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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.
- 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.
- 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.

Date Of Accident 21/06/2019 09:50 Exact Location Of Accident BUKIT BATOK STREET 51 BLK 531 CARPARK SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJN5932K Universal Policyholder Name Of Registered Owner 5M CAR RENTAL PTE LTD Co Reg No 201722552G Email Address NOEMAIL (LOCAL) +65-94233228 OFFICE-94233228 Vehicle Particulars Manufacturer TOYOTA Model PREMIO-1.5 (A) Exact Purpose for which vehicle was being used at lime of accident accident with a face you claiming under your own insurance policy for repair to your vehicle? 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 THIRD PARTY FIRE AND/OR THEFT NO Policy Number 19-MK000181-R00 Cover Note Number Driver NRIC No S8333896B Date Of Birth 22/10/1983 Occupation OUTDOOR		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Email Address NOEMAIL Mobile Phone No (LOCAL) +65-94233228 Molile Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Fleet Policy Policy Number Cover Note Number Driver NRIC No Name of Driver NRIC No Name of Driver NRIC No Name of Diriver NRIC No Sa333896B Date Of Birth OCcupation DIVENTED DATA SUNTS SINGAPORE SUNTS SINGAPORE AND VEHICLE SUNTS SINGAPORE THE D PARTY FIRE AND/OR THEFT NO 19-MK000181-R00 CHUA SHI CHOON(CAI SHICHUN) NRIC No S8333896B Date Of Birth OCCUpation OUTDOOR	Date Of Report	27/06/2019 11:40
DETAILS OF OWN VEHICLE Vehicle Registration Number SJN5932K Insured/Policyholder Name of Registered Owner Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Name of Insurance Company Type Of Coverage ThiRD PARTY Policy No Policy Number Cover Note Number Driver Name of Driver NRIC No Sa333896B Date Of Birth OCCUPATION SMACAR RENTAL PTE LTD SUNSSYSSE SUNSSYSSE SINGAPORE SUNSSYSSE SINGAPORE SINGAPORE SINGAPORE SINGAPORE SUNSSYSSE SINGAPORE SINGAPORE SINGAPORE SINGAPORE SINGAPORE SUNSSYSSE SINGAPORE SINGAPORE SUNSSYSSE SINGAPORE SINGAPORE SUNSSYSSE SUNSSYS	Date Of Accident	21/06/2019 09:50
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Insurance Company	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT NO Policy Number 19-MK000181-R00 Cover Note Number Driver Name of Driver CHUA SHI CHOON(CAI SHICHUN) NRIC No S8333896B Date Of Birth Occupation OUTDOOR	Vehicle Category	PRIVATE CAR
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NO	Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Policy Number	Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Cover Note Number Driver CHUA SHI CHOON(CAI SHICHUN) NRIC No \$8333896B Date Of Birth 22/10/1983 Occupation OUTDOOR	Fleet Policy	NO
Driver CHUA SHI CHOON(CAI SHICHUN) NRIC No \$8333896B Date Of Birth 22/10/1983 Occupation OUTDOOR	Policy Number	19-MK000181-R00
Name of Driver CHUA SHI CHOON(CAI SHICHUN) NRIC No \$8333896B Date Of Birth 22/10/1983 Occupation OUTDOOR	Cover Note Number	
NRIC No \$8333896B Date Of Birth 22/10/1983 Occupation OUTDOOR	Driver	
Date Of Birth 22/10/1983 Occupation OUTDOOR	Name of Driver	CHUA SHI CHOON(CAI SHICHUN)
Occupation OUTDOOR	NRIC No	S8333896B
SOMEON CONTRACTOR	Date Of Birth	22/10/1983
Date Of Driving Pass 28/11/2008	Occupation	OUTDOOR
	Date Of Driving Pass	28/11/2008
Driving Experience 10 YEARS AND 6 MONTHS	Driving Experience	10 YEARS AND 6 MONTHS
Gender MALE	Gender	MALE
Mobile Number (LOCAL) +65-94233228	Mobile Number	(LOCAL) +65-94233228
Fax Number	Fax Number	
Contact Number OTHERS-94233228	Contact Number	OTHERS-94233228
EMail Address NOEMAIL	EMail Address	NOEMAIL

Address

BLK 808A CHOA CHU KANG AVENUE 1

#08-564

Postcode

681808

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

COLLISION - HEAD TO REAR

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 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

SHC5257H

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category 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.
- 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
- 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.
- 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 "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.
- 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.

