E 6				· +11 11 10	-[	
DETERMINE	a Sagulage	M soinet 11	112000	3093		
Date In: 200 2020 10:06	Job description	1133400] 2	Date &Timo Co	nipleted .	Done by	
11 cm N 124 7 7 1 7 2000 523 6 V	SAS c-filling		0		T-	
- TANTON TO THE	E-mail (blade sta)	. AlC than)				.+
Veh Nor GRA 3CVM	I-Motor Cialm				*	
0.01 DOING 2000 11.30 -	1-Motor W/O (V		TP (hrs)		DOMESTIC STATE	*
(1) (TP ) Reporting Only	i-Photo Upload		(; <u>, , , , , , , , , , , , , , , , , , ,</u>	STATE IN		17 1
	Assessment/Surv				•	
TP Insurer:	Ass't Yteport by		Owner/Whan		48-4	
rolarrad Wkep / INC Assign Wkep / QW: (		The same of the sa	Tol:	Fax	1	
1.00	QENC.	MC(	)/Non-INC	( ).		
P Particulius: Veh Nor XE	25/50		Tel:		)	
	erlod: (	)	Cover Type: (		- ),	
		Dates,	Time	17	)	Distance Heat
Confirmed by a (	[Note-Est. Sintus (W	O): N: 0-20	%: P: 21-79%	. F: 80-10	0%]	*
	Warranty: YES (	)/NO(	)			
Year of Registration: ( )		and the same of th	Control of the Control			STATE OF THE PARTY
Execus: (5 ) Londing: \$1,	THE PRODUCTION OF THE PRODUCT OF THE		TOWN TO THE TOWN	THE PROPERTY.	Charles and	
CONTRACTOR OF THE PROPERTY OF	位为此种种的特别的现在	mana ana	<b>UCHRIMATORIA</b>	4411/244131	W. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
) Walk-in Customar : Oustomers inf	ormation strictly Conf	ndendal & Su	iculy NO refer o	rapauor.		
		100 -000 -000 -000		46		
Total Loss Case : to e-mail Insu	rer URGENTLY.	a william to the	. "-	17		
( ) Total Lass Case : to e-mall Yasu	rer URGENTLY.	O( );T	owing Co: (	1 1		)
Drive-In ( )/ Towed-In ( ); Invoice	rer URCENTLY. bet YES ( ) / No	O( );T	owing Co: (		TOTAL MENT	) By
Drive-In ( )/Towed-In ( ); Invoid	be: YES( )/ No	0( );	owing Co: (		rang de lipping	) 59 · ·
Orive-In ( )/Towed-In ( ); Invoidable ( )/	Courtesy Car ( )	0();T	owing Co: (		ilis (Alliabris)	by · ·
Orive-In ( )/Towed-In ( ); Invoidable ( )/  Apply for Transport Allowance ( )/  QC Check/Pass Repair Inspection	Courtesy Car ( )	0();T	owing Co: (		yervijavita evi niji je (Lionb)	) Dy · · ·
Orive-In ( )/Towed-In ( ); Invoice  (Apply for Transport Allowance ( )/  () QC Check/Post Repair Inspection	Courtesy Car ( )	0();T	owing Co: (		No Alliana)	by · ·
Orive-In ( )/Towed-In ( ); Invoidable ( ); Invoidable ( )/ ( )/ ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Courtesy Car ( )	0();T	owing Cor (		7,	
Orive-In ( )/Towed-In ( ); Invoice  (IN) Call Original Cal	Courtesy Car ( )	0();T	owing Co: (		7,	
Drive-In ( )/Towed-In ( ); Invoid  (IN (21102))	Courtesy Car ( )	0():T	owing Co. (		The Columb	
Orive-tn ( )/Towed-in ( ); Invoided in (	Courtesy Car ( )	0();T	owing Co: (		7,	
Orive-tn ( )/Towed-in ( ); Invoided in (	Courtesy Car ( )	0():T	owing Co. (		7,	
Orive-tn ( )/Towed-in ( ); Invoided in (	Courtesy Car ( )	0():T	owing Cor (		7,	
Orive-tn ( )/Towed-in ( ); Invoided in (	Courtesy Car ( )	0():T	owing Co. (		7,	
Drive-In ( )/Towed-In ( ); Invoidable (IN/All/All) (C) ) Apply for Transport Allowance ( )/ ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost>:  Injury:	Courtesy Car ( )	0():T	owing Cor (		The Dodge Man	operities of
Drive-In ( )/Towed-In ( ); Invoidable ( )/    Apply for Transport Allowance ( )/   QC Check/Post Requir Inspection     Upload Resurvey Photo [Repair Cost > 111/1179]	Courtesy Car ( )					opening to
Orive-In ( )/Towed-In ( ); Invoidable ( )/  Opply for Transport Allowance ( )/  Oge Check/Post Repair Inspection  Opload Resurvey Photo [Repair Cost>  Injury:  MA2002.763	Courtesy Car ( )	DARI Acidar	it importing (330)			operities of
Orive-In ( )/Towed-In ( ); Invoidable ( )/  Opply for Transport Allowance ( )/  OC Check/Post Repair Inspection  Upload Resurvey Photo (Repair Cost>)  Injury:	Courtesy Car ( )	I) All Accider  3) DA I Densey  5) TP: Towing	Collection (STOO)  Assessment (STOO)  Leave blury		To state of the st	operities of
Orive-In ( )/Towed-In ( ); Invoidable (III) (III	Courtesy Car ( )	1) Alt Applied 5) DA Denny 3) Try Towing 4) UT; Vollow-	Threaty's Burvey			operities of
Orive-In ( )/Towed-In ( ); Invoidable (III) (III	Courtesy Car ( )	I) ARI Accider  3) DA Densey  5) TP: Towing  4) PT: Vollow- For glalmint  ATRICRE RE-Isip	Through Durvy (Language) States of the Control of t	TING (III SAN TI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	operities of
Drive-In ( )/Towed-in ( ); Invoidable (IN/All/All/All/All/All/All/All/All/All/Al	Courtesy Car ( )	I) ARI Accider  3) DA I Densey  5) TP: Towling  4) PT: Pollow  For pialmint  6) TR: Ra-lap	College State of the College S	TING (III SAN TI		operities of
MADOUNTES  West-on ( )/Towed-in ( ); Invoidable ( )/  Nepply for Transport Allowance ( )/  QC Check/Post Repair Inspection  Upload Resurvey Photo [Repair Cost>:  Injury:  WADOUNTES  iver/Owner;  intact No:	Courtesy Car ( )	DARIACIDA DA Dense DA Dense DA Dense DA Dense DE PERCENSI OFFICIAL PERCENSI OFFICIAL TORING T	Theorem (Side Process of the Control	ING (I	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	or the state of th
Drive-In ( )/Towed-In ( ); Invoidable (IN	Courtesy Car ( )	1) Alt Accider  3) TV : Toulous  4) VT : Vellous  5) PT : Vellous  7) NI : Idao D/  1) NI :	Through Burvey (Installation of State of The Allowens of State of	ING (I	7	or the state of th
Drive-In ( )/Towed-In ( ); Invoidable ( )/ () Apply for Transport Allowance ( )/ () QC Check/Post Repair Inspection () Upload Resurvey Photo [Repair Cost>  Injury:  MADOOD763  iver/Owner:  ontaict No:  armäged Portion:	Courtesy Car ( )	DARTACIDAD  1) ARTICAL  1) ARTICAL  1) ARTICAL  3) PTTPolicy  For claimint  6) TRTR-lay  7) NITIGAUD  4) HTUC Addi  ORT  NOT Repair	Theorem (Side)  Through Burvey (Itselfinath Color burvey (Itselfinath Color burvey (Itselfinath Color burvey (Itselfinath Color burvey)  Through Burvey (Itselfinath Color burvey)	in the car		operities of
Drive-In ( )/Towed-In ( ); Invoidable ( )/ () Apply for Transport Allowance ( )/ () QC Check/Post Repair Inspection () Upload Resurvey Photo [Repair Cost>  Injury:  MADOOD763  iver/Owner:  ontaict No:  armäged Portion:	Courtesy Car ( )	DARLIACIDA DARLIA	Through Burvey (Restauth Continetts  Through Bur	Harry Car 2000	7	A WATER
Drive-In ( )/Towed-In ( ); Invoidable ( )/  Apply for Transport Allowance ( )/  A) QC Check/Post Repair Inspection  b) Upload Resurvey Photo [Repair Cost>  Injury:  Delay 100 2763  Enter Owner;  Ortalet No:  Irranged Portion;  C Checked by (Engr-In-Charge):	Courtesy Car ( )	DALL Acades  DALL Densey  OFFI Pollow- For claimints  OTR: Re-lay  T) NI 1 Iday D/  NI 1 Caurto  NI C CAURTO	Through Survey (Description of Straight Burvey (Description of Survey (Description of Surve	Trio (1)	7	A WATE
AAA OO 2763  iver/Owner; mitiet No; mitiet No; checked by (Engr-In-Charge):	Courtesy Car ( )	DARLIACIDA DARLIA	Through Survey (Description of Straight Burvey (Description of Survey (Description of Surve	Harry Car 2000	7	A WATE

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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.
- 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

20000	The state of the s
THE WAS TO SELECT A SECURITY OF THE SECURITY O	ACCIDENT STATEMENT
Date Of Report	22/04/2020 10:06
Date Of Accident	20/04/2020 11:30
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PERSON OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH354M
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	TERENCE.NG@ECOLAB.COM
Mobile Phone No	(LOCAL) +65-97211226
Alternative Phone No	OFFICE-97211226
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	
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	20-ML000245-R00
Cover Note Number	
Driver	
Name of Driver	NG SIOW CHUAN (HUANG SHAOCHUAN)
NRIC No	SXXXX129I
Date Of Birth	13/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1997
Driving Experience	23 YEARS AND 1 MONTH
Sender	MALE

(LOCAL) +65-97211226

TERENCE.NG@ECOLAB.COM

OTHERS-97211226

Address

BLK 305 HOUGANG AVENUE 5

#03-371

Postcode

530305

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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) involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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)

1

### **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

XE3575C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- 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 repudiate 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.
- 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)

l 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 the purpose(s).
  - 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 aggricles as reasonably required for the purposes stated, or

(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:

Name:

porting Centre

NRIC/FIN No.:

SKETCH PLAN Commonwealth Are West

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

•
I was driving EIBH 354 m along commonwealth Are west
at lamp post 194, and comi to a complete stop at
the traffic light sunction. Trailer of 7B 35750 rear
THE WATER HIGHT JANCHEST - HAVE OF PD 33 TO - FEM
end the back of my van . The impact caused my van
to surge forward even when my brake was applied
und cross the first line of the traffic Stys line.
My van substant a broken glass panel on the left
reer window panel and also the van rear door to
dent in word-
<u> </u>
- A
No.
*
DECLARATION ENTA

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

Policyholder's Signature Date & Time:

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

SO H / 20 : 41800

Name: NRIC/FIN No.:

#### SINGAPORE ACCIDENT STATEMENT IMPORTANT NOTICE 1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for effling. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver, 4. Information provided must be as truthful and accurate as possible. Any wirful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The insurance and acceptance of this Form by insurance companies is nit an admission of the policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffice Police Department for investigation. ACCIDENT STATEMENT Date and Time of Accident 各 20 April 2010 Time: 11:30 Exact Location of Accident ī Common wearth AVE West DETAILS OF OWN VEHICLE Vehicle Registration Number 934 354 M 8 INSURED / POLICYHOLDER (OWN VEHICLE) Name of Registered Owner (See Insurance Cert.) Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number - Not Applicable VEHICLE PARTICULARS (OWN VEHICLE) Vehicle Make / Model MIRREAL Manufacturer: Model: Type of Vehicle Saloon MPV CRV Van Lorry O M/cycle Bus -Exact Purpose for which vehicle was being used at time of Others accident Servicina Are you claiming under own insurance policy for repair to your vehicle? No (If No, Pls select Third Party Reporting) INSURANCE COMPANY (OWN VEHICLE) Name of Insurance Company Type of Policy Comprehensive 0 Third Party Fire & Theft O TP Only Fleet Policy Yes 0 No Policy Number Motor CI DRIVER Same as Insured above Name of Driver Ng SIOW V Personal Identification - NRIC (Singaporean/PR) × - FIN/Passport Number . Date of Birth 13 M /dd /mm Driving Date Pass 4 5 /dd 0, /mm Year of Driving Experience 23 No. Year(s) Month(s) Month(s) Occupation 44 echnician Indoor Outdoor Gender t O Female Contact Number / Mobile Phone / Fax No. 4721122

Address of Driver	BIK 305 Hougary Ave 5.
Email Address	#103-37 (S) 530 305
	terence ingo ecolab com
If No. Relationship of the Disc.	O Yes O No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	O Yes O No
Vehicel Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Tyre of Collision (Eg. Chain Collision, Head-On Collision, Side	
	Rear End by other
Weather Conditions	0
Road Surface /4	Others
	Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	
b. Was any other vehicle or porporty days and the	O Yes O No
Witness)   Witness   Witne	O Yes O No
DETAILS OF POLICE ACTION	
Nas the Accident reported to the Police?	· .
olice Station Name	O. Yes No (if Yes, please state which Police Station.)
Police Station Address	
olice Station Contact	
- Marion Contact	Tel No. Fax No.
as notice of intended Prosecution given?	Yes, O No (if Yes, against whom?)
ETAILS OF OTHER VEHICLE / PROPERTY 1	
chicle Registration Number	*
hicle Make / Medal / C-1-	XE 3575C
etails of Properties	
me of Driver	
AND THE RESIDENCE OF THE PARTY	M (See Self-self-self-self-self-self-self-self-s
G. Bahar chill (4)	
- FIN/Passport Number ntact Number	
The state of the s	
hicle Make/ Model/ Colour	
dress of Driver	
ne of insurance Company	
of Passenger (Including Driver)	

# Tokio Marine Insurance Singapore Ltd. .

Company Reg. No. 198300014Ab (GST Reg No. M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

1 (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E tmls@tokiomarino.com.sg ⋅ www.tokiomarine.com

A number of the Dobas Marrier 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.: 20-ML000245-R00 (Comm Vehicle Carry Other Goods)

1. Index Mark and Registration Number of Vehicle

GBH354M

Chassis No.: VSKYBAM20Z0156863

2. Name of Policyholder

GÖLDBELL CAR RENTAL PTE LTD

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

01/04/2020

4. Date of Expiry of Insurance

31/03/2021

5. Persons or Class of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

The hirer.

Any other person who is driving on the hirer's order or with his/ their permission.

\* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Moior 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,

#### Limitations as to use\*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled
- 3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.
- \* 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 (Mulaysta), 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: 3092DDZ

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value Excess - All Claims

SGD 1,000

Financial Interest:

Windscreen Excess DBS BANK LTD

SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed 01/04/2020