| Date In: 18/11/2018 12:29   | Jeb description    |   | Dute & Time Complete   | ed . De  | me py     |
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| Ref No: 104 / 1111909 0429/1/   | SAS c-filling      |   | Date to time company   | -  |           |
| Veh No: PRE 10117   | _                  |   | <del> </del>   | <del></del>  | -         |
| DON 18/11/0019 12/00  | E-mail (Motor Clai |   | <del> </del>   | -  |           |
| D(4) 12/00  |                    |   | <u>k</u>   |  |           |
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| TP Insurer:   | Assessment/St      |   | <u> </u>   |  |           |
| has a company or the second se  | Ass't Report b     | by Fax/Handto   | Owner/Wksp   |  |           |
| Proforred Wksp / INC Assign Wksp / QW: (  | 11 0000 1          |   | Tolt   | Fax:   |           |
| Owner / Driver: (   | N 9022             | . INC(  | . )/Non-INC( )   |  |           |
|   |                    |   | Tel:   |  |           |
| Confirmed by ; (  | iod: (             | )   | Cover Type: (  |  |           |
|   | Inte Das Clates A  | Dater,  |  | 70-1005  |           |
|   | Varranty: YES (    | )/NO(   | %; P: 21-79%. P: 8   | 0-10076  |           |
| Excess: (\$ ) Londing: \$1,00   |                    |   |  |  |           |
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| ( ) Total Loss Case : to e-mail Insure  |                    | , and the same of |  | <del></del>  |           |
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| Drive-In ( )/ Towed-In ( ); Invoice:  | YES( )/I           | VO( ) TO  | wing Co: ( · , '   | No Marin   |           |
| Drive-In ( )/ Towed-In ( ); Invoice:  | YES ( ) / I        | NO(); To  | wing Co: ( · , '   |  | - A Labor |
|   |                    | NO( ); To   | wing Co: (   |  | nb,by     |
| 1) Apply for Transport Allowance ( )/C  | vrtesy Car (       | NO( );To  | wing Co: (   |  | ns by     |
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| 1) Apply for Transport Allowance ( )/Co<br>2) QC Check/Post Repair Inspection<br>3) Upload Resurvey Photo [Repair Cost>\$30<br>Injury:  | ourtesy Car (      | NO( ); To   |  |  | nb,by     |
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# SINGAPORE ACCIDENT STATEMENT

### 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 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:

| aloresalo:                  | 46                       |         |
|-----------------------------|--------------------------|---------|
|                             | ACCIDENT STATEMENT       | . Elmas |
| Date Of Report              | 18/11/2019 18:29         | Sillo   |
| Date Of Accident            | 15/11/2019 12:00         |         |
| Exact Location Of Accident  | DUXTON ROAD CARPARK      |         |
| Country/State of Loss       | SINGAPORE                |         |
|                             | DETAILS OF OWN VEHICLE   | SIN     |
| Vehicle Registration Number | GBF6011Z                 |         |
| Insured/Policyholder        |                          |         |
| Name Of Registered Owner    | BERJAYA BUILDCON PTE LTD |         |
| Co Reg No                   | 200923497E               |         |
| Email Address               | SALES@MIA.COM.SG         |         |
| Mobile Phone No             | (LOCAL) +65-98439449     |         |

(LOCAL) +65-98439449

OFFICE-98439449

### Alternative Phone No. Vehicle Particulars

| Manufacturer   | MITSUBISHI       |
|--|------------------|
| Model  | FUSO             |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

## Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD Type Of Coverage

NO

COMPREHENSIVE Fleet Policy NO Policy Number MT111383

Cover Note Number

# Driver

Name of Driver LOF CHANG HWA NRIC No S6982714D Date Of Birth 30/10/1969 Occupation

OUTDOOR Date Of Driving Pass 21/02/1997

Driving Experience 22 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98439449

Fax Number

Contact Number OTHERS-98439449 EMail Address SALES@MIA.COM.SG

74A LORONG 25A GEYLANG Address

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

COLLIDED INTO PARKED VEHICLE Type Of Accident

2

NO

NO

YES

NO

NO

1

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLN9022L Vehicle Registration Number

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)

### 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.
- 3. 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)

Lunderstand, 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

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

Date & Time:

Reporting Centre Pep

Name:

NRIC/FIN No.:

| A   |                                |                             |  |             |
|---|--------------------------------|-----------------------------|--|-------------|
| A SLN 90221   | L                              |                             |  | 1           |
| A SLN 90221<br>B GBF 60112                                    |                                |                             |  |             |
| j   | Liton Rd                       |                             |  |             |
| DESCRIBE CIRCUMSTANCES O                                      | OF THE ACCIDENT                |                             | S A  |             |
| I was driving was reversing in Sunddenly I here my lovery and | my lorny slow                  | tom behin                   | e parking but<br>al &c Estoppe<br>of I have co | 1<br>Ulided |
| Remark:   | I want say big and the n       | that the ext party from his | cur! I have tale                               |             |
|   | ne vainage, pro                | TO ON SCE                   |  |             |
|   |                                |                             |  |             |
|   |                                |                             |  |             |
|   |                                |                             |  |             |
| ECLARATION We declare the foregoing particula                 | ars are true in every respect. |                             | m/ 12/1/20                                     | 2 13        |
|   |                                |                             | 1/11/10/11/10                                  | - 1         |

| Date of Accident  | 15 NW 2019 Accident Time: 1200 (24-HR-Format)                    |
|---|--|
| Accident Place  | : Dutomped car Park  |
| Vehicle, No. (Car Plate No.)  | GSF 6011 Z Make Model: Fuso                                      |
| Insurace Company  | Tokio Marine Policy No: MT1111383                                |
| Owner or Company Name /IC No.   | BERJAYA BUILD CON PTELTO 200923497                               |
| Owner or Company Contact No.  | Owner's Hp 98439449 Company Tel                                  |
| DRIVER'S Name / IC No.  | : LOE CHANG HWA (569827140)                                      |
| DRIVER'S Date Of Birth  | :30-10-1969 DRIVER'S License Pass Date 21 Feb 1997               |
| Relationship of Owner & Driver  | : Spouse \ Parents \ Children \ Sibling (Employee) Others:       |
| DRIVER'S Address  | 74A LORONG 25A GEYLANG 388257                                    |
| DRIVER'S Contact No./ Alt No.   | 2) 9859 7 868  |
| DRIVER'S Occupation   | : INDOOR OUTDOOR e.g. working inside or outside office)          |
| Email Address   | sales@mia.com.sg   |
| Weather & Road Surface  | (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET                   |
| Reporting Type  | Reporting Only Claim Other Party \ Claim Own Insurance           |
| Number of Passengers (Including D   | giver): On   |
| Was there any video Captured by ea<br>Exact purpose for which vehicle wa<br>Any Injury (If YES, PIs state): | s being used at the time of accident: Private use \ Work purpose |
|   | Party Driver's Particular (if any)                               |
| Other I   | arty briver's Farticular (II any)                                |
| Vehicle, No: SLN 9022   |  |
|   | Vehicle. No:   |
| Vehicle, No: SLN 9022   | Vehicle Make Model:  |

Keep In Car

TOKIOMARINE INSURANCE GROUP

o services Services to from the Register 19230 control 6551 Register MZ control of

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

(65) 6221 6111 (65) 6221 4355 / (65) 6224 0895 \* tmis@tokiomarine.com.sg . www.tokiomarine.com

### Certificate of Insurance

FORM MZ300

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.: MT111383 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle

GBF6011Z

Chassis No.: FEA01BA20474

2. Name of Policyholder

BERJAYA BUILDCON PTE LTD

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

28/12/2018 (00:00:00)

4. Date of Expiry of Insurance

27/12/2019

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.

Limitations as to use\*
 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 Policyholders' 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

We hereby centry that the Policy to which this Certificate rotates 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, 1967 (Melaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance

#### IMPORTANT NOTICE

Insurance Plan:

Policy Excess:

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, Fedure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation). Act (Chapter 189).

ADDITIONAL INFORMATION

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Own Damage Claims

SGD 750.00

(Original Excess : SGD 750.00)

Account No: 2693DDA

Additional Excess for Young, Elderly or Inexperience Driver(s) WindScreen Excess

SGD 3,000.00

(All Claims)

Financial Interest:

MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: 2693DDA

Page 1

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