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## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

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

|  | ACCIDENT STATEMENT                         |
|--|--|
| Date Of Report   | 01/08/2020 10:09                           |
| Date Of Accident   | 31/07/2020 17:00                           |
| Exact Location Of Accident   | BLK 538-BLK 539 BEDOK NORTH STREET CARPARK |
| Country/State of Loss  | SINGAPORE                                  |
|  | DETAILS OF OWN VEHICLE                     |
| Vehicle Registration Number  | SMC469L                                    |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | SEAH HENG CHIN                             |
| NRIC No  | SXXXX090A                                  |
| Email Address  | SIMONSEAH63@GMAIL.COM                      |
| Mobile Phone No  | (LOCAL) +65-91737055                       |
| Alternative Phone No   | OTHERS-91737055                            |
| Vehicle Particulars  |  |
| Manufacturer   | MAZDA                                      |
| Model  | 3  |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE                                |
| 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  | MS010198                                   |
| part of the process of the second  |  |

### Driver

Cover Note Number

EMail Address

| Driver               |                       |  |  |
|----------------------|-----------------------|--|--|
| Name of Driver       | SEAH HENG CHIN        |  |  |
| NRIC No              | SXXXX090A             |  |  |
| Date Of Birth        | 27/08/1963            |  |  |
| Occupation           | INDOOR                |  |  |
| Date Of Driving Pass | 13/12/1982            |  |  |
| Driving Experience   | 37 YEARS AND 7 MONTHS |  |  |
| Gender               | MALE                  |  |  |
| Mobile Number        | (LOCAL) +65-91737055  |  |  |
| Fax Number           |                       |  |  |
| Contact Number       | OTHERS-91737055       |  |  |
|                      |                       |  |  |

SIMONSEAH63@GMAIL.COM

BLK 415 YISHUN AVENUE 11 Address

#06-307

760415 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

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

NO. YES

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) 2

Passenger 1

ambulance?

NAME:

: SEAH JIA MIN(DAUGHTER)

GENDER: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGB5065L Vehicle Make/Model/Colour NISSAN SUNNY

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96683819

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.
- 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:
  - 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

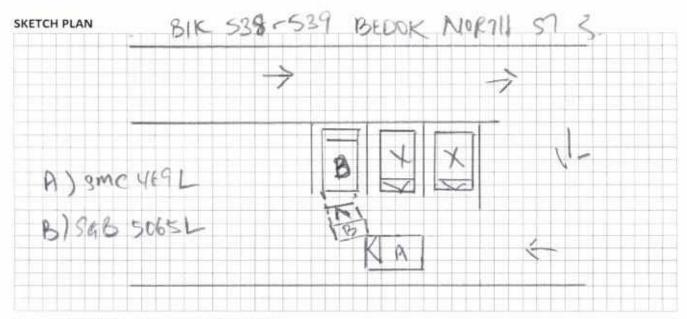
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT                     |   |
|--|---|
| ON 31/07/2020 AM ABOUT 17:00HPS 7 WAS & BIK 589 - BIK 539  |   |
| BEDOIC MORTH ST 3 AND WANTED TO EXIT THE CARPARE, SUDDENLY | 4 |
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# DECLARATION

Date & Time:

