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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.
 This Form must be <u>completed</u> by the <u>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

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

25/05/2023 13:14 (SGT) **Actual Driver** 23/05/2023 19:45 (SGT) PIE, Singapore TOWARDS CHANGI (BEFORE PAYA LEBAR EXIT) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJK6332B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

No TAN BENG HIONG SXXXX522C coreen@merlioncity.net (Phone) +65-96386229

VEHICLE PARTICULARS

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

Toyota Axio

Private use

1496

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 23-MR002390-R03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LIM HWEE HOON SXXXX080C 09/08/1969 Indoor

Date Of Driving Pass 30/10/1995 Driving experience 27 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-96386229 Alt. Phone Number Email Address coreen@merlioncity.net Address BLK 519B TAMPINES CEBTRAL #13-25 Address complement Postcode 552519 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Chain Collision 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name TAN BENG HIONG Gender Male 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNB1073G 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBP7138H
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LIM HWEE HOON Female (Phone) +65-96386229 SLIGHT INJURY SJK6332B Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	TAN BENG HIONG Male SLIGHT INJURY SJK6332B Yes No

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.
- 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. 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
- 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:
 - 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)
 - (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
 - (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
 - 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. (c)

Policyholder's Signature Date

& Time:

24 May 23

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	PIE TOWNES CHOWER CAPIAR POYS	(ARMIR FOYIT)
		A) SJK 6332B
	-> ->	B) SNB 10739
	>>	C) SBP 7138H
	COD OR NOD.	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

as The Statement date & time I was driving
On the Statement date & time, I was driving
my vehicle on the most right lane. There was
an accident in front. I Slow down & Stop
my vehicle (SJK 6332B), Suddlenly, I feit a
Strong impact from my rear. I came down
& look & realise it is a 3 car chain
Colligion.

DECLARATION

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

Policyholder's Signature Date

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

& Time:

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Vehicle No.: SJK 6332B Vehicle Make & Model: Exact location of Accident: PIE TOWARDS CHANGI (AFFER PAYAR LEBAR EXIT) Policyholder's Name: TAN BENG HIONG I/C/UEN: S1471522C Driver's Name / IC No.: LIM HWEE HOON S6928080C (As Above)
Policyholder's Name: TAN BENG HIONG I/C/UEN: \$1471522C Driver's Name / IC No.: LIM HWEE HOON \$6928080C (As Above)
Driver's Name / IC No.: LIM HWEE HOON 86938080C (As Above)
Driver's Name / IC No.: LIM HWEE HOON 86938080C (As Above)
Driver's Contact No.: 96386339 Company Contact No (Company Veh Only):
Driver's Address:
Email address: COREEN @MERLIONCITY. NETInsurance Company: TOKIO MARINE
Relationship between Owner & Driver: (Please CIRCLE one only) Owner Spouse Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Outdoor
Private use / Work purpose *No. of Passengers (Including Driver): 2
*Passanger Name: TAN BENG HIONG Gender: Male Female Passanger
Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident) Weather condition & Road conditions (On the day of accident)
Weather condition & Road conditions? (On the day of accident)
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes No (If YES) Which Police Station: The Other Party(s) Details:
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes No (If YES) Which Police Station:
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: Vehicle No: SNB 1073 G B Oriver's Contact No: Insurance Company:
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: Yehicle No: SNB 1073 G
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Weather condition & Road conditions? (On the day of accident) Clear & Dry Raining & Wet After-Rain & Wet Drizzling & Wet Others:

Tokio Marine Insurance Singapore Ltd.

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

1 (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 € tmis@tokiomanine.com.sg. W: www.tokiomanine.com



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.: 23-MR002390-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SJK 6332B

Chassis No.: NZE1416094463

2. Name of Policyholder

TAN BENG HIONG

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

29/04/2023

4. Date of Expiry of Insurance

28/04/2024

- 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 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: 2712DDA

Insurance Plan:

Third Party, Fire & Theft

Limit for total loss or theft:

Prevailing Market Value

Financial Interest:

TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed: 30/03/2023



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: _ ___ Vehicle Registration No: Name (as shown in NRIC): (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Address: _ Singapore (Contact (Tel):___ Email Address: Date of Accident: Time of Accident: Place of Accident: _ Insurance Company: _ (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Policyholder / Actual Driver's Signature Name (as in NRIC/ID card): Date:

Date: