

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 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.
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.

ACCIDENT STATEMENT

Date Of Report	29/07/2019 16:32
Date Of Accident	27/07/2019 09:30
Exact Location Of Accident	AT BLK 33 UBI AVE 3 CAR PARK AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9209L
Insured/Policyholder	
Name Of Registered Owner	UNIQUE GAS SOLUTION PTE LTD
Co Reg No	200203549R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63826663

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70ABOSRDEB
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MC006937-R09
Cover Note Number	

Driver

Name of Driver	MOO BOON KEAT
Passport No/FIN	G8531956L
Date Of Birth	09/07/1998
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86205301
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	16 DEFU LANE 9 SINGAPORE 539257
Postcode	
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	-
	-
	-

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?	
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)	2
Passenger 1	NAME: : JIA ZHEN HVA 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

REFER 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	SHD3655A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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) of:
 - (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.
- (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.



 Policyholder Signature _____


 Date & Time 29/7/19



 Driver's Signature

 (If driver is not the policyholder)

 Date & Time



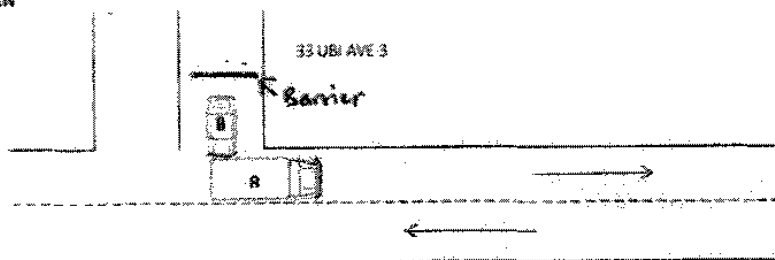
 Reporting Centre Personnel's Signature

 Name: Sally Ang

 NRIC/FIN No: S1268164H

Sketch Plan #2 Pg. 1

SKETCH PLAN



VEHICLE A: GZ9209L

VEHICLE B: SHD3655A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/07/2019, AT AROUND 9:30AM, I WAS AT BLK 33 UBI AVE 3 LOOKING FOR PARKING LOT.

WHEN I JUST PASS BY ANOTHER ENTRANCE, THE VEHICLE "B" SHD3655A WAS DRIVING THROUGHT THE BARRIER AND DID NOT SEE MY VEHICLE.

SUDDENLY HIT ONTO MY VEHICLE LEFT REAR PORTION CAUSED DAMAGE.

REMARKS

REPORTING ONLY

OWN DAMAGED CLAIM

THIRD PARTY CLAIM



X

REMARKS



You had been advised by the workshop that in the event that you wish to claim against your own policy (OD Claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

DECLARATION

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

  29/7/19
Policyholder's Signature
Date & Time


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

 
Reporting Centre Person's Signature
Name: Sally Ang
NRIC/FIN No: S17681644

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: T102000140) (GST Reg No.: M2-0000021-4)

20 Market Street #09-01 Tokio Marine Centre Singapore 045044

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0893 E: ins@tokiomarine.com.sg or www.tokiomarine.comA member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP

FORM MZ300

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-MC006937-R09 (Carry Vehicle Carry Own Goods)

- | | | |
|--|---|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | GZ9209L | Chassis No.: FB70ABA00797 |
| 2. Name of Policyholder | UNIQUE GAS SOLUTION PRIVATE LIMITED | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 12/04/2019 | |
| 4. Date of Expiry of Insurance | 11/04/2020 | |
| 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*

- 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 91 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 transferrable. During its currency, if the insurance is cancelled for whatever 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: 1601DDA

Insurance Plan: Third Party, Fire & Theft
 Limit for total loss or theft: Prevailing Market Value
 Financial Interest: ARWIN PRIVATE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

The image displays four Singapore government identification cards arranged in a 2x2 grid. The top-left card is a **REPUBLIC OF SINGAPORE DRIVING LICENSE** for **WOO BOON KEAT**, issued on 09 Jul 1998 and valid until 30 May 2018. The top-right card is a **WORK PERMIT** for **WOO BOON KEAT**, issued by the Ministry of Manpower for **UNION HAO HOLDINGS PRIVATE LIMITED**. The bottom-left card is a **VEHICLE CLASSIFICATION** card for **WOO BOON KEAT**, showing a list of vehicle classes and a barcode. The bottom-right card is a **VISIT PASS** for **WOO BOON KEAT**, issued by the Immigration Department for **UNION HAO HOLDINGS PRIVATE LIMITED**. Each card features a portrait photo, a barcode, and a unique identification number.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

