

NATIONAL Assessment Centre Services

with 1st visit, 8/10/21 17:00H

| | | | |
|--------------------------|---|-----------------------|---------|
| Date In: 20/09/21 18:17 | Job description | Date & Time Completed | Done by |
| Ref No: X134/TM121009844 | SAS e-thing | | |
| Veh No: 867 121P | E-mail (by date sent, A/C sent) | | |
| D.O.A: 18/09/21 11:58 | 1-Motor Claim Form | | |
| | 1-Motor W/O (within 30 days, TP 4hrs) | | |
| | 1-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/VLisp | | |

Q10: TP Reporting Only

TP Insurer:

Preferred Wksp / INC Action Wksp / OW: ()
 TP Print/Supply: () Yeh No: SMO ROK INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()

Confirmed by: ()

Date: ()

Time: ()

Insured/Driver Liability: ()

(%) [Note: Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: ()

Warranty: YES () / NO ()

Excess: (\$)

Loading: \$1,000 () / \$2,000 ()

() Write-In Customer: Customer's Information strictly Confidential & strictly NO Referral of Repolar

() Total Loss Case: 1 to e-mail Insurer URGENTLY

Drive-In () / Towed-In () : Invoice: VRS () / NO () : Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury: ()

NA210342

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engin-In-Charge):

| | |
|--|---------|
| 1) All Additional Work (WO) | INC (H) |
| 2) DA / Driver's Allowance (\$100) | \$100 |
| 3) TP / Towing Fee | \$120 |
| 4) PT / Follow Through Survey | \$20 |
| 5) PT / Follow Through Survey (Resurvey) | \$20 |
| 6) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 7) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 8) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 9) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 10) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 11) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 12) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 13) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 14) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 15) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 16) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 17) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 18) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 19) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |
| 20) PT / Follow Through Survey (Resurvey) (with 1st visit) | \$20 |

Fee Charged
Per Charge

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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 Submission | 20/09/2021 18:17 (SGT) |
| Date of Accident | 18/09/2021 11:58 (SGT) |
| Exact Location of Accident | Jln Eunus, Singapore |
| Additional Location Information | TOWARDS EUNOS LINK BEFORE PIE TUAS EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLT1771D |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | TAY SAY LONG |
| NRIC No | SXXXX838C |
| Email Address | dave65tsl@hotmail.com |
| Mobile Phone No | (Phone) +65-90668303 |
| Alternative Phone No | +65-90668303 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Nissan |
| Model | Qashqai |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1198 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 21-MR002458-R01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | TAY SAY LONG |
| NRIC No | SXXXX838C |

| | |
|--|--|
| Date Of Birth | 05/10/1965 |
| Occupation | Indoor |
| Date Of Driving Pass | 27/12/1985 |
| Driving experience | 35 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90668303 |
| Alt. Phone Number | +65-90668303 |
| Email Address | dave65tsl@hotmail.com |
| Address | BLK 486 CHOA CHU KANG AVENUE 5 #04-148 |
| Address complement | - |
| Postcode | 680486 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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 the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | 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 |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMW788K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |

Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | TAY SAY LONG |
| Gender | Male |
| Phone No | (Phone) +65-90668303 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLT1771D |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | 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.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding 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. 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.
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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and


(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.



Policyholder's Signature / Date & Time



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



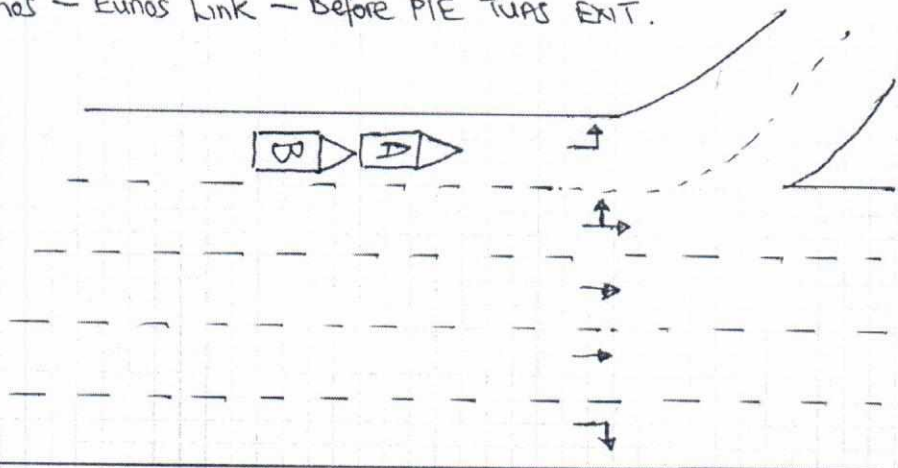
Witnessed by Reporting Centre Personnel

Sketch Plan

Jalan Eunos - Eunos Link - Before PIE TUAH ENT.

VEH A = SLT1771D

VEH B = SMW788K



Describe Circumstances of the Accident

On the stated date and time. I was driving vehicle A along the stated venue. As the front vehicles stopped, I follow suit. Suddenly, I felt an impact and vehicle B has collided onto the rear of my vehicle.

Declaration

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



20/09/2022

Witnessed by Reporting Centre Personnel

(E)

Date of Accident : 18/9/2021 Accident Time: 1158 am (24-HR-Format)
Accident Place : Jalan Eunus — Eunus Link — Before PIE THAS EXIT.
Vehicle. No. (Car Plate No.) : SLT1771D Make/Model: NISSAN QASHQAI
Insurance Company : TOKIO MARINE Policy No: 21-MR002458-R01
Owner or Company Name /IC No. : TAY SAY LONG S 1687838 C
Owner or Company Contact No. : _____ Owner's Hp 90668303 Company Tel _____
DRIVER'S Name / IC No. : Same As Above
DRIVER'S Date Of Birth : 05/10/1965 DRIVER'S License Pass Date 27/12/1985
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others OWNER
DRIVER'S Address : BLK 486 CHOA CHU KANG AVE 5 #04-148 S680486
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : dave65+sl@hotmai.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes.

Other Party Driver's Particular (if any)

| | |
|----------------------------------|------------------------------|
| Vehicle. No: <u>(B) SMW 788K</u> | Vehicle. No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:

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



TOKIO MARINE
INSURANCE GROUP

FORM MX1

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.: 21-MR002458-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLT1771D Chassis No.: SJNFEAJ11U1947121
2. Name of Policyholder TAN SAY LONG
3. Effective date of the Commencement of Insurance for the purposes of the Act 19/05/2021
4. Date of Expiry of Insurance 18/05/2022
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 (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: 2509DDA

| | |
|--------------------------------|--------------------------------------|
| Insurance Plan: | Comprehensive Approved Workshop Plan |
| Limit for total loss or theft: | Prevailing Market Value |
| Policy Excess: | Own Damage Claims SGD 600 |
| | Windscreen Excess SGD 100 |
| Financial Interest: | MALAYAN BANKING BERHAD |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature