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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.
- 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 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.	W // 12 25 25 39
	ACCIDENT STATEMENT
Date Of Report	28/05/2018 20:12
Date Of Accident	28/05/2018 07:40
Exact Location Of Accident	BARTLEY ROAD TOWARDS KAKI BUKIT
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PROPERTY OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT8511D
Insured/Policyholder	
Name Of Registered Owner	MCUBE MEDIA PTE LTD
Co Reg No	201021311D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97365797
Alternative Phone No	OFFICE-97365797
Vehicle Particulars	
Manufacturer	MAZDA
Model	BIANTE-2.0 BIANTE 5-DOOR WAGON SP.6E (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU005644
Cover Note Number	
Driver	
Name of Driver	YAM AH CHYE
NRIC No.	\$69193571

 Name of Driver
 YAM AH CHY

 NRIC No
 \$6919357I

 Date Of Birth
 18/05/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 17/08/1993

Driving Experience 24 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97365797

Fax Number

Contact Number OTHERS-97365797

EMail Address NOEMAIL

Address

BLK 303 CANBERRA ROAD

#11-33

Postcode

750303

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

0

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

ambulance?

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

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?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBA8995Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

# **IMPORTANT NOTICE**

- Please report correctly the details of the accident to speed up the claims process.
- 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 invoive 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.

Policyfiolder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

SKETCH PLAN	BARTURY	ROAD	TOW ARDS	KAKI	Buk17		
						A	SKT 8511 D
						B	GBA89951
JK.							
DESCRIBE CIRCUM	TANGE OF THE	E ACCIDE					

ON 28 MAY	ZOLF AT	ABOUT	07:4	to HRA	Z W	As DRILL	16	ALONG
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DECLARATION

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

Policyholder's Signature Date & Jime:

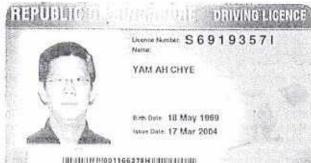
Driver's Signature (If driver is not the policyholder) Date & Time:

Beforting Centre-Personnel's Signature
Name:
NRIC/FIN No. FOR H WMM3 NRIC/FIN No.1

median strategical messager

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28 MAY 2018	TIME: 07+2 HRS (hh:mm) 24 hrs Forma
LOCATION BARTELY TOWAR	OS KAKI BUKIT
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
VEHICLE NUMBER SET 85110	
INSURED NAME MCUBE MEDIA PI	E KTO
NRIC / FIN 201021311 D	CONTACT:
MAKE Mazda MOD	EL Biante 5. Door
Are you claiming under your own insurance police	ey for repair to your vehicle?
( ) Yes, If No, Pls Select : ( / ) Third Party	( ) Reporting Only
INSURANCE COMPANY Tokio Maria	12
TYPE OF POLICY ( ) COMPREHENSIVE	( ) THIRD PARTY ( ) TPFT
POLICY NUMBER: MU 005644	
V ALCLI	( ) SAME AS INSURED
NAME DRIVER: Yam Ah Chye	The second secon
2 / 2 2 2 2	CONTACT: 97365797
NRIC/FIN \$ 69 193 57 J	CONTACT:
DATE OF BIRTH: 18 95 1969	
DRIVING PASS DATE: 17 08 1993	OUTTOOR
OCCUPATION: ( _ ) INDOOR (	) OUTDOOR
GENDER: ( ) MALE (	) FEMALE ( / ) NO EMAIL
EMAIL ADDRESS:	3 2
ADDRESS OF DRIVER: Blk 303 Canberro	g Road #11-38
s ( 750303 )	
Number Of Passenger Include Driver:	
Was driver an employee of the Insured's Compar	ny?(/)YES ()NO
If No, Relationship Of The Driver With The I	Insured
( ) Owner ( ) Spouse ( ) Friend ( )	Relative ( ) Children ( ) Sibling ( ) Others
Does The Driver Own Any Other Vehicle? : (	YES ( ) NO
If Yes, Vehicle Registration Number Of Driver's	Own Vehicle:
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: ( ) Clear ( ) F	Raining ( ) Drizzling ( ) Others
	Wet ( ) Others
Was Any Foreign Vehicle Involved In This A	10.572
Was Anybody Injured In The Accident? (	) YES ( )NO
If YES, Injured details:	7 \
If YES, injured details.	
Convey By Ambulance: ( ) YES ( )	NO
Was There Any Video Capture By Car Camera'	
Was There Accident Reported To The Police	S.ACommunication of the second
Police Report Number (if any)	
	ne / NRIC Contact
The State of the S	IV/ THE C
Veh B GBA 8995 Y	
Veh C	
Veh D	
Veh E	
Veh F	
Veh G	



