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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 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.

aforesaid,	
"公司"的" "等。第二次,第二人的计	ACCIDENT STATEMENT
Date Of Report	07/02/2019 20:50
Date Of Accident	06/02/2019 14:10
Exact Location Of Accident	JUCNTION OF YISHUN AVENUE 1/SEMBAWANG ROAD
Country/State of Loss	SINGAPORE
THE STATE OF THE S	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH5987K
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBIL LEASING PTE LTD
Co Reg No	(3)
Email Address	IAKANDARSHAHBH@GMAIL.COM
Mobile Phone No	(FOREIGN) +673-8630328
Alternative Phone No	OFFICE-97716584
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	TIVOLI XLV-1.6 G 6AT 2WD ESP E4 (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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MV010564-R02
Cover Note Number	
Driver	
Name of Driver	ISKANDAR SHAH BIN HASBOLLAH
NRIC No	S9107013H

 NRIC No
 S9107013H

 Date Of Birth
 29/01/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 06/05/2013

Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (FOREIGN) +673-8630328

Fax Number

Contact Number OTHERS-97716584

EMail Address IAKANDARSHAHBH@GMAIL.COM

Address

BLK 5 JALAN MINYAK

#09-336

Postcode

161005

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: SON

GENDER:

MALE

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GY5679U

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LIM BING SUA

NRIC/Passport Number

S1157637J 81218363

Contact Number

Address Postcode

Page 2 of 25

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

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.
- 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.

Policyholder's Signature Date & Time: Driver's Signature

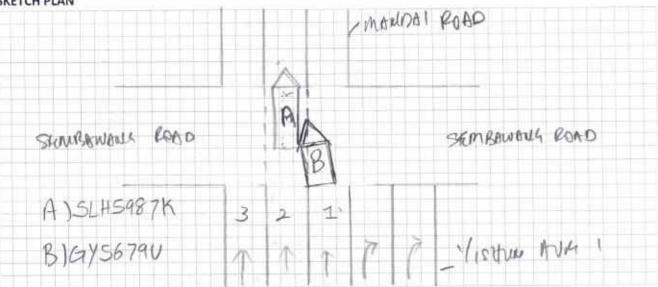
(If driver is not the policyholder)

Date & Time: 07/02/19

Reporting Centre Personnol's Signature

Name:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 6/02/19, was travelling along Yishun Ave I towards Mandai Ad when GYS679U collided into the rear driver side type area of my car. I stopped my car immediately and stepped out to find GYS679U was already behind me in my lane. We then strifted our vehicles to the side of the road to exchange particulars during which Mr Lim Bing Sua offered me \$50 as compensation for my damages which I declined As I do not seel that it would be sufficient to cover my repairs.
Please note that 2 police assistance. The asser as \$50 as compensation was recorded on their body cam.

DECLARATION

I/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: 07/02/19

Beporting Centre Personnel's Signature
Name:
NRIC/FIN No.: KoSu Wattab

ACCIDENT STATEMENT

8	ACCIDENT DATE (D6)02/2019 (DD	MAN THE 14 10 10
	LOCATION: Junction of Yishun)(HH:MM)
38	JUNE 100 OX /ISHUN	AVEL and Sembawang RI
	1. DETAILS OF VEHICLE	: 1 /)
	a) VEHICLE NUMBER: SLH 5987	V .
	DINSURANCE COMPANY: Tobio	Magas
	CIPOLICY NUMBER: 18-11/01056	16-800
	dIPOLICY TYPE: / COMPREHENSING	scr - RU /
	B)MAKE & MODEL: SSANG YONG	THIRD PARTY / THIRD PARTY FIRE &THEFT)
	TITYPE:/SALOON / COURT / VANG	LIVOLI XLV.
	BIVEHICLE CATEGORY (PDIVATE A	AN / LORRY / MOTORCYCLE / OTHERS)
5	.g) VEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCYCLE)
	IJ ARE YOU CLAIMING UNDER YOUR O	OWN INSURANCE (YES/NO)
	IF NO. PLEASE STATE (THIRD PARTY C	LAIM REPORTING ONLY
	, Jan Holper	The state of the s
E	b) NRIC/FIN/PASSPORT: 58210815	lohams & Sallich (MALE / FEMALE)
N		The state of the s
		#04-150 BIL 715 5(730715)
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<u>(3</u>) DINKIC/FIN/PASSPORT SOID TAIR IL	
	CIADDRESS: BIL 5 Jalan Minyal	CONTACT: 917/6584
		13110.003
	eloccupation: (199) 01) 199	1/00/4/4 00000
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	IF NO, RELATIONSHIP OF THE DRIV 5. a) WEATHER CONDITION: (CLEAR & RANGE)	ER WITH INSURED. FT.
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	TYPO ANTRODY IN HIPED IVER AND	
	7. a) REPORTED TO POLICE (YES / NO.)	39.0
	IF YES, PLEASE STATE WHICH POLICES	TATION:
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Cluding	Strager a) VEHICLE NUMBER: 4 56791	MODEL: NGGAN VAN .
()		
(2)	9. THIRD PARTY VEHICLE	375 CONTACT: 8018363
× 11. 1	THE PERIOD OF TH	The second secon
* No of pa	Ssenger d) VEHICLE NUMBER:	MODEL:
(Induding	deligation DRIVER'S NAME:	
(3	NRIC/FIN/PASSPORT:	CONTACT
()	g and a second	1

email = 6kandarshahbh@gmail.Com

wife









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

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.: 18-MV010564-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SLH5987K

Chassis No.: KPT36B1USGP077780

2. Name of Policyholder

AUTOMOBIL LEASING PTE LTD

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

11/11/2018

4. Date of Expiry of Insurance

10/11/2019

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*

Use only for social domestic 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.

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 (Malayxia).

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: 2348DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims Windscreen Excess

SGD 800

Financial Interest:

DBS BANK LTD

SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 23/10/2018