|   | e Services - 1"  |  | 1  | a i   | Done by                               | + 1                                     |
|---|--|--|--|---|---------------------------------------|---|
| Date In: 73 11/2 - 04:38  | Jeb description  |  | Date & Time Complete   | 0   | Done of                               |   |
| Ref No: Ha Tomwolz 124  | SAS e-filing   |  | 1  |   |                                       |   |
| Veh No: SUN 850111  | E-mail (within 8h  | rs, AIC 2hrs)  |  | 1   |                                       | •                                       |
| D.O.A : 32/11/20-11:36  | i-Motor Claim  | Form   |  |   |                                       |   |
|   | i-Motor W/O (  | Within: OD 2hrs  | TP 4hrs)   |   | man merre                             |   |
| OD : TP: ! Reporting Only   | i-Photo Upload   | ded  |  |   |                                       |   |
|   | Assessment/Sur   | vey Report   |  |   |                                       |   |
| TP Insurer:   | Ass't Report by  | Fax / Hand t   | Owner/Wksp   |   |                                       |   |
| Preferred Wksp / INC Assign Wksp / QW: (  |  |  | Tel:   | Fax:  |                                       |   |
| TP Particulars: Veh No: SM  | AUX .  | . INC(   | )/Non-INC(   | 4 4   |                                       |   |
| Owner / Driver: (   | A Annual Control of the Control of t |  | Tel:   |   | )                                     |   |
|   | eriod: (   | )  | Cover Type: (  |   | )                                     |   |
| Confirmed by : (  |  | Date:  | Time:  |   | )                                     |   |
| Insured/Driver Liability: ( %)  | [Note-Est. Status (W   | O): N: 0-2   | 0%; P: 21-79%. P:  | 30-100%]  |                                       | -                                       |
| Year of Registration: ( )   | Warranty: YES (  | )/NO(  | )  | C 9-2-1   |                                       |   |
|   | 000 ( )/\$2,000 (  | )  |  |   |                                       |   |
|   | DE HARRIST DE NOCCH AN   | -  |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | \$                                    | i i                                     |
| General Remarks:  |  | to the second of the ball of the   | 44 x 1 x 4 4 1 x 4 4 x 4 x 4 x 4 x 4 x 4   |   |                                       |   |
| ( ) Walk-In Customer: Customer's inf  |  | fidential & St   | nctiy NO 13ler di repa   |   |                                       |   |
| ( ) Total Loss Case : to e-mail Insur   |  |  | in a Coul  |   |                                       | )                                       |
| Drive-In ( )/ Towed-In ( ); Invoid  | e: YES( ) / N  | 0( );1   | owing Co: (  | INCLASSIA:  |                                       | -                                       |
| Remarks: (INC hotline: 6788 6616)   |  |  | Date&Time Complet  | 4   | Done                                  | y                                       |
| P-02-7-17-17-17-17-17-17-17-17-17-17-17-17-1  | Courtesy Car ( )   | )  |  |   |                                       |   |
| I I ADDITY TOT TIMESTONE TELESTICATION  |  |  |  |   |                                       |   |
| -7  | ( )  |  | - T  |   |                                       |   |
| 2) QC Check / Post Repair Inspection  | ( )  |  |  |   |                                       |   |
| 2) QC Check / Post Repair Inspection  | ( )  |  |  |   |                                       |   |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  | ( )  |  |  |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10 mg, 200                              |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:   | ( )  |  |  |   | SO-KYREL                              | · Constant                              |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  | ( )  |  |  |   | icos se                               |   |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:   | ( )  |  |  |   | Crest 85                              |   |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:   | ( )  |  |  |   | School Service                        |   |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:   | ( )  |  |  |   | aCress 85                             |   |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:   | ( )  |  |  |   | in the second                         | - C - C - C - C - C - C - C - C - C - C |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:   | ( )  | The same of the sa | paration Checklist:  |   | Ant (S)                               | Amt (\$)                                |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  | ( )  | \$500 X 1000 MINES PK A 5  | eparation Checklist:   |   | Ant (5)                               | Amt (3)                                 |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time: Actions   | ( )  | 1) AR : Accide   | at Reporting (\$30);   | VC (\$80)   | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time: Actions  HA206366  laimant's Particulars:   | ( )  | 1) AR : Accide<br>2) DA : Damag<br>3) TF : Towing  | at Reporting (\$30);<br>a Assessment (\$100); 1<br>Fee   | NC (\$80)<br>\$40/\$45  | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time: Actions  HA206366  laimant's Particulars:   | ( )  | 1) AR : Accide<br>2) DA : Damag<br>3) TF : Towing<br>4) FT : Follow-   | at Reporting (\$30); c Assessment (\$100); 1 Fee Through Survey Through Survey (Resurvey)  | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30   | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Onte/Time: Actions  NA206366  Inimant's Particulars:- river/Owner:   | ( )  | 1) AR: Accide<br>2) DA: Damag<br>3) TF: Towing<br>4) FT: Follow-<br>5) FT: Follow-<br>For claiming   | at Reporting (\$30);  a Assessment (\$100);  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Ja  | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>n.2005)  | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time: Actions  HADOGILL  Inimant's Particulars:  river/Owner: ontact No:  | ( )  | 1) AR: Accide: 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inst  | at Reporting (\$30); c Assessment (\$100); I Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Juccetion   | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30   | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time: Actions  HADOGILL  Inimant's Particulars:  river/Owner: ontact No:  | ( )  | 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idao Da 8) NTUC Addi  | at Reporting (\$30);  a Assessment (\$100);  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Ja  | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>n 2005)  | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time: Actions  NA 206366  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:                         | ( )  | 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Addi OD*   | at Reporting (\$30);  c Assessment (\$100);  Fee  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jucction  4 + SMRT Survey  tional Services:-   | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$2005)<br>\$75<br>\$160   | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time: Actions  Actions  Laimant's Particulars:  river/Owner:  ontact No:  amaged Portion:                         | ( )  | 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idac D 8) NTUC Addi OI)* *N5: Courte  | at Reporting (\$30);  c Assessment (\$100);  Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jucction a + SMRT Survey lional Services:-  | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$2005)<br>\$75<br>\$160   | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:-  Driver/Owner:  Contact No:  camaged Portion:                               | ( )  | 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idao D 8) NTUC Addi OI)*  *N5: Courte *N6: Repair *N7: Fost R   | at Reporting (\$30);  c Assessment (\$100);  I Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jucction A + SMRT Survey tional Services:  sy Car / Tpt Allowance Co-ordination epair Inspection  | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$2005)<br>\$75<br>\$160<br>\$5<br>\$10<br>\$25                  | 20 30 700 1                           | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:-  priver/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge): | ( )  | 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idao DA 8) NTUC Addi OID* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / O   | at Reporting (\$30);  c Assessment (\$100);  Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Junetion A + SMRT Survey lional Services:  sy Car / Tpt Allowance Co-ordination epair Inspection collect Excess Coordination                                      | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$2005)<br>\$75<br>\$160   | TŘ Bill                               | 12. 1 - 1 - 1                           |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time / Actions  | ( )  | 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idao DA 8) NTUC Addi OID* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / O   | At Reporting (\$30);  c Assessment (\$100);  I Fee  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jucction  A + SMRT Survey  tional Services:-  sy Car / Tpt Allowance  Co-ordination  epair Inspection  collect Excess Coordination  IP (N'n INC) against INC | NC (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$2005)<br>\$75<br>\$160<br>\$55<br>\$10<br>\$25<br>\$20<br>\$30 | TŘ Bill                               | 12. 1 - 1 - 1                           |