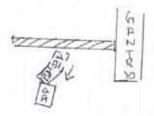
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Policyholder's Signature Date & Time:

Coupark @ 531 Bukit Butek



V-A) SINSABZE

VB) SHC5257H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the states	dute and t	ime, I w	ehicle it	was trave	llng on	the D	tated
venue my car	Was State	enary be	hind vehi	6 '5'	es as	were	both
waiting to exit	the gant	ry Vehicle	β' 3	tarted 1	o reve	rse , 2	
mmediately horn	him 4s	I need	ample-	the to	check	ny	
surrounding bef	ore I vev	ersë. No w	ever vel	nek B'	dr4	not u	iout,
instead he	out outo c	everse ge	ar, he	n medicate	ly m	aved b	netro
s Such I horn	red him	several 4	in-es, how	verer he	did	not st	PP,
esolted it's ve	hide rear	(allided	ayornsd	my	e hicle	front	
left portion.	Which a	ause My	bonnet	, head h	amp, b	umper	
lamayed.							
CLARATION							

DECLARATION TE (

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

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.: Ros Li W

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 21/06	/2014 (dd/mm/yy)	Time of Accident: 04	50 (24-HR-FORMAT)
Vehicle No.: SIN SO	32K Vehicle Mr	ike & Model: Toyota	Premio 1.5
Exact location of Accident: _	Bukit Boto	k BIK 531 St	
		ntal Pte Ltd	
Driver's Name / IC No. :	chua shi	choon 15833384	68 (As Above)
Driver's Contact No : 94	23 3228	Company Contact No:	5
Driver's Address: 80%	A chou chu	Kany Ave 1 #08	-561 5681808
Insurance Company: Tokio	Marine	Email address (if any):	
Relationship between Owne			or Others specify: Harev
What do you wish to claim? Own Insurance / Oth			Reporting (For Record Purpose)
Exact purpose for which the Was being used at time of ac	cident?	Occupation (nature of j	ob) Indoor/ Outdoor
Passenger Name : Passenger Name :	P112.1140-127-1-27		Gender:
	ing & Wet / Af	ter-Rain & Wet / Drizzlii	ng & Wet / Others:
Was there any video capture			
		red Person' Name:	
		Injured Person	in Which Vehicle:
Police Report filed: Y	ss/ No (If YI	ES) Which Police Station:	
		Other Party(s) Detail	
1. Driver's Name / IC No:			Vehicle No: 9H (5257H
Driver's Contact No:		Insurance Company (If	iny):
2. Driver's Name / IC No:			Vehicle No:
Driver's Contact No:		Insurance Company (If a	ny):
*Independent Witness (If Any):		Contact No:
Preferred Workshop Name:	8		Contact No:

^{*}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. 19230001455) (U.S.) Reg No. M2-9000023-41 20 McCallum Street #09 01 Tokio Marine Centre Singapore 064046

T (65) 6221 6111 F (65) 6221 4355 / (55) 6234 0895 C timisdical conversions on 5g W MANN Tokiomaline Con-

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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.: 19-MK000181-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SJN5932K

Chassis No.: NZT2603039431

2. Name of Policyholder

5M CAR RENTAL PTE. LTD.

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

03/02/2019

4. Date of Expiry of Insurance

02/02/2020

5. Persons or Cluss 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 hirer's order or with his/ 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 resson of any ensetment or regulation in that behalf from draving the Motor Vehicle, And provided further that the Mutor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has
- 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 domestic and pleasure purpose and business purposes of the Pelicyholder or of any person to whom the

The Policy does not cover-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 7) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled
- . Limitations rendered inoparative by Section 5 of the Moser Febicles (Third-Purty Ricks and Compensation) Act (Chapter 125) and Sevium 93 of the Road Transport Act, 1987 (Maleysia), are not to be included under these headings.

We havely certify that the Pelicy to which this Cestificate relates is sessed in occurdance with the provision of the Masor Vehicles (Third-Party Ripks and Compensation) Act (Chapter 189) and Part IV of the Read Transport Act, 1987 (Malaysia).

Please refer to the Pulley Schedule for full details, string and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is careelled for whatscover recess, you must return the Certificate to Takin. Marine Inscrume Sugarure Ltd. within 7 days thereof ur, if the Certificate has been lost deaveyed, you must make a statutory decireation to that effect. Failure to comply with this duty is an offerest under Missar Vehicle (Third-Party Risks and Compensation) Act (Chapter 185)

ADDITIONAL INFORMATION

Account: 2685DDA

Insurance Plan: Limit fur total loss or theft;

Third Party, Fire & Theft

Policy Excess:

Prevailing Market Value Excess-Third Party (Sect II) Excess - Fire & Theft

SGD 1,500 SGD 2,000

Tekin Marine Insurance Singapore Lid.

Authorised Signature

User Name Chong Ve Shan Medaling -

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