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

1/8/20 Policyholder's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

| ACCIDENT DATE: \$\frac{1}{2}      |                          |                          |                   |                                       |                    |
|--|--------------------------|--------------------------|-------------------|---------------------------------------|--------------------|
| LOCATION: BILL BB - BILL SB PANOK MORN 87 3 CARCINA  1. DETAILS OF VEHICLE  CIVENICLE NUMBER: MC 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | ACCIDI                   | ENT DATE: 31,07,2        | 020,000,000       |                                       | D                  |
| DETAILS OF VEHICLE  a) VEHICLE HUMBER: MC (6)  b) INSURANCE COMPANY: TOKEN / MAKE /  c) POLICY VIMBER: MC 10 10 19 1 19 1 19 10 10 10 10 10 10 10 10 10 10 10 10 10  | 330                      | 21/2 000                 | CIVE TO S         | YY), TIME:                            | C)(HH:MM)          |
| a)VEHICLE HUMBER: SMC 46 b)INSURANCE COMPANY: TOKEN MAKE PRINT FIRE & THEF! b)INSURANCE COMPANY: TOKEN MAKE PRINT FIRE & THEF! d)POLICY VIMBER: MCOID 191 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEF!) d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEF!) d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEF!) d)POLICY FOLICY FOR MAY AND A LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) d)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) d)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NEO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER ANAME: SMALL (HALL / GAM REPORTING ONLY)  ANAME: SMALL / FEMALE D)NRIC/FINIP ASSPORT: CONTACT: (AMALE / FEMALE) D)NRIC/FINIP ASSPORT: CONTACT: (YES / NO) IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HIRD PARTY VEHICLE D) DRIVER'S NAME: (NEICHEN)  NODEL: HISSIAN WEH CONTACT: MAMEE  O) NRIC/FINIP ASSPORT: CONTACT: (MECLE NUMBER: MODEL: Induding driver) I) DRIVER'S NAME: (O'VEHICLE NUMBER: MODEL: Induding driver) I) DRIVER'S NAME: (O'VEHICLE NUMBER: MODEL: Induding driver) I) NRIC/FINIP ASSPORT: CONTACT: (MECLE NUMBER: MODEL: Induding driver) I) NRIC/FINIPASSPORT: CONTACT: (MECLE NUMBER: MODEL: Induding driver) I) NRIC/FINI | LOCATION                 | ON: 15/16 1538 -         | ISIC 231 D        | 4001C MOBILI                          | 87 3 CARPA         |
| DINSURANCE COMPANY: TOKEN MAKE  BINSURANCE COMPANY: TOKEN MAKE  CIPOLICY VIMBER: MCOID 191  dipolicy type: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODEL: MATOR  JITYFE: (SALOON / COUPE / MAY WAN / LORRY / MOTORCYCLE / OTHERS)  givehicle Category: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  givehicle Category: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  givehicle Category: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  givehicle Category: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  givehicle Category: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  givehicle Category: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  givehicle Category: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  givehicle Category: (PRIVATE / CAMP / REPORTING ONLY)  insured / Policy houser  continue to 3.d if driver also policy holder  givehicle Category: (PRIVATE / CONTACT: GIDTON  continue to 3.d if driver also policy holder  givehicle Category: (PRIVATE / CONTACT: GIDTON  continue to 3.d if driver also policy holder  ginale fremale  binkic/fini/passport: (CONTACT: GIDTON  fining from the priver also policy holder  contact: (PRIVATE / OTHERS)  holder of passangs; (PRIVATE / OTHERS)  solutions, driver in the passangs; (PRIVATE / OTHERS)  dividing driver in the passangs; (PRIVATE / OTHERS)  solutions, driver in the passangs; (PRIVATE / OTHERS)  dividing driver in the passangs; (PRIVATE / OTHERS)  solutions, driver in the passangs; (PRIVATE / OTHERS)  solutions, driver in the passangs; (PRIVATE / OTHERS)  solutions, driver in the passangs; (PRIVATE / OTHERS)  driver in the passangs; (PRIVATE / OTHERS)  solutions, driver in the passangs; (PR | 1.                       | DETAILS OF VEHICLE       | #SDRAT            |                                       |                    |
| DINSURANCE COMPANY: 10(1) / MAKE / POLICY NUMBER: 20(10) / MODEL: 10(10) / MOD | ,                        | GIVEHICLE NUMBER         | MC 469 1.         |                                       | 01                 |
