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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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

His way have the same of the same of the same	ACCIDENT STATEMENT
Date Of Report	06/01/2020 17:55
Date Of Accident	03/01/2020 22:00
Exact Location Of Accident	WOODLANDS AVE 5 TWDS WOODLANDS AVE 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ6918L
Insured/Policyholder	
Name Of Registered Owner	MODERN HAUS RENAISSANCE PTE LTD
Co Reg No	2XXXXX522K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92238080
Vehicle Particulars	
Manufacturer	FIAT
Model	DABLO
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS008947
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAFIZH BIN ABU BAKAR
NRIC No	SXXXX227I
Date Of Birth	08/09/1983
Occupation	INDOOR
Date Of Driving Pass	18/11/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82984604
Fax Number	
ax radiibor	

NOEMAIL

BLK 899B WOODLANDS DR 50 #03-266 Address

731899 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 - CHANGE/CROSS LANE

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

NO

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

6 Number of Passengers (Including Driver)

Passenger 1 NAME: : ZAFIRAH

> GENDER: : FEMALE

Passenger 2 : SAFFIYYA NAME:

> GENDER: : FEMALE

Passenger 3 NAME: : ADAM

> GENDER: : MALE

Passenger 4 NAME: : ARIQ

> GENDER: : MALE

Passenger 5 NAME: : ASFA

> 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 TO STATEMENT.

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

Vehicle Registration Number

SJH7114Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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 truthful and occurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiete 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.
- 3. Any false reporting may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Control 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 haroby 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:
 - (f) processing, handling and/or docking with my dains 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
- (b) all insurer(s) who have insured vehicle(s) involved in this occident and the insurers' lawyers flaw tirms, may/are permitted to callest, uto, disclose and/or process my Parsonal information for one or more of the above Purposely and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents/inglusing their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- thy Personal Information will also be collected and used to compile claims history for the purpose of froud detection, invastigation and management in present and all future claims.
- - (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.

(If driver is not the policyholder).

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Date & Tome:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ori	03/	01/	2020	ar	about	2209	om,	I	wai	traveling	on	
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my	venicie	(A)) ca	using	damages	to	my	he	hicle.	I have	5	
pass	engen	in	side	my	vehicle.							-
(A) . (GBS	16918	34								
(B)	S	TH FI	14 Z									
Note:	Please	note t	hat your	insure	r may have 14	days tim	e fran	ne for	you to si	Jbmit an Own I	Damage	Claim
under	your ow	n con	nprehen	sive po	olicy. Please ch	ieck your	policy	for m	ore info	mation.	-	

DECLARATION

I/We declare the fore ulers are true in every respect.

Modern Haus Renaissance Policyholder's Signetogeno 201604522K

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 03 01 2020 Time: 2200pm (hh:mm) 24 hr format Location woodland Ave 5 toward woodland Ave 4
The state of the s
Vehicle Number GBJ6918L
Insured Name modern Haus Renaissance Pte Ltd
NRIC/FIN 20/60 4522K Contact Number 9223 8080
Make 5191 Contact Number 4223 8080
Make FIAT Model NEW DOSLO SX 1-6M E6 GLAZED
Are you claiming under your own insurance policy for repair to your vehicle? () Yes If No.Pls select: () Third Party () Reporting
Insurance Company TOKIO MARINE
Type of Policy (-) Country (-)
Type of Policy (>) Comphensive () Third Party Fire & Theft () TP Only Policy Number
Name of Driver Children
Name of Driver Munammad Hafizh Bin Hbu ()Same as Insured
Bakar
NRIC / FIN 88 3 2 7 2 2 7 1 Contact Number 8 2 9 8 4 6 0 4
Date of Birth 08/09/1983
Driving Pass Date 18/11/2013
Occupation () Indoor () Outdoor
Gender (/) Male () Female
Email Address - ()NO FMAIL
Address of Driver BIK SADB Woodlands Dive 50
#03-266 S(73/899)
Was driver an employee of the Insured's Company? (/) Yes () No
If No, Relationship of the Driver with the Insured Omployee
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes , Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (/) Clear () Raining () Others Road Surface (/) Dry () Wet () Others
Was any foreign achief to 1 1 1
Was anyhady injured in the state of the
Was anyoned in the accident? () Yes (/) No If yes, injured detail
Was there any video captured by Car Camera? () Yes () No
Was the Assident
DETAILS OF 3 rd party Name / Nric () Yes () No If yes attach police report Contact
Veh B SJH 7114Z
Veh C
Veh D
Veh E
Veh F

Total: 6 person 2(F) - ZAFIRAH, SAFFIYYA
INCLUDE 3(M) - ADAM, ARIQ, ASFA

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmls@toklomaring.com.sg W: www.toklomarine.com

A member of the Tokio Marine 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.: MS008947 (Commercial Vehicle)

Index Mark and Registration Number of 1...

Vehicle

2. Name of Policyholder

MODERN HAUS RENAISSANCE PTE LTD.

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

19/07/2019 (08:14:24)

4. Date of Expiry of Insurance

18/07/2020

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 and its registration.

6. Limitations as to use*

Use in connection with the policyholder's business.
 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:-

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 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 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 Act (Chapter 189).

Act (Chapter 189).

ADDITIONAL INFORMATION

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Insurance Plan:

Own Damage Claims Additional Excess for Young, Elderly SGD 600.00

(Original Excess: SGD 600.00)

Account No: 2920DDA

Chassis No.: ZFA26300006H86172

or Inexperience Driver(s)

SGD 3,000.00

WindScreen Excess

SGD 100.00

Financial Interest:

DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

(All Claims)

Authorised Signature

User ID: 292000A

Page 1

Printed: 19-07-2019 08:14:28