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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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. 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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. 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.

foresaid.	ACCIDENT STATEMENT	
Date Of Report	20/11/2019 13:45	
	19/11/2019 13:45	
Exact Location Of Accident	TOA PAYOH LOR 7 INFRONT TOA PAYOH POLYCLINIC	
Country/State of Loss	SINGAPORE	
DE	ETAILS OF OWN VEHICLE	46
Vehicle Registration Number	GBC2715T	
Insured/Policyholder		
Name Of Registered Owner	U-GRADE PAPER PRODUCTS PTE LTD	
	199504803A	
Co Reg No Email Address	NOEMAIL	
Mobile Phone No		
	OFFICE-65600900	
Alternative Phone No		
Vehicle Particulars	TOYOTA	
Manufacturer	HIACE	
Model 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	
	COMPREHENSIVE	
Type Of Coverage Fleet Policy	NO	
Policy Number	19-MT000692-R01	
Cover Note Number		
Driver		
Name of Driver	CHEN GUODONG	
NRIC No	G2745521U	
Date Of Birth	06/03/1990	
Occupation	OUTDOOR	
Date Of Driving Pass	20/05/2016	
Driving Experience	3 YEARS AND 5 MONTHS	
	MALE	
Gender Mobile Number	(LOCAL) +65-91175465	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	Description 1
Elvian Address		Page 1 of

Address

BLK 2020 BUKIT BATOK IND PARK A ST 23 #03-246

Postcode

659525

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 - MAJOR/MINOR RD

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)

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

REFER TO 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

SJQ8981H

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

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 ivionetary 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.

PAPER PRODUCTS PTE LTD

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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NRIC/FIN No.:

SHARMC Sense Planform VS

Date & Time:

Date & Time:

	10111119
Date of Accident	Accident Time: 1 45 Pm (24-HR-Format)
Accident Place	: Tou Payor for 7 in front as To a Payor. Poly Chres
Vehicle, No. (Car Plate No.)	: GBC 2715 T Make/Model: Toyota Higge.
Insurace Company	: TM . Policy No: 19 - MT000692 - ROI
Owner or Company Name /IC No.	: 199504803A U-Grade Paper Products Pte Ltd.
Owner or Company Contact No.	: 6 5 600 900 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: G2745521U Chen GuoDony.
DRIVER'S Date Of Birth	: 06/03/1990. DRIVER'S License Pass Date 20/05 2016.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK2020 #03-246 BIKT BEHCK IND PRINCE A A ST 23
DRIVER'S Contact No./ Alt No.	:I) 91175465 · 2) SESUS 25 ·
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): Diveron My
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES \ NO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle, No: SIQ 348	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact: A N
* NEW - Passenger's name &	gender:

ine Insurance Singapore Ltd.

og No. 192300014M (657 sleg No. MO-000023-0 an Street #09-01 Tokio Marine Centre Sergapore 069046

S221 6111 F (55) 6221 4355 / (65) 6224 0895 E Insultitokomarine com sg // www.fck.icmarios.com



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-MT000692-R01 (Comm Vehicle Carry Own Goods)

I. Index Mark and Registration Number of Vehicle

GBC2715T

Chassis No.: JTFHT02P300082690

2. Name of Policyholder

U-GRADE PAPER PRODUCTS PTE LTD

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

20/02/2019

4. Date of Expiry of Insurance

19/02/2020

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 of 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 ins 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 Policyholders' business.

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 certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Mosor 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. Fashare to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 1000DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

SGD 1,500 SGD 100

Limit for total loss or theft: Prevailing Market Value Excess - Ali Claims Windscreen Excess

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 23/01/2019