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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- This report will be forwarded by the insurers of the GIA Records Management Centra 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.

| STATE OF COLUMN TO STATE OF COLU | |
|--|--|
| No. of Philippins and Philippins | ACCIDENT STATEMENT |
| Date Of Report | 19/03/2018 16:55 |
| Date Of Accident | 18/03/2018 00:35 |
| Exact Location Of Accident | JUNCTION OF TAMPINES AVENUE 7/TAMPINES STREET 34 |
| Country/State of Loss | SINGAPORE |
| Switzenseen hell to depote betieb t | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKD4350L |
| Insured/Policyholder | |
| Name Of Registered Owner | CAR COVE LEASING PTE LTD |
| Co Reg No | - 1940년 전 보기 :: (1945년 1941년 19 (조) |
| Email Address | EDWIN@CARCOVE.COM.SG |
| Mobile Phone No | (LOCAL) +65-94883085 |
| Alternative Phone No | OFFICE-94883085 |
| Vehicle Particulars | |
| Manufacturer | KIA |
| Model | FORTE |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 17-MI000277-R00 |
| Cover Note Number | |
| Driver | |
| Name of Driver | YEO HUEE KIONG (YANG HUIQIANG) |
| NRIC No | \$8221052J |
| Date Of Birth | 21/07/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/11/2017 |
| Driving Experience | 0 YEAR AND 3 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94883085 |
| Fax Number | |
| ACCIVITIENT NOTICE COLD | LOT IFFORMATION |

OTHERS-94883085

EDWIN@CARCOVE.COM.SG

Address

BLK 90 COMMONWEALTH DRIVE

#03-674

Postcode

140090

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

.

-

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

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 Vehicle Make/Model/Colour FBF8841G

Details Of Properties

Details Of Propertie

MOTORCYCLE

Vehicle Category Name of Driver

TAN CHIN JUNG

NRIC/Passport Number

S8007094B 98538475

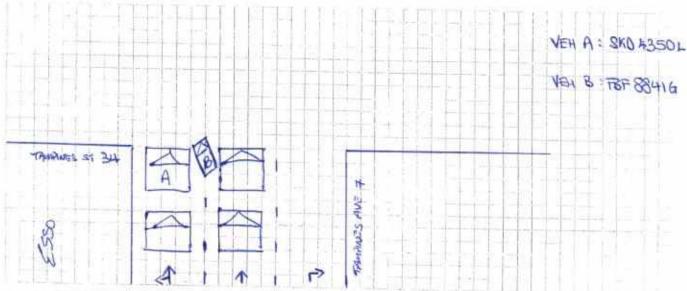
Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time

Oriver's Senature (If driver is not the policyholder) Date & Time:

V

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

and Something of

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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 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)
 - (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
- (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:
 - (i) 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.

Driver Sign

if drivers n ne policyhalder)

Date & Time

Name: Reporting Centre Personnel's Signature

NRIC/FIN No ::

| Personal Particulars of Owner & Driver (Vehicle A) |
|--|
| Date of Accident: 18 / 03 /2018 (dd/mm/yy) Time of Accident |
| Vehicle No.: SKO4350L Vehicle Make & Model: KIA FORTE |
| Exact location of Accident: TANSINES AVE 7 + TANSINES ST 34 |
| Policyholder's Name / IC No.: Cos cos (Sesure On the Cost) |
| Driver's Name / IC No.: 150 HUSE KING |
| Driver's Contact No.: 9488 3085 Company Contact No: (As Above) [Driver's Address: Six 90 Company Contact No: |
| TO THE MANY TO SERVE |
| Email address (if any): 2000 carrows comes Insurance Company: |
| Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Children / Friend / Parents / Sibling / Relative / Employee / Children / Company: |
| What Bo you wish to claim? (Please TICK one only) |
| Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) |
| Was bally ose for which the vehicle |
| Private use / Work purpose Occupation (nature of job) Indoor/ Outdoor No. of Passengers (Including Drivary) |
| 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 / No |
| Any Injuries: Yes / V 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: |
| I. Driver's Name / IC No. TAN CHIN SUNG SERVICES |
| Driver's Name / IC No: TAN CHIH SUNS \$80070943 Vehicle No: 7/3 F 88416 |
| Driver's Contact Nor 9853 8415 Insurance Company (If any): |
| Valida No. |
| Insurance Company (If any): |
| Independent Witness (If Any): Contact No: Preferred Workshop Name: |
| Preferred Workshop Name:Contact No: |
| If no proper documents are produced IDAC than the |

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week









Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (95T Reg No.: M2-0000021-4) 20 McCellum Street #09-01 Tokio Marine Centre Singapors 069046

T; (85) 6223 9711 F; (85) 6221 4355 / (65) 8224 0895 E: tmis@toklomarine.com.ag W: www.toklomarine.com

A months of the Toklo Matins Group

INSURANCE GROUP Certificate of Insurance FORM MZ405

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAFTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Pellcy No.: 17-MI000277-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SKD4350L

Chassis No.: KNAFU411MB5451086

2. Name of Policyholder

CAR COVE LEASING PTE, LTD.

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

15/06/2017

4. Date of Expiry of Insurance

14/06/2018

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

The hirer.

Any other person who is driving on the hiror's order or with his/ their permission.

* Provided that the Person driving is permitted in accordance with the licensing or other lows 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 cascelled at the time of the accident loss or damage.

6. Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social demestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propolled

5) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.

 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 Componention) 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 lesurance 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: 2397DDA

Insurance Plant

Third Party, Fire & Theft

Limit for total less or theft:

Prevailing Market Value

Policy Excess: Financial Interest:

Excess-Third Party (Sect II) SGD 1,500 HERITAGE AUTO ENTERPRISE PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Lim Jiaqian Princilla -

Frinted 15/02/2017