## 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.
- 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 aforesaid.

| aloresala,   |   |
|--|---|
| Aside a service and a control of the service and                             | ACCIDENT STATEMENT                        |
| Date Of Report   | 23/11/2020 09:38                          |
| Date Of Accident   | 22/11/2020 11:30                          |
| Exact Location Of Accident   | SLIP RD UPP SERANGOON RD TWDS BUANGKOK DR |
| Country/State of Loss  | SINGAPORE                                 |
| C  | DETAILS OF OWN VEHICLE                    |
| Vehicle Registration Number  | SLU8521H                                  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | LEE CHUN KIAT EDWIN                       |
| NRIC No  | SXXXX238B                                 |
| Email Address  | NOEMAIL                                   |
| Mobile Phone No  | (LOCAL) +65-93664552                      |
| Alternative Phone No   | OFFICE-93664552                           |
| Vehicle Particulars  |   |
| Manufacturer   | тоуота                                    |
| Model  | SIENTA HYBRID 1.5G CVT                    |
| 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  | MT110866                                  |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | LEE CHUN KIAT, EDWIN                      |

Name of Driver LEE CHUN KIAT, EDWIN

 NRIC No
 SXXXX238B

 Date Of Birth
 11/12/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 30/07/2007

Driving Experience 13 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93664552

Fax Number

Contact Number OFFICE-93664552

EMail Address NOEMAIL

Address 2 RIVERVALE LINK

#13-03

Postcode 545040

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 Registration Number of

8.70

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

**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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH9743X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver NAGAPPAN CHANDRASEKARAN

NRIC/Passport Number SXXXX185D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

## SKETCH PLAN

## **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.
- 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:
  - (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.:

| DCA . 22/11/20 | Buangkok | Onve    |            |    |
|----------------|----------|---------|------------|----|
| A: SLU 852     |          | A Upage | Serongoon  | 00 |
| B: SLH 974     | +3 x     | 18 STA  | stand as i | 10 |

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| While a   | vaiting | Abr +   | he ma | in road | to be | clear,   |    |
|-----------|---------|---------|-------|---------|-------|----------|----|
| suddenly  | My      | vehicle | rear  | Purtion | being | collided | hy |
| veh B     |         |         |       |         |       |          |    |
|           |         |         |       |         |       |          |    |
|           | 11)-1   |         |       |         |       |          |    |
|           |         |         |       |         |       |          |    |
|           |         |         |       |         |       |          |    |
|           |         |         |       |         |       |          |    |
|           |         |         |       |         |       |          |    |
|           |         |         |       |         |       |          |    |
| 110111000 |         |         |       |         |       |          |    |

# 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 Personne's Signature

NRIC/FIN No.:

