)

Name of Driver TOH CHOON WEI JARED (ZHUO JUNWEI)

NRIC No SXXXX585F Date Of Birth 16/04/1997 Occupation INDOOR Date Of Driving Pass 04/01/2017

Driving Experience 3 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-85229766

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 248 BANGKIT RD #07-280

Postcode

670248

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-0.0

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?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

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)

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMC3868Z

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

C11	_	C1 1	-	ΔNI

Changi Kd.	A: 56V 2211 X
+ 1 A B	B = 2MC 3868 =

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

V2015 - 1122	No.		
Refer	to	statement	
		1	
	7		

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

MY VEH WAS PARKED AT THE CHANGI RD PARALLEL PARKING LOT, EVERYTHING WAS INTACT, AFTER FINISH MY MEAL AND WENT BACK TO MY VEH, MY FATHER SAW OUR VEH SUFFER DAMAGE ON THE LEFT REAR PORTION, AFTER RETRIEVE THE VIDEO FOOTAGE ON THE DASH CAM. VIDEO HAVE CAPTURED THE VEH B HIT ONTO MY VEH WHILE REVERSING INTO AN EMPTY LOT BEHIND MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 2/ 20 -)(DD/MM/YYYY), TIME: 18	00.)(HH:MM)
- LOCATION: Chang; Rd.	
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SGV 2211 X	25 36 25 36
b)INSURANCE COMPANY: TMI.	
C)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PAR	TY CIDE & THEET
e)MAKE & MODEL:	IT FIKE &I HEFI
f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYC	I E (OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCY	CLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME: Private	CLE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO	236.
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY	?)
2. INSURED / POLICY HOLDER)
A) NAME: The Toh Hian Chuan. (MAL	E / FENANCI
b) NRIC/FIN/PASSPORT: S 162788/ E CONTACT:	97(20973
c)ADDRESS:	17620110.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
Ho of passenge DRIVER	
(Including driver) DINAME: Toh choon Wei Jared. [MALI	E / FEMALE)
b) NRIC/FIN/PASSPORT: S971 25 85 F CONTACT:	8522 9766
(U) c)ADDRESS:	
*d)DATE OF BIRTH: (/)(DD/MM/YYYY)	11.57
e)OCCUPATION: (INDOOR / OUTDOOR)	100
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY	? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	children
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE	
THIRD PARTY VEHICLE NUMBER: SMC 3868 2. MODEL:	
(Including driver) b) DRIVER'S NAME:	
C) NRIC/FIN/PASSPORT: CONTACT:	
7. THIRD PARTY VEHICLE	
No of passenger of VEHICLE NUMBER:MODEL:	
(Indudice disease) DRIVER'S NAME:	
(Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:	
J.tcw	B
	12 E
email = Jitan @ hotmail.com	
CZ	
fax =	14
7-1	

Ko Marine Insurance Singapore Ltd.

impany Reg. No.: 192300014M-(GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069045

1 (65) 6221 6111 € (65) 6221 4355 / (65) 6224 0895 € tmis@tokiomarine.com.sg ₩ www.tokiomarine.com

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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-MV010245-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SGV2211X

Chassis No.: MR053REH104544762

MR TOH HIAN CHUAN

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

15/12/2019

4. Date of Expiry of Insurance

14/12/2020

- 5. Persons or Class of Persons entitled to drive*
 - (a) The Policyholder.

2. Name of 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 residered Insperative 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

Insurance Plan:

Limit for total loss or theft:

Policy Excess:

Comprehensive Other Workshop Plan Prevailing Market Value

Own Damage Claims

SGD 800 SGD 100

Financial Interest:

Windscreen Excess SHONG LEONG FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Account: 2388DDA

捷亿汽车贸易 JET E MOTOR TRADING

210 Turf Club Road, Lot A18/21 The Grandstand

Singapore 287995 Tel: 6465 5645/48 Fax: 6465 5929 Email: jeternotor@eingnet.com.ag

LQ SERVICES PTE LTD

1808 BENCOOLEN STREET (#08-04 THE BENCOOLEN SINGAPORE 189648 TEL. 6-333-4116 FAX: 6-333-4108 Co. Reg. No: 201227819H

Authorised Signature

User Name: Intermediaries from TM O