

## 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 ability
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 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 Report	20/10/2014 10:21
Date Of Accident	18/10/2014 12:45
Exact Location Of Accident	MULTI STOREY CAR PARK OF BLK 441 YISHUN AVE 11
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4570R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAKINO ASIA PTE LTD
Co Reg No	197300960K

### Vehicle Particulars

Manufacturer	FORD
Model	TRANSIT CONNECT TDCI 1.8M 90PS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

### Insurance Company

Name of Insurance Company	Tenet Sompo Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D14MTPCVE000465
Cover Note Number	

### Driver

Name of Driver	WONG YUK KAI
NRIC No	S2668489G
Date Of Birth	26/02/1963
Occupation	Outdoor
Date Of Driving Pass	26/08/1998
Driving Experience	16 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-91815179
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 445 YISHUN AVE 11 #09-36
Postcode	S760445
Was driver an employee of the Insured's Company	Yes



If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident Unknown - REFER TO THE SKETCH PLAN  
Weather Conditions Clear  
Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No  
Was any body injured in the Accident? No  
Was any other material or property damaged? Yes  
Was there any video captured by Car Camera? No

#### 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 THE SKETCH PLAN

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ5669S  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver LESTER TANG CHEE HSIEN  
NRIC/Passport Number S8331673Z  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

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)  
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.

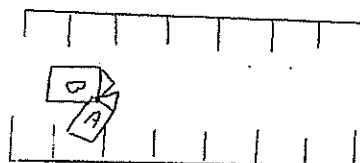
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY.  
I WILL CHECK MY POLICY FOR MORE INFORMATION.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Blk 441 Vishnu Ave 11  
(Multi-storey carpark)

A- GBA 4570R.  
B- SJJ 5669S.

# Sketch Plan Pg.2

## Describe Circumstances of the Accident

On 18/10/2014 at 1246 hours, I was turning out from a car park lot, suddenly I felt an impact at the left side of my vehicle then realised vehicle B which was travelled from left hit on my vehicle. No one was injured.

<input type="checkbox"/> Claim own policy
<input type="checkbox"/> Claim third party
<input type="checkbox"/> Claim OD / TP at other workshop
<input checked="" type="checkbox"/> For record purpose only
Policy No. <u>D14MTREVE00465</u>
Insurer _____ Veh No. <u>GBA4590R</u>

## 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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2668489G



WONG YUK KAI

王 玉 佳

Race  
CHINESE

Date of Birth 26-02-1963 Sex M

Country of Birth  
HONG KONG

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2668489G  
Name: WONG YUK KAI

Birth Date 26 Feb 1963  
Issue Date 15 Aug 2003

000748787H

3094

S2668489G

Blood Group AB+ Date of Issue 16-08-1999

APT BLK 445 YISHUN AVENUE 11 #09-36  
SINGAPORE 760445  
NRIC No: S2668489G Date: 08/08/2011 No: 6887361

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 26 Aug 1998

Licence No: S2668489G



Tenet Sompso Insurance Pte. Ltd.

51, Marina Place, #05-01/06, Singapore Land Tower, Singapore 048523. Tel: 6221 2211 • Fax: 6221 3302  
 Website: www.tenetsompso.com.sg • Co. Reg. No.: 100905300E • GST Reg. No.: M200903190



## 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)

- Cert No./Policy No. : D14MTPCVE000465  
 1. Registration No. : GBA4570R  
 2. Insured Name : MAKINO ASIA PTE LTD  
 3. Commencement Date : 13 JULY 2014 00:00  
 4. Expiry Date : 12 JULY 2015 23:59  
 5. Coverage : Market value at time of loss - Comprehensive  
 6. Excess : \$300 - Section I  
 7. Persons or Classes of Persons entitled to drive\*  
     b) Any person who is driving on the Insured'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.  
 8. Limitations as to use\*  
     1) Use in connection with the Insured's business.  
     2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business  
     3) Use for social, domestic or pleasure purposes.  
     The Policy does not cover  
     1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.  
     2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  
 9. ExcelDrive Workshops & Accident Reporting  
     It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.  
     It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.  
     In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.tenetsompso.com.sg](http://www.tenetsompso.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

(We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Tenet Sompso Insurance Pte. Ltd.

*Stella*

Date/Time of Issue : 08 JULY 2014 14:26

\*Limitation rendered inoperative by section 9 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.

## IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this Insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11N01006 & NEWSTATE STENHOUSE (S) PTE LTD CI Code: 20D Username: LEE, STELLA DJVD5Z14P42M8OFA



Accident Photo





Accident Photo





Accident Photo





Accident Photo



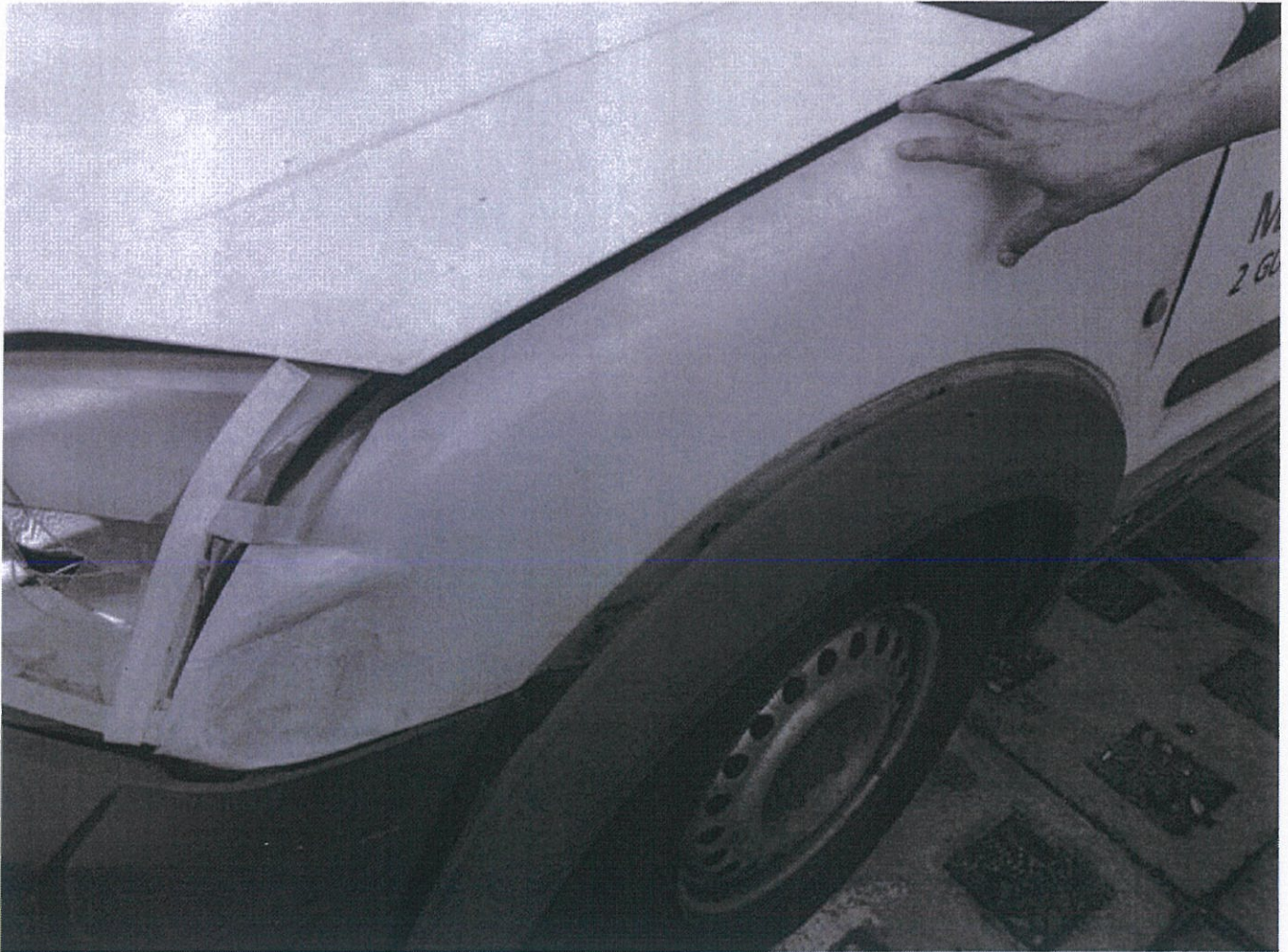


Accident Photo





Accident Photo





Accident Photo

