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 Actual 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 First Submission 13/06/2024 17:24 (SGT) Reported by **Actual Driver** Date of Accident 12/06/2024 09:00 (SGT) Exact Location of Accident Singapore Additional Location Information Ang Mo Kio Avenue 3 towards Serangoon North Avenue 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

2982

Vehicle Registration Number **GBL2136S**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BESTMAN INSTALLATION & SERVICES** Company Reg No 5XXXX655M Email Address bisvcs@yahoo.com.sg Mobile Phone No (Phone) +65-96903068 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model HIACE VAN TURBO 4DR AT Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 24-MP001051-R02

DRIVER

Name of Driver Arumugam Manikanda Prabhu Passport No/FIN GXXXX101T Date Of Birth 19/05/1983 Occupation Outdoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	06/07/2011 12 YEARS AND 11 MONTHS Male (Phone) +65-92249922 - prabhu.ct@gmail.com 535 WOODLANDS DRIVE 14 #12-599 WOODLANDS VISTA SINGAPORE (730535 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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 PASSENGER 1 Name Gender	No 2 No - Yes 2 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
refer to attached	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SND7701C

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)	-

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 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 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)

Lunderstand, 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' law yers/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 law yers/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

Ang Molcio Ave 3 Howards Seranguon North Avenue 3

A= GBL 21365 B: SNP 7701C

cribe	e Circumsta	nees or an	- Acciden	•					
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tr	avelling) alo	ng f	ing M	o kio	Ave	31	turning	was towards
Sei	rangoor	Nor	≠h Av	'e 3 -	I wa	s in	a st	ationary	position
to	check	cleare	ance o	f traf	fic on	the me	ain).Su	iddenly	, I tell
an	impad	. Ve	hicle	B (SN	0 770	1c) }	if m	y rear	portion o
M	y vehicle	2 (GB	3L 2/3	65)-					
				-					
						STILL STATE			

Declaration

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

Policyholder's Signature / Date & Time

Installation & Services

52945655M

12/6/24 1.45PM

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

Witnessed by Reporting Centre









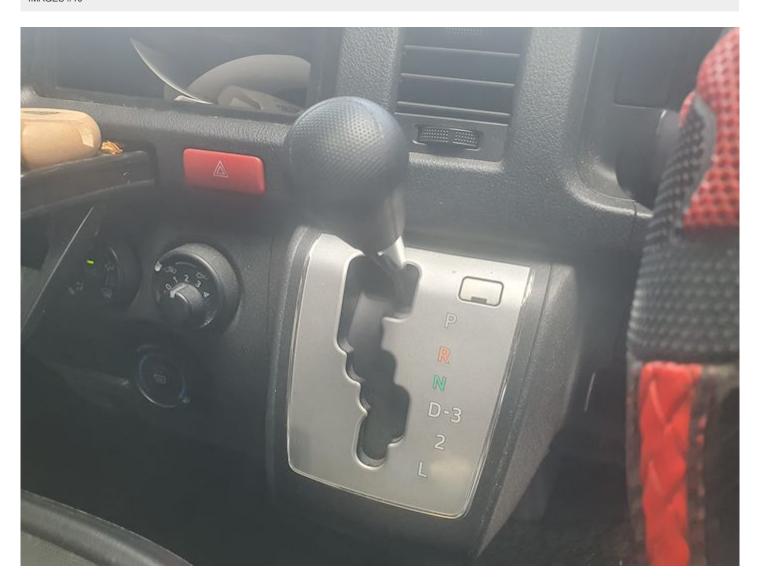


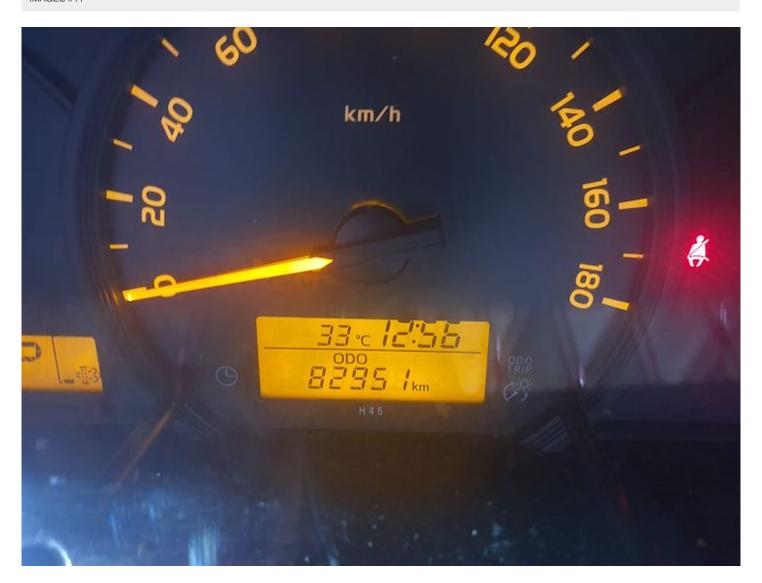
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 05:00 – 17:00
UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	ADDENDON						
	PERSON MAKING THE AMENDMENTS:						
Original Report N	Io - SKON 246 DOODF Vehicle Registration No GBL 21365						
Name(as shown in Ni	Rick: Bestman Installation Services NRIC/FIN/PassportNo: 5294 x 655M						
(*Vehicle Driver/	ehicle Owner) (*) Please delete as appropriate						
Address	: 535 woodlands Drive 14 # 12-599 woodlands Vista singapore(730525)						
Contact (Tel)	Mobile No. 9690 3068						
Email Address	: prabhu. cf @ gmail. com						
Date of Accident	12.06.2024 Time of Accident 9:00 am						
Place of Accident	: Aug Mo Kio Avenue 3 towards Serangoon North An						
ADDITIONALINE	FORMATION / AMENDMENTS:						
I have made a re	port on the above mentioned accident and would like to include additional information or ing amendments:						
which	Registration Number: GBL 2136AS						
Appendix to the party of a last	Registration Number: GBL 2136AS Ly Change to: GBL 21365						
	a singe 10 - ape 200-						
particular term management							
	Mac 17020 g						
An The	32 1811						
Policyholder / D Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:						

Tokio Marine Insurance Singapore Ltd.

Employ the Street #99-01 Tokio Marine Centre Singapore 089046 7 (96) 5221-0111 F 165(5221-435) (165(6224-1895) Eltink Stokiorianne comiss, W. www.tokiomanne.com





Certificate of Insurance

FORM MZ300

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.: 24-MP001051-R02 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number

GBL2136S

Chassis No.: JTFHT02P900251949

of Vehicle

2. Name of Policyholder

BESTMAN INSTALLATION & SERVICES

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

01/04/2024

4. Date of Expiry of Insurance

31/03/2025

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with their 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*
 - 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- * 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: 1531DDA

Insurance Plan: Comprehensive Approved Workshop Plan

Limit for total loss or theft: Prevailing Market Value

 Policy Excess:
 Own Damage Claims
 SGD 600

 Policy Excess:
 Windscreen Excess
 SGD 100

Financial Interest: TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli Printed: 21/02/2024