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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 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.

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.

作为是"AST AST AST AST AST AST AST AST AST AST	ACCIDENT STATEMENT
Date Of Report	02/12/2019 14:22
Date Of Accident	29/11/2019 16:00
Exact Location Of Accident	WOODLANDS IND PARK E3
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
/ehicle Registration Number	XD5921D
Insured/Policyholder	
Name Of Registered Owner	ANG TONG SENG CONSTRUCTION PTE LTD
Co Reg No	¥
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91052022
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MJ000900-R01
Cover Note Number	
Driver	
Name of Driver	LIM CHEE TONG
NRIC No	S1426895B
Date Of Birth	10/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1982
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97292107

NOEMAIL

Address BLK 411 SEMBAWANG DR #04-758

Postcode 750411

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 COLLIDED INTO PARKED VEHICLE

2

1

NO

NO

Weather Conditions RAINING
Road Surface WET

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? 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.

Number of Passengers (Including Driver)

**Details of Police Action** 

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1
PA8758A

YES

NO NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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 <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;
  - 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.

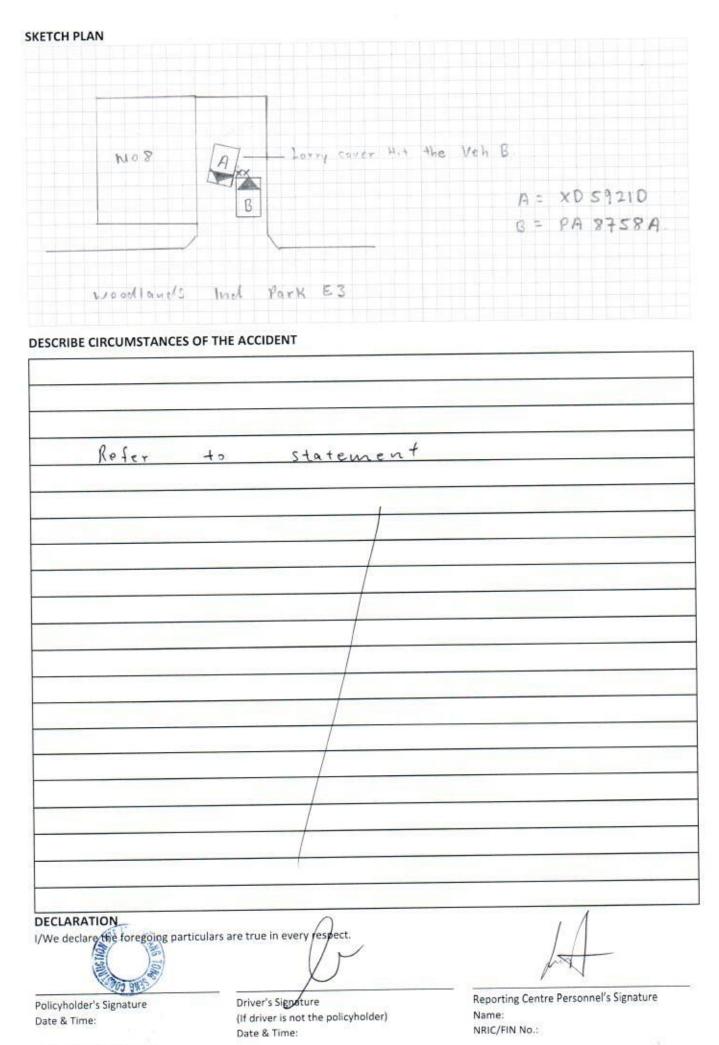
STEET SEED

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:



GIARMC SketchPlanForm, V3

AFTER I TOPUP FUEL AT THE NO 8 WOODLANDS IND PARK E3, WHILE MOVING OUT TO THE MAIN ROAD, MY LORRY LEFT SIDE COVER METAL ACCIDENTALLY HIT ONTO A PARKED BUS (BEARING NO PA8758A), FRONT LEFT PORTION.

