REF:	cs/ A16 20005 222/44	£3
ASS. REC. BY: Marcus		
From: Date: Estimated Cost: OD I/TP/I WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: S FW 9797 At Workshop m/s Of Insured: Policy No. Claims No. Sum Insured: Excess:	Truck / Trailer or A Make: Me - Be - Colour Black Sp. Reading 25 670 / Eng/No: C/No: Gen. Cond Good Fair / Poor / Steering: Incoder) Jammed / Le	A/C: Insured/Std/NI/NA T/Radio: Insured/Std/NI/NA 20 Yo312A760202 (Burnt eaked/Burnt or
(Client's Record) Make of Veh:	Brake: Inorder/ Jammed / Le Modi: Nil/ S/Rim / STD A/R	
	TOYO / YOKO or Front R/Bal. D.O.A. 9 (4/20) Survey held at Des. of Damages: Frt / Rear /	Rear R/Bal. mm L/Bal. mm D.O.I. 15/4/20 O/S 1 N/S 1 U/C 1 Rooftop or Body Structure affected due to collision.
Date / Time Action / Instruction Dept / C. A. No Sofflul PRS. White / Time Pass to? : Preli. Report	Days Of Repair:>	
	Resurvey No. of Trip:	Survey Fee:
: Final Report		Tenganadahan
ste/Time, File Return to?	Add Eng. Di States (S	Transportation:
	Add Fee: Site Insp (\$)S+RS,SI
	Add Fee: : Site Insp (\$: Interview (\$: Tech. Invs (\$	

Date/Time, File Pass to?	: Preli. Report	Day	s Of Repair:		
1)	: Final Report	Res	survey No. of Trip:	Survey Fee:	
Date/Time, File Return to?				Transportation:	
2)		Add Fee:	: Site Insp (\$)S + RS,SI	
			: Interview (\$) Photos	
Report Format :			: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$)	: Weekend (\$)	
			5007	TOTAL	

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6 days.	
	37

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	13/04/2020 11:37
Date Of Accident	09/04/2020 14:50
Exact Location Of Accident	SENGKANG EAST AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFW9797H
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK SIEW
NRIC No	SXXXX659Z
Email Address	JASON_TAN@TRINET.COM.SG
Mobile Phone No	(LOCAL) +65-97398489
Alternative Phone No	OFFICE-97398489
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	
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-MV008573-R03
Cover Note Number	
Driver	
Name of Driver	TAN HOCK SIEW
NRIC No	SXXXX659Z
Date Of Birth	13/05/1968
Occupation	INDOOR
Date Of Driving Pass	26/09/1986
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97398489
Fax Number	
Contact Number	OFFICE-97398489

JASON_TAN@TRINET.COM.SG

Address 7 RIVERVALE LINK #02-34

Postcode 545125

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

/ehicle

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES

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

I WAS STATIONARY AT THE SAID TRAFFIC LIGHT JUNCTION. IN THE MIDST OF WAITING, I FELT A HUGE IMPACT FROM THE REAR. I ALIGHTED FROM MY CAR AND DISCOVERED THAT VEHICLE B HAD COLLIDED ONTO THE REAR OF MY CAR. THERE WAS A THIRD VEHICLE C BEHIND VEHICLE B.

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

SLQ1100G

Vehicle Make/Model/Colour

VEHICLE B

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

Page 2 of 15

ETCH PLAN	
	MAKRICI
ESCRIBE CIRCUMSTANCES (
	was stationing at the said traffic light
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In th	midot of waiting I felt a huge
impact for	n the reet.
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1	alighted from my ear & discovere
	0
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of m	Cot.
There	was a thered vehicle c behind
velieb	B
7 1 1 1 1 1 1 1 1	
ECLARATION	
We declare the foregoing partic	ulars are true in every respect.
N	
olicyholder's Signáture ate & Time:	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:
	Date & Time: NRIC/FIN No.:) \ \

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 <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.
- 5. 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 the purpose(s) and the police).
 - 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:
 - (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.

یار م

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.:

THE COURT OF THE PERSON AND PARTY.

Vehicle Registration Number 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)

GBH3058Z

VEHICLE C

COMMERCIAL VEHICLE

Tokio Marine Insurance Singapore Ltd.

(Company Rcg. 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



Tokio 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-MV008573-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SFW9797H

Chassis No.: WDD2040312A760202

2. Name of Policyholder

MR TAN HOCK SIEW

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

27/09/2019

4. Date of Expiry of Insurance

26/09/2020

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 (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 (Thurd-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

Comprehensive Approved Workshop Plan

Insurance Plan: Limit for total loss or theft: Policy Excess:

Financial Interest:

Prevailing Market Value
Own Damage Claims SGD 1
Windscreen Excess SGD 1
MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 13/09/2019

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	659Z
/ehicle Details	and and the second second second second
/ehicle No.:	SFW9797H
/ehicle to be Exported:	No
ntended Deregistration Date:	16 Apr 2020
/ehicle Make:	MERCEDES BENZ
/ehicle Model:	C 180 BLUEEFFICIENCY
Primary Colour:	Black
Manufacturing Year:	2012
Engine No.:	27491030011730
Chassis No.:	WDD2040312A760202
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$30,136.00
Original Registration Date:	27 Sep 2012
First Registration Date:	27 Sep 2012
Fransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$30,136.00 15068
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Sep 2022
PARF Rebate Amount: ntended COE Rebate Details	\$18,081.00
COE Expiry Date:	26 Sep 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$68,656.00
COE Rebate Amount:	\$16,782.00
otal Rebate Amount:	\$34,863.00

The information contained herein is correct as at 16 Apr 2020

ОК