License Humber S 6 9 1 9 3 5 7 1

YAM AH CHYE

Tim Date: 18 May 1969 Issue Date: 17 Mar 2004

IN PIRE IC OF SHASKPERD

DENTITY CARD NO. \$69193571

teima





YAM AH CHYE

财 CHINESE

18-05-1969 M SINGAPORE

£59 (91)67)

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

17 Aug 1993

·· \$69193571

Bucheleen) 23-05-2010

APT BLK 303 CANBERRA ROAD #11-23 SINGAPORE 750303

NP 428A



# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner P	articul	ars
-----------------	---------	-----

Owner ID Type:

Company

Owner ID:

1311D

Vehicle Details

Vehicle No.:

SKT8511D

Vehicle to be Exported:

Yes

Intended De-registration Date:

28 May 2018

Vehicle Make:

MAZDA

Vehicle Model:

BIANTE 5-DOOR WAGON 2.0L SP.6EAT

Primary Colour:

Grey 2015

Manufacturing Year: Engine No.:

PE30764679

Chassis No.:

PE30/040/7

Chassis No..

JM6CC1071F0107986 111.0 kW (148 bhp)

Maximum Power Output:

111.0 (17 )1-11

Open Market Value:

\$18,180.00

Original Registration Date:

24 Jun 2015 24 Jun 2015

First Registration Date:

0

Transfer Count: Actual ARF Paid:

\$18,180.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

23 Jun 2025

PARF Rebate Amount:

\$13,635.00

Intended COE Rebate Details

COE Expiry Date:

23 Jun 2025

COE Category:

E - Open Category

COE Period(Years):

10

QP Paid:

\$78,001.00

COE Rebate Amount:

\$53.041.00

Total Rebate Amount:

\$66,676.00

The information contained herein is correct as at 28 May 2018

OK

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 19230001404) (GST Reg No.: M2-0000023-4) 20 McCnium Street #09-01 Tokio Marine Centre Singapore 069046

T; (65) 6221 6111 F; (65) 6221 4355 / (65) 6224 0895 T; trols/9 tokiomarine.com 5g W www.tokiomarine.com

A incover of the Token Martin Groups



# Certificate of Insurance

FORM MX4

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1000 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: MU005644 (Private Car)

Index Mark and Registration Number of Vehicle

SKT6511D

Chassis No.: JM6CC1071F0107986

2. Name of Policyholder

MOUBE MEDIA PTE. LTD.

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

24/05/2017 (00:00:00)

4. Date of Explry of Insurance

23/05/2018

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 ditting is permitted in accordance with the Econological and as a complete for the Person ditting is permitted in accordance with the Econological and a complete for the Econological Action of the Major Vehicle is any construction and is not disqualified by order of a complete for the Econological Action of the Econological Action o

Limitations as to use

Use only for social demestic 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.

\* Limburgan rendered inoperative by Section & of the Metar Vanctes (Trind Party Resecting Compensation) Act (Chapter 189), and Section 55 of the Richal Transport Act, 1987 (Malaysia), are not to be included under the so headings.

We beinly certified the Policy to which this Confiltrate relates in Issued is accordance with the program of the Muter Vehicles (1864-Party Ross and Componential) Act (Chapter 180) and Part IV of the Road Transport Act, 1887 (Milaysia)

Plenny refor to the Policy Schedule for full data's, towns and conditions of the insurance

## IMPORTANT NOTICE

This Certificate is not bandomble. Burling by currency, if the insurance is cancelled for whatsoever reason, you construct the Certificate to Takin Manne Insurance Singapore Ltd. within 7 days from et. if the Certificate has been last destroyed, you must make a statutory destruction to that. effect Falling to comply with this duty is an office unider Mutar Vehicle (Bulld-Party files and Compensation) Act (Chapter 189).

100 A 100 E 10 T 10 T 10 T 10 T 10 T 10 T 10	t december
ADDITIONAL INFORMATION	Account No: 1686DDA
ADDITIONAL INFORMATION	

Insuranco Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevalling Market Value

Own Damage Claims Additional Excess for Unnamed

SGD 800.00

(Original Excess : SGD 800,00)

Policy Excess:

Driver(s)

SGD 500.00

SGD 3,500.00 Additional Excess for Young or Inexperience Oriver(s)

WindScreen Excess

SGD 100.00

Financial Interest:

HONG LEONG FINANCE LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature