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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. 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 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.
- 7. By the ladgement 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

	ACCIDENT STATEMENT
Date Of Report	22/07/2019 14:24
Date Of Accident	15/07/2019 23:50
Exact Location Of Accident	BKE JUST BESIDE DAIRY FARM EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX2276M
Insured/Policyholder	
Name Of Registered Owner	ASCOTT CAR RENTAL PTE LTD
Co Reg No	Committee Commit
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81450033
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MI001390-R01
Cover Note Number	•
Driver	
Name of Driver	MENDEL NG
NRIC No	T0018114A
Date Of Birth	29/05/2000
Occupation	INDOOR
Date Of Driving Pass	24/08/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81580726
Fax Number	
Contact Number	
- A COLUMN AND A C	

NOEMAIL

Address 3 RIVERVALE LINK #15-27

Postcode 545119

Was driver an employee of the Insured's Company NO

KN 512 - - -

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

surance Company of Privar's Own Vahiolo

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? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1 NAME: : GERRY LEE

GENDER: : MALE

NO

Passenger 2

NAME: : CAVAN GENDER: : MALE

Passenger 3 NAME: : JIN QUAN

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 ATTACHED STATEMENT.

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 SKH94G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MENDEL NG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJX2276M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

orance r

DETAILS OF INJURED PERSON 2

NO

NO

NO

Name GERRY LEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJX2276M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 3

Name CAVAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJX2276M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 4

Name JIN QUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJX2276M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 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:
 - (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

(iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

R.O.C. No.

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

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While	travelling along BKE near Dairy form Re
Exit.	veh B which was Infront of me suddenly
Stop ,	I manage to stop but cannot stop In
time.	As the result, my veh hit onto veh B
rear	portion.

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

	ACCIDENT STATEMENT					
	ACCIDENT DATE:)(DD/MM/YY)	(Y), TIME:(13	5°)(HH:MM)	
			Just bes		form Exit.	
	1. DETAILS OF	VEHICLE				
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		E COMPANY:			*	
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			rental Pte			
				CONTACT:_	81450033	
	c)ADDRESS:_					
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2 20	3. DRIVER	7)				
no of passens	e > a)NAME:	Mendel M	7	(MAL		
notude driver	b)NRIC/FIN/P.	ASSPORT:		CONTACT:_	81580726	
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	4. WAS DRIVER			ED'S COMPANY	? (YES / NO)	
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	5. a) WEATHER CO					
10		ACE: (DRY / WE				
*	6. WAS ANYBODY	Y INJURED (YES	/NO)	In About	72 On	
	7. a)REPORTED TO	POLICE (YES	NOI	see british .	112	
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			KH 94 G.	MODEL		
		NAME:		MODEL:	-	
				CONTACT		
	9. THIRD PARTY VE	HICLE		CONTACT:_		
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For LKK/NAC Use Only











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@toklomarine.com.sg W. www.toklomarine.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-MI001390-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SJX2276M

Chassis No.: WVWZZZ6RZAU041931

2. Name of Policyholder

ASCOTT CAR RENTAL PTE LTD

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

07/09/2018

4. Date of Expiry of Insurance

06/09/2019

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 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 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 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 Policyholder or of any person to whom the

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 propelled
- 3) 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 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: 2397DDA

Insurance Plan: Limit for total loss or theft:

Third Party, Fire & Theft Prevailing Market Value

Policy Excess:

Financial Interest:

Excess-Third Party (Sect II) SGD 2,500 HERITAGE AUTO ENTERPRISE PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 07/09/2018