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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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.

ACCIDE	ENT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Both Policyholder and Actual Driver 14/03/2023 09:00 (SGT) 334 Hougang Ave 5, Singapore 530334
DETAILS	OF OWN VEHICLE
Vehicle Registration Number	SLV2511X
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	NG WEE TAT (HUANG WEIDA) SXXXX862Z
Manufacturer Model Variant 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? Vehicle Category Transmission CC	Volkswagen SPORTSVAN - Private use No - Claiming third party Private car Auto 1395
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	Tokio Marine Insurance Singapore Ltd MP003025
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	NG WEE TAT (HUANG WEIDA) SXXXX862Z 02/12/1984 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Male (Phone) +65-81809590 - ngweetat@hotmail.com BLK 334 HOUGANG AVENUE 5 #03-256 - 530334
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Vas there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
ehicle Model	GBE931M -
ehicle Colour ehicle Category	- - Commercial vehicle - -

Address	
Address complement	9
Postcode	2
The state of the s	
Nature Of Damage	
Details of Diobetty damaged in cooldant	
No. Of Passenger (Including Driver)	•

SKETCH PLAN

IMPORTANT NOTICE

- 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 Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 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 (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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)		au 11/16	03/2023	
Sketch Plan B/K	Driver's Signature (if driver is not a STIME AVE	the policyholder) / Data	tnessed by Reporting Centre		
NEH A = SLV 25112		B	-(Lpv 120)		
VEH B = GBE931	M				

	On the stated date and time. My which A was purked at the stated upplies
	Suddenly, there
	prother in along Dian I and my
	next to my sight he was reversing to park
	next to my right had collided onto the right front and right side portion of my vehicle.
	1 J sanial.
ation	
lare the foregoin	g particulars are true in every respect.

Withessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Date of Accident	: 1H 03 2023 Accident Time: (0900 045
Accident Place	: BLK 334 HOUGANG AVE 5	(24-HR-Format)
Vehicle. No. (Car Plate No.)	: SLY 2511 X Make/Model:	CAR PARK LOT 120
Insurace Company	: TOKIO MADILIC	AM GOLE
Owner or Company Name /IC No.	: TOKIO MARINE Policy No:	MP 003025
Owner or Company Contact No.	: NG WIEE TAT S844	108627
DRIVER'S Name / IC No.	:8180 9590 Owner's Hp	Company Tel
DRIVER'S Date Of Birth	. 02/12/10011	
Relationship of Owner & Driver	: 02 12 1984 DRIVER'S License	Pass Date 09 04 2013
DRIVER'S Address	: Spouse \ Parents \ Children \ Sibling \ En	nployee Others: OWNER
DRIVER'S Contact N	: BLK 334 HOUGANG AVE 5 :	#03-256 S530334
DRIVERIO	2)	
Email Address	INDOOR OUTDOOR (e.g. working ins	ide or outside office)
Weather & Road Surface	ngweetat@hotmail	· com
Reporting	CLEAR & DRY RAINING & WET \ AF	TER RAIN & WET
	Reporting Only (Claim Other Party) Claim	n Own Insurance
Number of Passengers (Including Driv	er): NIL	
Was there any video Captured by car ca Exact purpose for which vehicle was be Any Injury (If YES, Pls state):	amera: YES \ NO eing used at the time of accident Private us	se Work purpose
Vehicle No. (B) Other Part	y Driver's Particular (if any)	
Vehicle. No: GBE 931M	Vehicle No.	
Vehicle Make\Model:		
Name Driver:	Name would .	
C No. Driver/Contact:	***************************************	
	- Tron Contact.	
NEW - Passenger's name &	¥	

* 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



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.: MP003025 (Private Car)

Index Mark and Registration Number of

SLV2511X

Chassis No.: WVWZZZAUZGW570787

2. Name of Policyholder

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

NG WEE TAT (HUANG WEIDA)

26/06/2022 (00:00:00)

4. Date of Expiry of Insurance

25/06/2023

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

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

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

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 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) Insurance Plan: Account No: 1457DDA

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims
Additional Excess for Unnamed Driver(s)
Additional Excess for Young or Inexperience

Driver(s) WindScreen Excess

SGD 800.00 SGD 500.00

SGD 3,500.00 SGD 100.00

Financial Interest: HONG LEONG FINANCE LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

(Original Excess : SGD 800.00)

Authorised Signature