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# 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 witholding of material facts may allow insurance companies to
- 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.   | consent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| A street and the second second   | ACCIDENT STATEMENT   |
| Date Of Report   | 20/12/2017 16:35   |
| Date Of Accident   | 19/12/2017 12:25   |
| Exact Location Of Accident   | BRADDELL ROAD SHELL STATION  |
| Country/State of Loss  | SINGAPORE  |
| Historica valent eta persona properti pro-                                   | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | GT9060D  |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LIVE SENSOR SECURITY PTE LTD   |
| Co Reg No  | 200504157R   |
| Email Address  | SHEIK@LIVESENSORSECURITY.COM.SG  |
| Mobile Phone No  | (LOCAL) +65-90275443   |
| Alternative Phone No   | OFFICE-67475443  |
| Vehicle Particulars  |  |
| Manufacturer   | ТОУОТА   |
| Model  | LITEACE  |
| Exact Purpose for which vehicle was being used time of accident              |  |
| Are you claiming under your own insurance police for repair to your vehicle? | ey NO  |
| If No, Please state action to be taken                                       | REPORTING ONLY   |
| Vehicle Category   | COMMERCIAL VEHICLE   |
| Insurance Company  |  |
| Name of Insurance Company  | TOKIO MARINE INSURANCE SINGAPORE LTD   |
| Type Of Coverage   | THIRD PARTY  |
| Fleet Policy   | NO   |
| Policy Number  | 17-MH001459-R01  |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | SHEIK MATHAR SHA S/O PEER MOHAMED  |
| NRIC No  | \$83046131   |
| Date Of Birth  | 17/02/1983   |
| Occupation   | OUTDOOR  |
| Date Of Driving Pass   | 29/11/2017   |
| Driving Experience   | 0 YEAR AND 0 MONTH   |
| Gender   | MALE   |
| Mobile Number  | (LOCAL) +65-90275443   |
| Fax Number   | ( 10 cos 2 April 20 c 10 c   |
| Contact Number   | OFFICE-67475443  |
| EMail Address  | SHEIK@LIVESENSORSECURITY.COM.SG  |

Address

BLK 807C CHOA CHU KANG AVENUE 1

#06-550

Postcode

683807

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**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

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

YL5354L

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LAU WEN KIING

NRIC/Passport Number

S8581171A

Contact Number

94593265

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

SECURITY NO. 2005041518

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

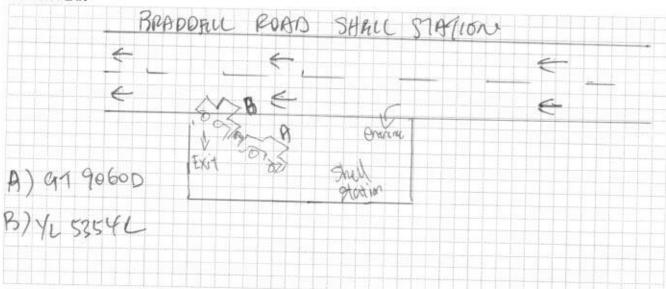
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: / COX

### SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I was leaving the shell station after topping up, at braddell (110 braddell pol). |
|---|
| the lorry YL 5354L was to leave as view from the Shell Station                    |
| I though he was turning out but he stop as other behick were                      |
| Still no the main I some I some I some in the were                                |
| Still on the main. I gress the accelerator than quickly press my                  |
| DIEAR Yave Once Isew him stop. But it was not propagate as                        |
| my van hit the long at the back. Both of wwere fire and                           |
| 10 Mound for both of W. Both the lorch and the viring a unbox                     |
| plate were damage. The lorry's number plate light was damaged.                    |
| No other damage. The lorry driver, Mr. Lau Wen Kiling, S8581171A                  |
| told me to ned to as back of  |
| told me he ned to go back and ask his company if he needs to                      |
| report the mother. He than intermed me atound 4Pm that he has                     |
| given a report on his companies instruction. Mr Lan penobile number is            |
| 9459 3265   |
|   |
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|   |
|   |

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

# ACCIDENT STATEMENT

| loca                                  | TION: Braddell Poal Shell Stat  | ion -                                   |
|---------------------------------------|---|---|
| 1.                                    | DETAILS OF VEHICLE OF VEHICLE OF THE POST | w 13                                    |
| *                                     | DINSURANCE COMPANY: M746 CIPOLICY NUMBER: 5075395297  | TORIS MARINY                            |
|                                       | O)POLICY TYPE: (COMPREHENSIVE / THIRD PAR<br>O)MAKE & MODEL: TOYO74   |   |
|                                       | () TYPE: (SALOON / COUPE / MPV /V AN / LORRY<br>g) VEHICLE CATEGORY: [PRIVATE / COMMERCIA   | 600011.00000000000000000000000000000000 |
|                                       | h) PURPOSE OF USING AT ACCIDENT TIME: WON  I) ARE YOU CLAIMING UNDER YOUR OWN INSUR   |   |
| 2.,                                   | IF NO, PLEASE STATE (THIRD PARTY CLAIM / REINSURED / POLICY HOLDER  | PORTING ONLY                            |
|                                       | DINRIC/FIN/PASSPORT: 200504/672   | (MALE / FEMALE)                         |
|                                       | CIADORESS: 1, tamery pood, 409-04   |   |
| ¥No of passiong&                      | CONTINUE TO 3.4 IF DRIVER ALSO POLICY HO  | 50                                      |
| (Including driver.)                   | DINKIC/FIN/FASSPORT: DESCRIPTION  | CONTACT: 9027 3565                      |
| (1)                                   | CIADDRESS: DIK 807C, Choq Chu Fang Avi  | e 1, #06-550, 31Pone 6x580-             |
| 10<br>2)                              | *d) DATE OF BIRTH: (17 02 1983 (DD/)  |   |
| 4.                                    | WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH   | D'S COMPANY? (YES!/ NO)                 |
| 5,                                    | a) WEATHER CONDITION: (CLEAR / RAINING / C  |   |
| 6.                                    | b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)   |   |
| . 7.                                  | a) REPORTED TO POLICE (YES / NO.)  IF YES, PLEASE STATE WHICH POLICE STATION:   | 1                                       |
| B.<br>Flood passenger                 | THIRD PARTY VEHICLE  O) VEHICLE NUMBER: GT 9060 D   | MODEL: TOYOTG                           |
| (Induding driver)                     | b) DRIVER'S NAME: Sheik mather sha<br>c) NRIC/FIN/PASSPORT: SR304613 I  | CONTACT: 9027 3565                      |
| Y,                                    | a) VEHICLE NUMBER: YL 5354 L  | _MODEL:                                 |
| flo of passinger<br>(Induding driver) | el DRIVER'S NAME: 274 WEN FINOI   | CONTACT: 9459 3265                      |
| CTS                                   | ≈   |   |

email: Sheir@livesensorsecurity.com.sg fax = 11080

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$83046131





SHEIK MATHAR SHA S/O PEER MOHAMED

ஷெய்க் மதார் ஷா Race



INDIAN Date of birth 17-02-1983 Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE S83046131 SHEIK MATHAR SHA S/O PEER MOHAMED Sein Date: 17 Feb 1983 asua Date: 29 Nov 2017 002748591K

5237602



NRIC No. S83046131

Date of Issue

11-11-2012 APT BLK 807C CHOA CHU KANG AVENUE 1 #08-550 SINGAPORE 683807

NRIC No: \$83046131

Date: 05/08/2016

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

EFFECTIVE DATE

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg Class 2B Class 3

NP 428A



### 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 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.: 17-MH001459-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle

GT9060D

Chassis No.: CR420014639

2. Name of Policyholder

LIVE SENSOR SECURITY PTE, LTD.

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

01/11/2017

4. Date of Expiry of Insurance

31/10/2018

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.
  - 3) 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: 0751DDA

Insurance Plan:

Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 25/10/201