| Dete of Accident: 31 H 26 Time of Accident: 130 am  Exact Location of Accident: 51.0 COAC of Upper Sicangoon Red  Owner's Name: Levin Chun Kink Eduin NRIC No: 58540338 BHP No: 9366458  Driver's Name: NRIC No: 58540338 BHP No: 9366458  Driver's Name: NRIC No: HP No: HP No: HP No: 100 Birth: 11 12 198 5 Driv ng Licence Passing Date: 20 1 2001 Occupation: Indicor / Outdoor Address: 2 Rivervalle link #13 - 03 (545040)  Relationship of Driver with Insured: Out 12 Email Address: Vehicle No: 514 8521 H Make & Model: Toyota  Insurance Co: Tokio Manne Covarage: Policy No:  Purpose of Reporting? Own Damage Claim / 3rd Percy Calm / Noc Claiming, Just Reporting Only  *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work:  Weather Condition? Teler / Raining / Others: Wet / Orly Others:  Any passenger Inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  A: HO B 1 + C C D:  Was Anybody Injured? (Yes / No) If yes,  Name / NRIC / In Vehicle:  Was The Accident Reported To The Police?  PNo 0 Yes, Which Police Station?  *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:  *Was there any video captured by Car Catmera? (Yes / No)  Third Party Driver's Particulars  Vehicle 6 No: SLH 9743 X Make & Model:  Driver's Name: Naga part Chandra sekera A NRIC No: S160 BNo: Driver's Name: Naga particulars  Name: NRIC No: HP No:  Witness Particulars  NRIC No: HP No:  | Personal Particulars   |                        |                       |                           |
|--|--|------------------------|-----------------------|---------------------------|
| Driver's Name:    NRIC No: SESTO 238 BHP No: 4364 SETO Priver's Name:   NRIC No: HP No | Date of Accident: 22 11 20   |                        |                       |                           |
| Driver's Name:  Date of Birth: 11 12 198 5 Driving Licence Passing Date: 20 7 200 Occupation: Indigor / Outdoor  Address: 2 Rivervalle link #13 - 03 (5410 40)  Relationship of Driver with Insured: Only Email Address:  Vehicle No: 5LW 852 1 H  Insurance Co: Token Manne Coverage: Policy No:  Purpose of Reporting? Own Damage Claim / 3rd Persyctialm / Note Claimling, Just Reporting Only  *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work  "Weather Condition? Tear / Raining / Others: Wet / Ory / Others:  Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  A: 10   | Exact Location of Accident: 51.0   | road of                | Upper Sera            | 19001 Rd                  |
| Date of Birth: III 2 198 S Driving Licence Passing Date: 30 7 2007 Occupation: Infoor / Outdoor  Address: 2 Riverval   | Owner's Name: Lee Chun Kiat  |                        |                       |                           |
| Date of Birth: 11 2 198 5 Driving Licence Passing Date: 36 1 2007 Occupation: Indoor / Outdoor Address: 2 Rivaryal link #13 - 03 (545040)  Relationship of Driver with Insured: Only Email Address: Vehicle No: 5LU 8521H Make & Model: Toyota Insured: Only Coverage: Policy No: Policy No: Purpose of Reporting? Own Damage Claim / 3rd Borry Claim / Nox Claiming, Just Reporting Only Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Se / Work  *Weather Condition? Tear / Raining / Others: Wet / Only / Others: Wet / Only / Others: Wet / Only / Others: Only / Others: Wet / Only / Others: Wet / Only / Others: Domain / | Driver's Name:   |                        | NRIC No:              | HP No:                    |
| Relationship of Driver with Insured: OLD PETER Address:  Vehicle No: SLY 8521H Make & Model: Toyota Insurance Co: Toko Mande Coverage: Policy No:  Purpose of Reporting? Own Damage Claim / 3rd Petry Claim / Not Claiming, Just Reporting Only  *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Se / Work  *Weather Condition? Tear / Raining / Others: Wet / Only / Others:  *Any passenger Inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  A: TO B: The Company  *Was Anybody Injured? (Yes / No) If yes,  Name / NRIC / In Vehicle:  *Was The Accident Reported To The Police?  *No O Yes, Which Police Station?  *Does the Driver Own Any Other Vehicle?  Onto O Yes, Vehicle Registration No: Insurer:  *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:  *Was there any video captured by Car Camera? (Yes/No)  Third Party Driver's Particulars  Vehicle B No: SLH 9743 X Make & Model:  Driver's Name: Nagapan Chandras Lana NRIC No: S266(185 DHP No: Vehicle C No: NRIC No: HP No: Mitness Particulars  | Date of Birth: 11 (2 (98 5 Driving Licence   | Passing Date: <u>3</u> | 2007 Occupa           | tion: Indoor / Outdoor    |
| Vehicle No: SLY 8521H  Insurance Co: Token Reporting? Coverage: Policy No:  *Purpose of Reporting? Own Damage Claim / 3rd Bercy Claim / Not Claiming, Just Reporting Only  *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Priviles / Work  *Weather Condition? Tear / Raining / Others: Wet / On / Others:  *Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  A:   | Address: 2 Rivervale link  | #13-03                 | (545040)              |                           |
| *Purpose of Reporting? Own Damage Claim / 3rd Perby Claim / Not Claiming, Just Reporting Only  *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Se / Work  *Weather Condition? Tear / Raining / Others:   | Relationship of Driver with Insured: Oune  | Email Addres           | s :                   |                           |
| *Purpose of Reporting? Own Damage Claim / 3rd Purry Claim / Not Claiming, Just Reporting Only  *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Se / Work  *Weather Condition? Tear / Raining / Others:   |  |                        |                       |                           |
| *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work  *Weather Condition? Tear / Raining / Others:   | Insurance Co: Token Manne  | _Coverage:             | Policy i              | lo:                       |
| *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work  *Weather Condition? Tear / Raining / Others:   | ⇒Durnose of Reporting? Own Dam   | nage Claim / 3rd F     | erty claim / Not Clai | ming, Just Reporting Only |
| *Weather Condition?   Tieler / Raining / Others: Wet / Ory / Other   |  | 20                     |                       | 77.4 mm (1) / 4           |
| **Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:  A:   |  |                        |                       |                           |
| *Was Anybody Injured? (Yes / No) If yes,  Name / NRIC / In Vehicle:  *Was The Accident Reported To The Police?  *No O Yes, Which Police Station?  *Does the Driver Own Any Other Vehicle?  O No O Yes, Vehicle Registration No:  | *Weather Condition ? 76 at / Rai   | ining / Others:        | Wet                   | /ony / Others:            |
| *Was Anybody Injured ? (Yes / No) If yes,  Name / NRIC / In Vehicle:  *Was The Accident Reported To The Police ?  *No o Yes, Which Police Station?  *Does the Driver Own Any Other Vehicle?  o No o Yes, Vehicle Registration No:  insurer:  *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:  *Was there any video captured by Car Camera? (Yes/No)  Third Party Driver's Particulars  Vehicle B No:  SLH 9743 X Make & Model:  Driver's Name:  Nagargan Chandrase Coan NRIC No: S266(18 S DHP No:  Whitness Particulars  Witness Particulars   | * Any passenger inside vehicle invo  | Ived? (Yes / N         | o) If yes, Vehicle    | No & How many pax:        |
| *Was Anybody Injured? (Yes / No) If yes, Name / NRIC / In Vehicle:  *Was The Accident Reported To The Police?  *No o Yes, Which Police Station?  *Does the Driver Own Any Other Vehicle?  o No o Yes, Vehicle Registration No:   | A: 10 B- 1   | + 1                    | C:                    | D:                        |
| *Was The Accident Reported To The Police?  **Was The Accident Reported To The Police?  **Does the Driver Own Any Other Vehicle?  O No O Yes, Which Police Station?  **Was any foreign vehicle involved? (Yes / No) if yes, Vehicle No & Category:  **Was there any video captured by Car Camera? (Yes/No)  Third Party Driver's Particulars  Vehicle B No: SLH 9743 X Make & Model:  Driver's Name: Nagapan Chandrase Can NRIC No: Sell (1850 HP No: Vehicle C No: Make & Model: NRIC No: HP No: Witness Particulars   | *Was Anybody Injured ? (Yes / No)  |                        |                       |                           |
| *Was The Accident Reported To The Police?  *No O Yes, Which Police Station?  *Does the Driver Own Any Other Vehicle?  ONO O Yes, Vehicle Registration No:  |  |                        |                       |                           |
| *No O Yes, Which Police Station?  *Does the Driver Own Any Other Vehicle?  O No O Yes, Vehicle Registration No:  |  |                        |                       |                           |
