Invoice Preparation Checklist	Ref No: 1/45	Jeb description	n	Date & Time Com	pleted	Do	ie pi
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Confirmed by : (Tel:)	T 1000
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%, P: 21-79%, P: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks;: () Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. () Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. () Total Luss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. () Remarks: (INC horline: 6788/6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Invoice Preparation Checklist: Aes (5) Ame (fill bill) And Photo (fill bill) An	Policy No: () Per	iod: ()	Cover Type: (1)	
Year of Registration: () Warranty: YES ()/NO() Excess: (S) Loading: \$1,000 ()/\$2,000 () General Remarks: () Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-in (); Invoice: YES ()/NO(); Towing Co: () Remarks: (INC Incline: 6788/6616) Date-Strine Completed Done by 1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost> \$3000] () Injury: Date/Time Actions 1) AR. Actions 2) DA. Danage Austanted (300); INC (580) 1) Try Towing Fee 3) Try Towing Fee 3) Try Towing Fee 40 FT: Follow-Through Survey (Resurvey) 10 Case Scientific assistable Control (20 Incline) 11 Case Scientific assistable Control (20 Incline) 12 Checked by (Engr-In-Charge): 13 Checked by (Engr-In-Charge): 14 Checked Scientific Comments: 15 Comments: 16 Checked Scientific Comments: 17 Control (20 Incline) 18 Case Scientific Control (20 Incline) 19 Cas	Confirmed by : (Date:	Time:)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number 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.
- 5. 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	20/05/2020 14:39
Date Of Accident	19/05/2020 09:10
Exact Location Of Accident	33 CHIN BEE CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF5923Z
Insured/Policyholder	
Name Of Registered Owner	ARROW MARINE SUPPLIES PTE LTD
Co Reg No	2XXXXX384M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62728733
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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-MT112109-R01
Cover Note Number	
Driver	
Name of Driver	MOHAMED FAYIAZ BIN NOOR MOHAMED
NRIC No	SXXXX564Z
Date Of Birth	28/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2019
Driving Experience	0 YEAR AND 6 MONTH

MALE

NOEMAIL

(LOCAL) +65-84282544

OFFICE-84282544

BLK 861 JURONG WEST STREET 81 Address

#04-608

Postcode 640861

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

2

NO

1

NO

NO

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

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YQ248S

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

- Please report <u>correctly</u> 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
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- 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
- 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.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCID

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DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIDENT DATE: (8/5/20)	DD/MM/YYYY), TIME: (09 :10)(HH:MM
	resans
1. DETAILS OF VEHICLE	/3 %
	559732
b)INSURANCE COMPANY:	Tm2
CJPOLICY NUMBER:	-
d)POLICY TYPE: (COMPREHENSIVE	E / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	- / THIND PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /	VAN / LORRY / MOTORCYCLE / OTHERS)
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TAKE YOU CLAIMING UNDER YOU	R OWN INCIDANCE WEST
TO THE THIRD PART	YCLAIM / REPORTING ON
- MOSKED / POLICY HOLDER	
AINAME: Arow marine	supplies Pte Ud
b)NRIC/FIN/PASSPORT:	CONTACT: 627 28733
c)ADDRESS:	CONTACT. 0-1-27-
* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
The sender Driver	
Unduding distant UNAME:	(MARE / FEMALE)
() DINKIC/FIN/PASSPORT:	CONTACT: 84 2825 W.
CJADDRESS:	
*dIDATE OF RIPTH: /	
*d)DATE OF BIRTH: (// e)OCCUPATION: (INDOOR / OUTD)(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:_	20R)
4. WAS DRIVER AN EMPLOYEE OF THE	0
IF NO, RELATIONSHIP OF THE DR	HE INSURED'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (CLEAR / R	IVER WITH INSURED:
b)ROAD SURFACE: (DR) / WET / OTH	AINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	TERS
7. a) REPORTED TO POLICE (YES / NO)	
IF 163, PLEASE STATE WHICH POLICE	E STATION:
8. THIRD PARTY VEHICLE	
He of passenger of VEHICLE NUMBER: 40 2485	MODEL:
- TOUTH CANDER) OF DRIVERS NAME:	
() NRIC/FIN/FASSPORT	CONTACT:
7. THIRD PARTY VEHICLE	We compared the second
No of passenger d) VEHICLE NUMBER:	MODEL:
Induding deign () DRIVER'S NAME:	
f) NRIC/FIN/PASSPORT:	CONTACT:
	331.2
1000 1001	
95374	C (5)

email = xinhuaworkshop@gnail.com fax =

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

(A)	ADDENDUM
(*)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
- Smar Report No .	DIVH 1260 // 21//
Name(as shown in NRIC):	Mohamed Faying Bin Noor Mohamed (ST 5923 2
NRIC/Passport No :	(*Vehicle Driver) / Vehicle Owner) (*) Please delete as appropriate
Address	B1 × 8/1 =
Contact /Tell -	BLK 861 Jurong west street 81 A04-608 64086
10	- (H/P):
Date of Accident	19/25/2020
Place of Accident	19/05/2020 Time of Accident: 0910
Insurance Com-	Tokio marine ins singapore Ltd
- company:	lotio marine the singaporp Ltd
(0 Change	Date of Accident From 18/05/2020 to
(0 (hange 19/05/2020.	Date of Accident From 18/05/2020 to The Correct Date is 19/05/2020
(0 (hange 19/05/2020.	Date of Accident From 18/05/2020 to The Correct Date is 19/05/2020
19/05/2020.	Vate of Accident From 18/05/2020 to The Correct Date is 19/05/2020
19/05/2020.	Vate of Accident From 18/05/2020 to The Correct Dale is 19/05/2020
ure of Vehicle Owner / Driver: 20/05/2020 Mol	
aure of Vehicle Owner / Sriver 20/05/2020 Mol	Vate of Accident From 18/05/2020 to The Correct Date is 19/05/2020

Takio Marine Insurance Singapore Ltd.

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

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

↑ (65) 6221 6111 🖟 (65) 6221 4355 / (65) 6224 0895 🕒 tmis@tokiomarine.com.sg 💛 www.tokiomarine.com

INSURANCE GROUP

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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.: 20-MT112109-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number

GBF5923Z

Chassis No.: FEA01BA20450

of Vehicle

2. Name of Policyholder

ARROW MARINE SUPPLIES PTE LTD

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

04/01/2020

4. Date of Expiry of Insurance

03/01/2021

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.

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 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: 2493DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims SGD 100 Windscreen Excess

Financial Interest:

DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermedianes from TM ()

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