# **ACCIDENT STATEMENT**

ACCII	DENT DATE: 29/11/		(), TIME:( <u>16:00</u> )(HH:	(MM:
LOCA	TION: Woodland	I Ind Park	€ 3	_
1.	DETAILS OF VEHICLE			
	a) VEHICLE NUMBER:	XD 59210		
	b)INSURANCE COMPAN			
	CJPOLICY NUMBER:		Add a transport of the	
	d)POLICY TYPE: (COMPR	EHENSIVE / THIRD PAR	RTY / THIRD PARTY FIRE &TH	(EFT)
	e)MAKE & MODEL:	1.	XVI	
	f)TYPE:(SALOON / COUP	E / MPV /V AN / LORR	Y / MOTORCYCLE / OTHER	(25)
	g) VEHICLE CATEGORY: (I	PRIVATE / COMMERC	IAL / MOTORCYCLE)	
	h)PURPOSE OF USING AT	ACCIDENT TIME:	working	
	I) ARE YOU CLAIMING UN		2010 C.	
	IF NO, PLEASE STATE (TH		EPORTING ONLY)	
2.	INSURED / POLICY HOLD	ER		27)
	A)NAME: Ang To	ng seng	(MALE / FEMALE	
	DJINKIC/FIN/FASSPORT:_		CONTACT: 910520	122
	c) ADDRESS:			
A A A	* CONTINUE TO 3.d IF DR	IVED ALSO BOLICY HO	NOED	
\$ 40 0 P 2000 - 3	DRIVER	IVER ALSO POLICE HO	JLDEK	
A best bessender	a)NAME:	87	(MALE / FEMALE	=)
(Including driver)	b) NRIC/FIN/PASSPORT:		CONTACT: 972921	107.
(1)	c)ADDRESS:			
	*d)DATE OF BIRTH: (	/ / )(DD/	MM/YYYYI	_
	e)OCCUPATION: (INDOC			-
	f) YEARS OF DRIVING EXP	The state of the s	<u></u>	
4.	WAS DRIVER AN EMPLO	YEE OF THE INSUR	ED'S COMPANY? (YES / N	(O)
	IF NO, RELATIONSHIP	OF THE DRIVER WIT	H INSURED:	
	a) WEATHER CONDITION:		OTHERS	)
	b)ROAD SURFACE: (DRY	23-4-36-4-100 (ACC)		
	WAS ANYBODY INJURED	Visit Control		
7.	a)REPORTED TO POLICE (	A 1.00 Telephone - 1000 Aug.		
0	IF YES, PLEASE STATE WH	IICH POLICE STATION:	·	
Market Market and the second	THIRD PARTY VEHICLE  a) VEHICLE NUMBER:	PA 8758A	MODEL:	
	b) DRIVER'S NAME:	***************************************	MODEL	
	c) NRIC/FIN/PASSPORT:		CONTACT:	
() 9. 1	THIRD PARTY VEHICLE	100 to		
	d) VEHICLE NUMBER:		MODEL:	
A MO of harrander	e) DRIVER'S NAME:		69	-
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20 l-k5Calkim Street #09-01 Tokio Marine Centre Singapore 069646 (65) 6721 6111 (65) 6221 4355 7 (65) 6224 0895 — Indisk tokionianisk cocksg 199992 Editionaring 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.: 19-MJ000900-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle

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XD5921D

Chassis No.: FV51JJA00889

2. Name of Policyholder

ANG TONG SENG CONSTRUCTION PTE LTD.

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

08/08/2019

4. Date of Expiry of Insurance

07/08/2020

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 su 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 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:-

- I) 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.
- s Emiliations resulered 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 (Malaysta).

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: 0465DDB

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value Excess - All Claims

8045 3 000

Financial Interest:

Windscrein Excess SGD 200 TOKYO CENTURY LEANING (SINGAPORE) PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediances from (M-t)

Printed 01 98 2019