| *Does the Driver Own Any Other Vehicle?  O NO O Yes, Vehicle Registration No:  | 88 (AMPRIL AND   | e ronce t              |                       |                           |
| *Was any foreign vehicle involved? (Yes / No) If yes, Vahicle No & Category:  *Was there any video captured by Car Camera? (Yes/No)  Third Party Driver's Particulars  Vehicle B No: SLH 9743 X Make & Model:  Driver's Name: Nagapan Chandrase Can NRIC No: S2666 IN SDHP No:  Vehicle C No: Make & Model:  Driver's Name: NRIC No: HP No:  Witness Particulars   | Section and the second section of the section of th |                        |                       | /                         |
| *Was any foreign vehicle involved? (Yas / No) If yes, Vehicle No & Category:  *Was there any video captured by Car Camera? (Yes/No)  Third Party Driver's Particulars  Vehicle B No: SLH 9743 X Make & Model:  Driver's Name: Nagapan Chandrasekaran NRIC No: S2666 IRS DHP No:  Vehicle C No: Make & Model:  Driver's Name: NRIC No: HP No:  Witness Particulars  | Se recovered to an extension of the second and the  |                        |                       |                           |
| *Was there any video captured by Car Camera? (Yes/No)  Third Party Driver's Particulars  Vehicle B No: SLH 9743 X Make & Model:  Driver's Name: Nagappan Chandrasekaran NRIC No: S266(185DHP No: Make & Model:  Driver's Name: NRIC No: HP No: HP No: Witness Particulars  | O No O Yes, Vehicle Registration No:   | In                     | surer:                |                           |
| Third Party Driver's Particulars  Vehicle B No: SLH 9743 X Make & Model:  Driver's Name: Nagappan Chandrasekaran NRIC No: S266618 SDHP No:  Vehicle C No: Make & Model:  Driver's Name: NRIC No: HP No:  Witness Particulars   | *Was any foreign vehicle involved?   | (Yes / No) If          | yes, Vehicle No & Ca  | tegory:                   |
| Vehicle B No: SLH 9743 X Make & Model:  Driver's Name: Nagapan Chandrase Karan NRIC No: S266618 SDHP No:  Vehicle C No: Make & Model:  Driver's Name: NRIC No: HP No:  Witness Particulars   | *Was there any video captured by   | Car Camera?            | (Yes/No)              |                           |
| Driver's Name: Nagappan Chandrasekaran NRIC No: S266618 SDHP No:  Vehicle C No: Make & Model:  Driver's Name: NRIC No: HP No:  Witness Particulars   | Third Party Driver's Particulars   |                        |                       | 2                         |
| Driver's Name: Nagappan Chandrasekaran NRIC No: S266618 SDHP No:  Vehicle C No: Make & Model:  Driver's Name: NRIC No: HP No:  Witness Particulars   | Vehicle B No: SLH 9743 X   | Make & Mod             | lel:                  |                           |
| Vehicle C No: Make & Model: NRIC No: HP No: Witness Particulars  | Driver's Name: Nagapan Chind   | rasekaran              | NRIC No: 5266         | (185DHP.No:               |
| Driver's Name: NRIC No: HP No: Witness Particulars   |  |                        |                       |                           |
| Witness Particulars  |  |                        | NRIC No:              | HP No:                    |
| Name: NRIC No. He No.  |  | e                      |                       | ¥/                        |
| A THE LAND COLUMN TO SEE THE PARTY OF THE PA | Name:  |                        | NRIC No:              | HP No:                    |

# 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

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.: MT110866 (Private Car)

1. Index Mark and Registration Number of

SLU8521H

Chassis No.: NHP1707099576

Vehicle

2. Name of Policyholder

LEE CHUN KIAT EDWIN

 Effective date of the Commencement of Insurance for the purposes of the Act 15/12/2019 (00:00:00)

4. Date of Expiry of Insurance

14/12/2020

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 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. (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 Account No: 2193DDA

Insurance Plan: Comprehensive Approved Workshop Plan

Limit for total loss or theft: Prevailing Market Value

Policy Excess: Own Damage Claims SGD 600.00 (Original Excess : SGD 600.00)

Additional Excess for Unnamed

Additional Excess for Unnamed SGD 500.00 Driver(s)

Additional Excess for Young or SGD 3,500.00 Inexperience Driver(s)

WindScreen Excess SGD 100.00

Financial Interest: TOKYO CENTURY LEASING (S) PTE LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

**Authorised Signature**