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Insured/Driver Liability: (%)	[Note-Est Status (WO): N		20-100/4]	
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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 wilholding 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.
- 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

aforesaid.	UN - 11
	ACCIDENT STATEMENT
Date Of Report	13/12/2019 11:54
Date Of Accident	05/12/2019 18:15
Exact Location Of Accident	ALONG OUTRAM ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GU18G
Insured/Policyholder	
Name Of Registered Owner	SAM YAT EATING HOUSE PTE LTD
Co Reg No	186
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97980804
Alternative Phone No	OFFICE-97980804
Vehicle Particulare	

Vehicle	Parti	cui	ars	
---------	-------	-----	-----	--

Manufacturer	NISSAN
Model	NV350

Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
--	------------------

Are you claiming under your or for repair to your vehicle?	vn insurance policy NC

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	

NO Policy Number MS004978

Cover Note Number

Driver

Name of Driver	LEE HENG LAI
NRIC No	S0131326F
Date Of Birth	03/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1977

Driving Experience 42 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97980804

Fax Number

Contact Number OTHERS-97980804

EMail Address NOEMAIL Address

BLK 105 HENDERSON CRESCENT

#4-09

Postcode

150105

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

SIDE SWIPE

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

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 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

5334

Vehicle Make/Model/Colour

NOT ACCURATE

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 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. 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.
- 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.

SAM YAT EATING HOUSE PTF LTD

Policyholder's Signature Date & Time:

Driver's Signature

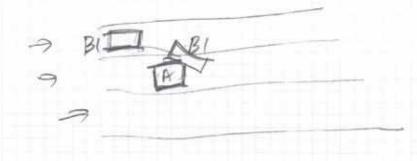
(If driver is not the policyholder)

Date & Time:

ting Centre Personnel's Signature

NRIC/FIN No.

SKETCH PLAN ALONG OUTROW ROAD



A) GU 189

16) 5334 MOT ACTIVATE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DROWN FURTHER IN FRONT BUT HE OID TOOKPICTURE OF
MY VAN 9 DROVE OFF

DECLARATION

SAM YAT EATING HOUSE PTE LTD

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

NRIC/FIN No.:

g Centre Personnel's Signatur

AGCIDENT'STATEMENT

A¢CI	DENT DATE (05) 12, 19 100/M	18 18
16CA	TION: AUTRAIN DD	mritti ime;(12:13)(HFRMM)
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	a) VEHICLE NUMBER: CT 9 180	Ī.,,,,
	CIPOLICY NUMBER: MS0049	MARINE
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	DIMAKE & MODEL: NISSAN	IRD PARTY / THIRD PARTY FIRE LIHEF!
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¥	c)ADDRESS:	
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51	Service Burney	T FIGURES OF SERVI
	·d) DATE OF BIRTH: (3) 9) 195	CHOD/MM/YYYY) .
	e)OCCUPATION: INDOOR / OUTDOOR	
4.	MAS DRIVER AN EMPLOYEE OF THE	3 19 19
	IF NO, RELATIONSHIP OF THE DRIVE	R WITH INGLIDED
37.4	DIWITATHER CONDITION! NOLEAR / RAIN	ING / OTHERS
	DIROAD SURFACE VORY / WET LOTHER!	
7.	WAS ANYBODY INJURED (YES (NO)	N 18
	IF YES, PLEASE STATE WHICH POLICE ST	'ATIONL'
d he of hoseenous	THIRD PARTY VEHICLE	
(lucturating delvar)	D) VEHICLE NUMBER: 5334	MODELL
()	C) NRIC/FIN/PASSPORT:	CONTACT:
F2.	HIRD PARTY VEHICLE	
to No of passonger	d) VEHICLE NUMBER:	MODEL:
(Including debrer)	e) DRIVER'S NAME:	COVITION
()	A STANCE OF THE	CONTACT:
	10 (2)	

email =

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (651 Reg No.: M2-0030021-4)

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

T. (65) 6221 6111 F. (65) 6221 4355 / (65) 6224 0895 F. tmis@tokiomarine.com.sg. W. www.tokiomarine.com

A resemble of the Tokio Mierro Group



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.: MS004978 (Commercial Vehicle)

Index Mark and Registration Number of Vehicle

GU18G

Chassis No.: JN1MC2E26Z0001910

Name of Policyholder

SAM YAT EATING HOUSE PTE LTD.

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

28/04/2019 (00:00:00)

Date of Expiry of Insurance

27/04/2020

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 have or regulations to drive the Motor Vehicle or has been, so permitted in accordance with the licensing or other have or regulations to drive the Motor Vehicle or has been, so permitted and is not disqualified by order of a Court of 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.

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 randered inoperative by Section 8 of the Motor Vehicles (Third-Party Rosks and Compensation) Act (Chapter 189), and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be

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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please rafer 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 Tokic. Manne Insurance Singapore Ltd. within 7 days Exercity 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).

ADDITIONAL INFORMATION

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

SGD 1,000.00

Additional Excess for Young, Elderly

or Inexperience Driver(s) WindScreen Excess

SGD 3,000.00

(Original Excess : SGD 1,000.00)

Account No: 2324DDA

SGD 100.00

(All Claims)

Financial Interest:

NII

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature