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Date In. 13/3/20 16:48	Jeb description		Date & Time	Completed	Done	by
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DD - IP ! Reporting Only	I-Photo Uplo	nded			·	
	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp			************
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Owner/Driver: (Tcl:			
Policy No: () Perio	d: ()	Cover Type:			
Confirmed by : (Date:	Tln)	
Insured/Driver Liability: (%) [No	to-Est. Status (V		0%; P: 21-79	%. P: 80-100	70]	
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274		Invales dated	100	Fee Charged Fee Charged		
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/03/2020 09:39

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
- 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.

- 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

A	CCIDENT STATEMENT				
1 Of Bonot	3/03/2020 16:48				
	06/02/2020 20:30				
Exact Location Of Accident	NORTHUMBERLAND RD CARPARK				
The state of the s	SINGAPORE				
Country/State of Loss DE	TAILS OF OWN VEHICLE				
2 I to the Number	GV4095B				
/ehicle Registration Number					
Insured/Policyholder	EITA SERVICES PTE LTD				
Name Of Registered Owner	50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Co Reg No	OEMAIL				
Email Address					
Mobile Phone No	OFFICE-96319677				
Alternative Phone No					
Vehicle Particulars	NISSAN				
Manufacturer	CABSTAR				
Model					
time of accident	WORK				
Are you claiming under your own insurance policy for repair to your vehicle?	NO CANA				
If No, Please state action to be taken	REPORTING ONLY COMMERCIAL VEHICLE				
Vehicle Category	COMMERCIAL VEHICLE				
Insurance Company	THE WALL BANGE SINGAPORE LTD				
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD				
Type Of Coverage	THIRD PARTY				
Fleet Policy	NO				
Policy Number	19-MB003475-R10				
Cover Note Number					
Driver					
Name of Driver	PERIYASAMY GOPI				
NRIC No	GXXXX152X				
Date Of Birth	20/02/1995				
Occupation	OUTDOOR				
Date Of Driving Pass	25/09/2019				
Driving Experience	0 YEAR AND 4 MONTH				
Gender	MALE				
Mobile Number	(LOCAL) +65-90366059				
Fax Number					
Fax Number					
Contact Number	NOEMAIL .				

39 KAKI BUKIT AVE 3, Address

415920 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

COLLIDED INTO PARKED VEHICLE Type Of Accident

2

1

CLEAR Weather Conditions DRY Road Surface

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) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

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

GBC9938X

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

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.
- 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.

EITA SERVICES PTE LTD

53 UBI AVENUE 1, #03-22 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 Fax: 65-6844 348*

TEL: 85-6844 3482 (3 LINES) Policyholderia isakte@eita.com.sg

Date & Time:

Driver's Signature

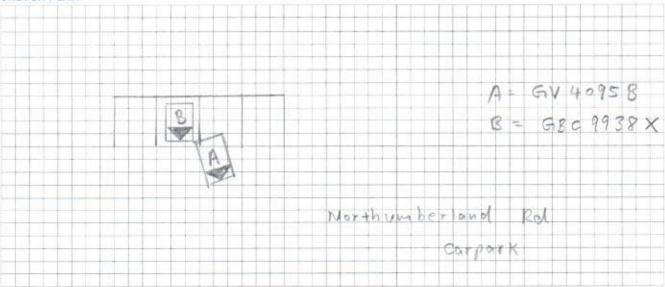
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While	Reve	rsing	into	₽(h	empty	lot	, my	veh
acaiden.	tolly	hit	onto	veh	В	le ft	front	porti
I wait	for	th e	drev	er c	oming	back,	After	hal.
an hour	r ,	the c	driver	hever	come	bac	c then	エ
leave	the	Scene						

DECLARATION

I/We declare the foregoing particulars are true in every respect.

EITA SERVICES PTE LTD

53 UNI AVENUE 1, #03-22 PAYA UNI INDUSTRIAL PARK

SINGAPORE 408934 Fax: 65-8644 3481
Policyholder's Jighature 2 (3 LINES)
Date & Time: sales@eits.com.ag

Privar's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

ADD	ENDOW	
MNA 120032215	Vehicle Registration No:	GV 4095B
Eita Services	Pte NRIC/FIN/Passport No :	
		Singapore(
		A
		2012
Worthumberl	and Rd carpark	
Tokio Mari	ne.	
Accident o	date to 6/2/20	20
	7	,
	4	
	The state of the s	
Signature		rsonnel's Signature
St. N. 200 (1900) 150 (1900)	Name: NRIC/FINNo.:	
	ONMAKING THE AMEND PANA 120032213 Eita Services cle Owner) (*) Please dele 9631 9677 6 612120 Morthum berl Tokio Maria	Signature Reporting Centre Per Name: NRIC/FIN No.:

Tokio Marine Insurance Singapore Ltd. Ecompany Reg. No.: 192300014M) (GST Reg. No.: M2-0000023-4)
20 McCallum Street #09-01 Tokio Marine Centra Singapore 069048
7. (65) 6221 8111 F. (65) 6221 4356 / (85) 6224 0895 E. trais-troikomarine.com.ing W. www.to

A morndure of the Tokes Markes Group

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-MB003475-R10 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number GV4095B of Vehicle

Chassis No.: JN1SF4F23Z0844384

and I would

2. Name of Policyholder

H

EITA SERVICES PTE LTD

3. Effective date of the Commencement of 09/05/2019 Insurance for the purposes of the Act

4. Date of Expiry of Insurance

08/05/2020

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 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 executions 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 cascelled at the time of the accident less or deshape.

6. Limitations as to use

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.

3) Use for social domestic and pleasure purposes.

The policy does not covery
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 Compression) 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 Rand Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insur

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 Ruska and Compensation) Act (Chapter 189).

Third Party Cover Only

Account: 0456DDA

Tokio Marine Insurance Singapore Lid.

Authorised Signature

White William

User Names Intermediaries from TM O

Printed 22/04/2019

of renewing road tax, this Certificate must be ths from the date of issue.