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| Ref No: Um 17m2 2000409, 124 | SAS e-filing | | |
| Veh No: Smmy1848 | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 11/3/20 - W.30 | i-Motor Claim Form | | |
| / | i-Motor W/O (Within: OD 2hrs | TP 4hrs) | |
| OD : TP : Reporting Only | i-Photo Uploaded | 1 | |
| TD | Assessment/Survey Report | | - |
| TP Insurer: | Ass't Report by Fax / Hand to | Owner/Wksn | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | ıx: |
| TP Particulars: Veh No: RSF02 | ta INC(| | ıx: |
| Owner / Driver: (| The the the |)/Non-INC() | |
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| () Total Loss Case : to e-mail Insurer | URGENTLY | | |
| Drive-In ()/ Towed-In (); Invoice: | | | |
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/03/2020 09:45

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.
- 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

| | ACCIDENT STATEMENT |
|---|--------------------------------------|
| | |
| Date Of Report | 17/03/2020 09:24 |
| Date Of Accident | 11/03/2020 20:30 |
| Exact Location Of Accident | JUNC STEVENS RD & DUNEARN RD |
| Country/State of Loss | SINGAPORE |
| 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMM4189R |
| Insured/Policyholder | |
| Name Of Registered Owner | LUMENS AUTO PTE LTD |
| Co Reg No | 2XXXXX961K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | VIOS 1.5 E (AUTO) |
| Exact Purpose for which vehicle was being used a time of accident | working working |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If 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 |
| Fleet Policy | NO |
| Policy Number | 19-MK000823-R00 |
| one) manned | |

Driver

 Name of Driver
 LAI KOK YONG

 NRIC No
 SXXXX515A

 Date Of Birth
 10/05/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/10/1987

Driving Experience 32 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87781765

Fax Number

Contact Number OFFICE-87781765

EMail Address NOEMAIL

Address BLK 684 HOUGANG AVENUE 8

#03-963

Postcode 530684

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHE

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 COLLISION - CROSS JUNCTION

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

3

Was any body injured in the Accident? YES

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.

YES

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

: -

GENDER: : MALE

Passenger 2

NAME:

2 -

GENDER: : MALE

Passenger 3

NAME:

. .

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200312/2096.

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

SBS8084G

Vehicle Make/Model/Colour

Page 2 of 23

Details Of Properties

Vehicle Category BUS

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 SW8888G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Injured person in which vehicle?

DETAILS OF INJURED PERSON 1

Name LAI KOK YONG

Approximate Age

BODY Injuries Sustain SMM4189R

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

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.
- 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>.
- 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 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 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:
 - 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
- (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:
 - 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 Personne's Signature

Name:

NRIC/FIN No .:

| SKETCH PLAN | | A | | 1-1/- | | | | | |
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| DECLARATION | | | | | | | | | 3 |

foregoing particulars are true in every respect.

Policyholdec Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)

| Date of Accident: 11 / 05 / 20 (dd/mm/yy) | Time of Accident: 70:30(24-HR-FORMAT) |
|--|--|
| Vehicle No.: SMM 4189R Vehicle Make & Mod | del: TOYOTA VIOS |
| Exact location of Accident: CROSS JUNCTION OF | HEVEN RD & DUNEARN &V |
| Policyholder's Name: LUMENS AUTO FTE VID | NRIC/FIN/REG No.: 701426961K |
| Driver's Name: LAI KOK YONG | NRIC/FIN/REG No.: SG817515A |
| Driver's Contact No.: 8748 1765 | Company Contact No: 8778 765 |
| Date of birth: 10/05/1968 | Driving Pass Date: 23/10/1957 |
| Driver's Address: BLK 684 HOUGANG AVE 8 | \$ \$03-963 SINGAPORE 530 684 |
| Insurance Company: TOKIO MARINE | |
| | Coverage: Comprehesive / Third Party / Third Party, Fire & Theft |
| Relationship between Owner & Driver: (Please <u>CIRCLI</u> Owner /Spouse / Children / Friend / Parents / Sibling / F What do you wish to claim? (Please <u>TICK</u> one only) o Own Insurance / o Other Vehicle (<i>The one you want</i> | telative / Employee / Hirer of Others specify: |
| Tyce of Accident o Chain Collision o Head To Rear o Side Swipe o O Occupation (nature job) o Indoor / o Outdoor | |
| *Passanger Name: | Gender: Male Female |
| *Passanger Name: | Gender: Male / remale |
| Weather condition & Road conditions? (On the day of | accident) |
| Clear & Dry / o Raining & Wet / o After-Rain & Wet | o Drizzling & Wet / Others: |
| Was there any video captured by your car Car camera | ? O Yes / No |
| Any Injuries: Ves / o No (If YES) Injured Person' Na | ame: LAI KOK YONG |
| Injuries Sustain : I | njured Person in Which Vehicle: SMM 4189R |
| Police Report field: Yes / o No (If YES) Which Police S | station: HOUGANG N.P.C |
| | arty (S) Details: |
| 1. Driver's Name / IC No: | Vehicle No: SBS 80846 |
| Driver's Contact No: | |
| | Vehicle No: Sw8586 |
| ASSESSMENT TO THE PROPERTY AND | Insurance Company : |
| *Independent Witness (If Any): | Contact No: |
| | Contact No: |





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

1 of 3 Report No. T/20200312/2096

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 12/03/2020 17:24 | | | Vide Report No.: | Station Diary No.: 53 | |
|--|-------------------------|-------|--|-------------------------------|--|
| Informa | nt's Partic | ulars | TO CHARLES AND DESCRIPTION | GARLE PERFURING THE PERFURING | |
| Name of LAI KOR | f Informant: < YONG | | Address: APT BLK 684 HOUGANG AV 530684 | ENUE 8 #03-963 SINGAPORE | |
| | / ID No.: O / S68175 | 15A | Contact No.: Home/Office: | Mobile: 96547725 | |
| National SINGAP | lity: ORE CITIZ | EN | Email: | £ | |
| Sex: Age: Date of Birth: 10/05/1968 | | | Type of Informant: Driver | | |
| Race. Chinese | | | Language: | Institution / School Name: | |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3A Date of Expiry: | | |

| Type of Accident: | Injury Conveyed By Ambula | nce Drink Drive: No | Date/Time of Accident: 11/03/2020 20:30 | Type of Location: X-Junction | |
|--|------------------------------|---------------------------|---|-----------------------------------|--|
| STEVENS RO DUNEARN RO | | DUNFARN RO |)AD | | |
| Weather: Road | | Road Surface: UNSURE | | Road Speed Limit: | |
| Traffic Flow: Dual Carriage | Way | orking | Traffic Volume: Moderate | | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|----------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SMM4189R | Car | | | | Seriously Damaged | |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





2 of 3

Report No. T/20200312/2096

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

CONTINUATION OF REPORT Tel No: 1800-4890999

| Driver | | geogra- | The second | ID N | | S6817515A |
|-----------------|----------------------|---------|------------|-------------------------------------|-----------|----------------------------------|
| Name | LAI KOK YONG | | | ID No. | 62 E | 5681/515A |
| Related Vehicle | SMM4189R (Car) | | | Conta | ct No. | 96547725 |
| Hospital/Clinic | TAN TOCK SENG HOSPI | ITAL | | Class Drivin Licent Expiry | g ce & | Class: 3A Date of Expiry: NIL |
| Date Treatment | 11/03/2020 | | Date Disc | | NIL | |
| | ted Medical Leave 05 | | Degree o | fInjury | Sligh | t |

Brief Details.

On 11/03/2020 at about 2030hrs, I was driving my vehicle SMM4189R as I was on 'Grab Duty' along Bukit Timah Road. There was 2 adults and 1 children passenger inside my vehicle during that point in time. I arrived at the X-junction of Bukit Timah Road and Stevens Road and was on the lane awaiting for the light to be in my favor. Once the light turn green, I made a right turn and continued on driving along Stevens Road. As I was approaching the X-junction of Stevens Road and Dunearn Road I was unsure whether was I still in the right of way, however I could remember the passenger sitting beside me calling for me. I momentarily look towards the passenger's direction before focusing my attention on the road. It was at this point that I saw a bus heading towards me from the left side. As everything happened too quickly, I was unable to avoid and as such the bus front collided with the left side of my vehicle. Due to the impact, my vehicle was send spinning onto the opposite side of the road and hit another vehicle. I was conscious during that point in time, however I felt pain and discomforted at my lower back region.

I slowly exit the vehicle together with one of the passenger, my vehicle was seriously damage. The child's leg was still stuck and the other adult seem to have suffered a dislocation on the elbow. Multiple passerby came to assist us and soon after both SCDF and Traffic Police was at scene. Traffic Police interviewed all parties and I was later conveyed to Tan Tock Seng Hospital together with the child and the other adult that suffer a dislocation. After the check, the doctor gave me 5 days of Hospitalization Leave. I wish to inform that there is CCTV installed in my vehicle and I am unsure of the detail for the other vehicle. I would also like to add that my rental company is aware of the said incident.



Police Station Of Origin:



Report No. T/20200312/2096

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel N.J: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: F / Sgt 2 KOH YEW WEI | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 12/03/2020 17:24 |
| Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213 | Classification Of Case: |
| Authentication Stamp NP168 | |

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: tmis@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.: 19-MK000823-R00 (Private Motor Car)

1. Index Mark and Registration Number

SMM4189R

Chassis No.: MR2B23F3001179696

of Vehicle

2. Name of Policyholder

LUMENS AUTO PTE. LTD.

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

30/09/2019

4. Date of Expiry of Insurance

29/09/2020

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.
- 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

Insurance Plan:

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 Cover Only

Policy Excess: Excess - All Claims Financial Interest: DBS BANK LTD

- All Claims SGD 3,000

Tokio Marine Insurance Singapore Ltd.

Account: 2910DDA

Authorised Signature

User Name: Hee Boon Jie - ITD Printed 27/09/2019