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Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:)
TP Particulars: Veh No: (NW	33180	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
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per 12

MNA120014762 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 03/02/2020 11:28 SUBMITTED BY: Jackson Ho Zhao Tian

SINGAPORE ACCIDENT STATEMENT

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 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	03/02/2020 11:28
Date Of Accident	27/01/2020 14:00
Exact Location Of Accident	BEDOK NORTH RD
Country/State of Loss	SINGAPORE
Description of Local Conference of Local Confe	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GX7061T
Insured/Policyholder	
Name Of Registered Owner	OUTBOARD AND MARINE (PTE) LTD
	1XXXXX629G
Co Reg No	NOEMAIL
Email Address	(LOCAL) +65-90235970
Mobile Phone No	OFFICE-90235970
Alternative Phone No Vehicle Particulars	
	TOYOTA
Manufacturer	LITEACE 5DR
Model	The state of the s
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MB015811-R09
Cover Note Number	
Driver	
Name of Driver	CHEW CHIOW MENG
AND THE SECOND SECURITY OF SEC	

SXXXX902E NRIC No 06/07/1943 Date Of Birth INDOOR Occupation 04/04/1967 Date Of Driving Pass

52 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90235970 Mobile Number

Fax Number

OFFICE-90235970 Contact Number

NOEMAIL EMail Address

Address 39 JALAN BELANGKAS

Postcode 369402

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 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) 4

Passenger 1 NAME: : LEE SOK SIANG

GENDER: : FEMALE

Passenger 2 NAME: : CHEW SOO LIAN

GENDER: : FEMALE

Passenger 3 NAME: : CHEW KIM HONG

GENDER: : FEMALE

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?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GW3328G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TEO

NRIC/Passport Number

Contact Number 96163328

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.
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reguldate 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.
- 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.
- 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 Porsonal Data Protection Act (POPA)

lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("SIA") 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 incurers 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

- 3/1/2020

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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Policyholder's Signature Date & Time:

CITANICSKES, (#BDNOSEL_VS

Oriver's Signature (if driver)s not the policyholder) Date & Time:

Reporting Centre Personnel's Signatu Name:

NRIC/FIN No.

Others - please specify Others - please specify Others - please specify Yes No Others Reporting Only - Private - Commercial - Motorcycle Others - Private - Commercial - Motorcycle - Private - Commercial - Motorcycle - Third Party Claim - Private - Commercial - Motorcycle - Third Party Claim - Private - Commercial - Motorcycle - Third Party Claim - Private - Commercial - Motorcycle - Third Party Claim - Private - Commercial - Motorcycle - Third Party Claim - Private - Commercial - Motorcycle - Third Party - Commercial -	SINGAPOR	E ACCIDENT STATEMENT
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DETAILS OF OWN VEHICLE (VEHICLE A) ehicle Registration Number Surature Registration Number Surature Reporting Only Surature	ate Of Accident	* 27/01/2020 Time 1401 Hrs
ehicle Registration Number Cix 706/ T	xact Location Of Accident	
Dut band to purpose for which vehicle was being seed at time of accident Private use Commercial use Hire & reward Others Private use Commercial use Private use Others Private use Private use Others Private use Others Private use Private use Others Private use Private use Private use Others Private use	DETAILS OF	OWN VEHICLE (VEHICLE A)
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Third Party Claim / No, please state action to be taken //ehicle Category Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number Name of Driver NRIC/FIN/Passport Number Date of Birth Occupation Date of Driving Pass Gender Mobile Number Address Was driver an employee of the Insured's Company? If no, Relationship of the Driver with the	Are you claiming under your own insura	
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Address Email Address Was driver an employee of the Insured's Company? If no, Relationship of the Driver with the	Gender	Table 100 Control of the Control of
Email Address Was driver an employee of the Insured's Company? If no, Relationship of the Driver with the	Mobile Number	9073 5970
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If no, Relationship of the Driver with the		
Insured Louisian Loui		· DIRPLOR (OWNE)
	Insured	- UKELIUK (VVIII)

1 driver

SAS 1

3 passenger - LEE SOK SIANG (WIFE)
- CHEW SOO LIAN (SISTER)
- CHEW KIM HUNG (SISTER)

insurance Company of Driver's Own Vehicle	
(if applicable)	
General Information of the Addition	
Type of Accident •	Secretary and the second
Weather Conditions * Clear Raining Others	
Road Surface * Dry Wet Others	
Other Information	Marrie Samo
Was any body injured in the Accident? Yes No	RESIDENCE OF
Was any other material or property damaged? Yes No	
Details of himselfersons	MARKET PROPERTY.
Name • Indiana •	Michigan Control
Address	
Approximate Age •	
Injuries Sustained *	
If vehicle Occupants, state in which vehicle?	
Were seat belts worn? Yes No	
Was injured conveyed to hospital by	
ambulance? * Yes No	
Details of Police Action	
Was the Accident reported to the Police? * Yes No	
If Yes, please state which Police Station	
Was notice of intended Prosecution given? * Yes No	
If Yes, against whom?	
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)	
Vehicle Registration Number * GN 3328 6	
Vehicle Make / Model / Colour	
Detail Of Properties	
Name of Driver * TEO	
NRIC/Passport Number	
Contact Number • 9616-3328	
Email Address	
Address	
Insurance Company Name	
Nature of Damage	
Details Of Witness	
Name	
Phone Number	

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

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

T. (65) 6221 6111 F. (65) 6221 4355 / (65) 6224 0895 E. tmls@tokiomarine.com.sg. W. www.tokiomarine.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-MB015811-R09 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle

GX7061T

Chassis No.: CR425009966

2. Name of Policyholder

OUTBOARD AND MARINE (PTE) LTD

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

23/08/2019

4. Date of Expiry of Insurance

22/08/2020

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 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.

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:-

- 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 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 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: 2214DDA

Insurance Plan:

Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

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