| CIPOLICY NUMBER: MCOID 199  dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e)MAKE & MODE: MATON  fittype:(SALON / COUPE / MRV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT A COLDENT TIME. ULUM MUST  finar you clamming under youp own insurance (yes/No)  if no, please state (third party clam / reporting only)  if no, please state (third party clam / reporting only)  insured / Policy holder  aname. Shall Hall Chall (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT: 9177057  c)ADDRESS:  CONTINUE TO 3.d if DRIVER ALSO POLICY HOLDER  DRIVER  d)NAME. DC. MANUE. (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:  c)ADDRESS:  d)Date of birth: (   | ł                        |                          |                   | V/A LY                                |                    |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER   DINCE FIND ASSPORT:   CONTACT:   CONTACT:   |                          |                          |                   | DAY C                                 |                    |
| JITYPE: SALOON / COUPE / MPV WAN / LORRY / MOTORCYCLE / OTHERS)  GIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]  IP NOP PLASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  INSURED / POLICY HOLDER  AJNAME: SHAP! HALL (MALE / FEMALE)  DINIC/FIN/PASSPORT: CONTACT: 91727057  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  CINCLED OF BIRTH: ( ) JIDD/MM/YYYY)  E) OCCUPATION: [INDOOR / OUIDOOR]  DIMTIC OF BIRTH: ( ) JIDD/MM/YYYY)  E) OCCUPATION: [INDOOR / OUIDOOR]  DIMTIC OF BIRTH: ( ) JIDD/MM/YYYY)  E) OCCUPATION: [INDOOR / OUIDOOR]  DIMTIC OF BIRTH: ( ) JIDD/MM/YYYY)  E) OCCUPATION: [INDOOR / OUIDOOR]  JIP NO, RELATIONSHIP OF THE BIRTYER WITH INSURED:  DIROAD SURFACE: [DRY / WET / OTHERS]  AWAS ANYBODY INJURED (YES / NO)  JIP YES, PLEASE STATE WHICH POLICE STATION:  IN OF PASSANGER  O) VEHICLE NUMBER: SUB SUB MODEL: (INSUM MANAY)  DI DRIVER'S NAME: CONTACT: 96000000000000000000000000000000000000   |                          |                          |                   |                                       | 645 92             |
| I)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)   G VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)   I) PROSE OF USING AT ACCIDENT TIME.  | e                        | MAKE & MODEL             | MAZOA 1           | RIY / THIRD PARTY                     | FIRE &THEFT)       |
| SIPPERPOSE OF USING AT ACCIDENT TIME PULLY MOTORCYCLE IN IPPURPOSE OF USING AT ACCIDENT TIME PULLY MOTORCYCLE IN IRRE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, PLEASE STATE HIRD PARTY CLAIM / REPORTING ONLY)  IF NO, RELATIONSHIP OF DRIVER ALSO POUCY HOLDER  DINGAL SUPPLIES ONLY  IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  DINGAL SUPPLIES ONLY WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  OF NEICHPINPASSPORT:  CONTACT:  ONLY FOR THE PARTY VEHICLE  OF NEICHPINPASSPORT:  CONTACT:  ONLY FIND PARTY VEHICLE  ONLY FIND |                          |                          | MPV MAN (LON      | · · · · · · · · · · · · · · · · · · · | excest unimer c    |
| AND SECONDARY OF THE DESTROY OF THE  | g                        | VEHICLE CATEGORY: IPP    | VATE / CONTREDO   | MOTORCYCLE,                           | OTHERS)            |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  CINCUMPASSIONT: (MALE / FEMALE)  DINRIC/FIN/PASSPORT: (CONTACT: 9177-70)  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  CONTACT: (MALE / FEMALE)  DINRIC/FIN/PASSPORT: (CONTACT: 9177-70)  CONTACT: (MALE / FEMALE)  DINRIC/FIN/P | . h                      | PURPOSE OF USING AT A    | CCIDENT TIME      | DEVIDENCY CIT                         | 3                  |
| 2. INSURED / POLICY HOLDER  AJNAME: SHATH HALL CHALL (MALE / FEMALE)  DINRIC/FIN/PASSPORT: SICH OF A CONTACT: 91787065  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER  DRIVER  CINCLUDING DRIVER  CINCLUDING PASSPORT: CONTACT: 91787065  CONTACT: 91787065  CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER  DRIVER  CINCLUDING PASSPORT: CONTACT: CONTACT: CINCLUDING PASSPORT: CONTACT: CONTACT: CINCLUDING PASSPORT: CONTACT: CONTACT: CINCLUDING PASSPORT: CONTACT: CINCLUDING PASSPORT: CONTACT: CONTACT: CONTACT: CINCLUDING PASSPORT: CONTACT: CONT |                          | ARE YOU CLAIMING UND     | ER YOUR OWN ING   | IDANOE NECKION                        |                    |
| ANAME: SEATH HOUSE CHALL (MALE / FEMALE) DINRIC/FIN/PASSPORT: SEATH HOUSE ALSO POUCY HOLDER CJADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER DINRIC/FIN/PASSPORT: CONTACT: DINRIC/FIN/PASSPORT: CONTACT:  **JOATE OF BIRTH: [ / / J(DD)/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  fidate of birth: [ / / J(DD)/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  fidate of birth: [ / / J(DD)/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  fidate of birth: [ / / J(DD)/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  fir no, relationship of the driver with insured:  | JIN 1444 4               | INO, FLEASE STATE (THIR! | PARTY CLAIM / P   | EBOBLING ONLY                         |                    |
| ANAME: STATE HAUS COMM. (MALE / FEMALE) DINRIC/FIN/PASSPORT: STATE HAUS CONTACT: 91737087  CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER  DRIVER  ANAME: PC MANUE  CINCLUDING DRIVER  ANAME: PC MANUE  DINRIC/FIN/PASSPORT: CONTACT:  CIADDRESS:  CONTACT:  CIADDRESS:  CIADDRES | (A) 9 2. IN              | ISURED / POLICY HOLDER   | Company in        | LI.OKIING ONLY                        | 2.5 m              |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  DINTIC/FIN/PASSPORT:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  CINAME:  DINTIC/FIN/PASSPORT:  CONTACT:  CONTA | HAH SHIN A               | INAME: SHAH HAN          |                   | (MAIF /                               | FEMALE             |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DRIVER  DINAME:  DRIVER  DINAME:  DINAM |                          |                          | 315740908         |                                       | 11787055           |
| (Including driver)  (Inclu | c)                       | ADDRESS:                 |                   |                                       | interded desired   |
| (Including driver)  (Inclu | **                       | CONTINUE YOUR AND A      |                   | The second second second              |                    |
| (Including driver)   | 440 of parcon 3 DR       | ONTINUE TO 3.d IF DRIVE  | R ALSO POLICY HO  | LDER                                  |                    |
| b)NRIC/FIN/PASSPORT:   | (had to a soll           |                          | Mrs /te           |                                       |                    |
| c)ADDRESS:  d)DATE OF BIRTH: [/_/  | Linculary driver) bil    |                          | 11300.            |                                       | EMALE)             |
| "d)DATE OF BIRTH: [/   | (2)                      | ADDRESS:                 |                   | _CONTACT:                             |                    |
| e)OCCUPATION: (INDOOR / OUTDOOR)  fild (E) of DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. c) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. c) REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POUCE STATION:  B. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: SGB SOOS   MODEL: MISSION SUMMY  Including diviver)  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 7668 2019  Including diviver)  f) NRIC/FIN/PASSPORT: CONTACT:  c) DRIVER'S NAME:  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME:  Including diviver)  f) NRIC/FIN/PASSPORT: CONTACT:  CONT |                          | WENNESDAM AND STREET     | Arabica III III   |                                       |                    |
| e)OCCUPATION: (INDOOR / OUTDOOR)  fild (E) of DRIVING PASC  4. WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. c) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. c) REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POUCE STATION:  B. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: SGB SOOS L MODEL: MISSION SWAMY  (Including driver)  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 7668 2019  Including driver)  f) NRIC/FIN/PASSPORT: CONTACT:  c) DRIVER'S NAME:  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME:  f) NRIC/FIN/PASSPORT: CONTACT:  CONT | *d)                      | DATE OF BIRTH: [/        | / 1/00/A          | (M/VVVVI                              |                    |
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| b)ROAD SURFACE: [DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POUCE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SGB SOUS L MODEL: MISSIN SUMMY  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT: 7668 2018  Including driver)  b) Passanger  d) VEHICLE NUMBER: MODEL:  including driver)  f) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  f) NRIC/FIN/PASSPORT: CONTACT:  including driver)  f) NRIC/FIN/PASSPORT: CONTACT:  including driver)  f) NRIC/FIN/PASSPORT: CONTACT:  CONTAC | 1. 1.                    | IO, REDALIONSHIP OF T    | HE DRIVER WITH    | INCHIDED.                             | -, 5,              |
| O. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POUCE (YES / NO)  IF YES, PLEASE STATE WHICH POUCE STATION:  B. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SGB SOOS L MODEL: MISSION SUMMY  Including driver) b) DRIVER'S NAME:  () NRIC/FIN/PASSPORT: CONTACT: 9668 2019  Including driver) f) VEHICLE NUMBER: MODEL:  Including driver) f) NRIC/FIN/PASSPORT: CONTACT:  () NRIC/FIN/PASSPORT: CONTACT:  () NRIC/FIN/PASSPORT: CONTACT:   | J. 4/11                  | EVILLEY COUDINON: ICT    | EAR / RAINING / O | THERS                                 |                    |
| IF YES, PLEASE STATE WHICH POUCE STATION:  B. THIRD PARTY VEHICLE  OF Passanger of Vehicle Number: SGB 5065 L MODEL: MISSON BLUMY  Including driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT: 9682879  Including driver of Vehicle Number: MODEL:  Including driver of NRIC/FIN/PASSPORT: CONTACT:  Including driver of NRIC/FIN/PASSPORT: CONTACT:   | 6 WAS                    | SANYRODY IN HORE OF      | T/OTHERS          | •                                     |                    |
| IF YES, PLEASE STATE WHICH POLICE STATION:  B. THIRD PARTY VEHICLE  A) VEHICLE NUMBER: SGB 5065 L MODEL: MISSON SUMMY  Including driver) b) DRIVER'S NAME:  () NRIC/FIN/PASSPORT: CONTACT: 966878879  F. THIRD PARTY VEHICLE  (d) VEHICLE NUMBER: MODEL:  Including driver) f) NRIC/FIN/PASSPORT: CONTACT:  (e) DRIVER'S NAME:  Including driver) f) NRIC/FIN/PASSPORT: CONTACT:   | 7. glRE                  | PORTED TO POLICE IVES    | (NO)              | 50 40 40                              | w w <sup>375</sup> |
| He of passenger a) VEHICLE NUMBER: SGB 5065 L MODEL: MISSON SMAMY  Including driver) b) DRIVER'S NAME:  (_) 9. THIRD PARTY VEHICLE  (_) 9. THIRD PARTY VEHICLE  (_) 10 of passenger a) VEHICLE NUMBER: MODEL:  (_) DRIVER'S NAME:  | IF Y                     | ES PLEASE STATE WHICH    | NO) (             |                                       | 2                  |
| Including driver) b) DRIVER'S NAME:  (   | 8. THIRE                 | PARTY VEHICLE            |                   |                                       | <del></del>        |
| Including driver) b) DRIVER'S NAME:  (   | the of passanger al      |                          | 506tL             | MICCON. MICCON                        | , BANKIY           |
| (  | . Including driver) b) 1 | DRIVER'S NAME:           | 7-02-0            | MODEL: TASSON                         |                    |
| Induding driver   NRIC/FIN/PASSPORT: CONTACT:  | ( ) () 1                 | VRIC/FIN/PASSPORT:       |                   | CONTACT: 966                          | P2919              |
| Including driver)   NRIC/FIN/PASSPORT:CONTACT:   |                          |                          | *                 | 1                                     |                    |
| Including driver)   NRIC/FIN/PASSPORT:CONTACT:   | No of passanger a) V     |                          |                   | MODEL:                                | 100                |
| CONTACT:   | Includion distant        |                          |                   |                                       | × 700              |
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| ALTERNATION FOR THE STATE OF TH | ** <u>*</u>              | email =                  | 31000             |                                       |                    |
| VIDEO JASMINE - ang a yerro . Com. St.   | e 36 :                   |                          |                   |                                       |                    |
| DASMINE - 911 9 JANOO : COM. 84.   | 54                       | N TORO                   | JASMINE -         | 1. cashed to 1.15                     | 6M. 04.            |

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-000002 s-a)

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 mamper of the Tokso Marmie Group



# Certificate of Insurance

FORM MX1

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.: MS010198 (Private Car)

Index Mark and Registration Number of Vehicle

SMC469L

Chassis No.: JM6BM42A8G0328853

Name of Policyholder

SEAH HENG CHIN

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

03/09/2019 (17:09:00)

4. Date of Expiry of Insurance

02/09/2020

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 Scensing 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 under the Road Traffic Act has not been cancelled at the little of the accident 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.

\* Limitations fendered 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 Conflicate 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 Schudulii 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. Manne 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 (Thirt-Party Risks and Compensation).

ADDITIONAL INFORMATION

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

Additional Excess for Unnamed

SGD 800.00 SGD 500.00

(Original Excess : SGD 800.00)

Account No: 2538DDA

Driver(s)

Additional Excess for Young or

SGD 3,500.00

Inexperience Driver(s) WindScreen Excess

SGD 100.00

Financial Interest:

DBS BANK LTD

Additional Terms:

Waiver of excess clause is not applicable

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: 2538DDA

Page 1

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