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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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

- 40	\sim 1	DEN	-		
AL	ы	UEN	1 51	AIEN	MENT

Date Of Report 02/06/2020 16:58 Date Of Accident 02/06/2020 10:15

Exact Location Of Accident CHIN SWEE ROAD SLIP ROAD TOWARDS HAVELOCK ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT9784P

Insured/Policyholder

Name Of Registered Owner EUREKA DECO & BUILD PTE LTD

Co Reg No 2XXXXXX057N

Email Address JERYLTANXINWEI@GMAIL.COM

Mobile Phone No. (LOCAL) +65-84883645 Alternative Phone No. OFFICE-84883645

Vehicle Particulars

Manufacturer HYUNDAI

Model ELANTRA-1.6 AD GLS (A)

Exact Purpose for which vehicle was being used at time of accident

WORKING PURPOSES

Are you claiming under your own insurance policy

for repair to your vehicle?

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 19-MK000655-R00

Cover Note Number

Driver

Name of Driver JERYL TAN XIN WEI

NRIC No SXXXX863H Date Of Birth 06/10/1995 Occupation OUTDOOR Date Of Driving Pass 21/03/2019

Driving Experience 1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84883645

Fax Number

Contact Number OTHERS-84883645

EMail Address JERYLTANXINWEI@GMAIL.COM Address

BLK 117A JALAN TENTERAM

#29-511

Postcode

321117

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JST4389 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

4

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200602/7007

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 Vehicle Make/Model/Colour

JST4389

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

KUGEN T SINNADURAI

NRIC/Passport Number

Contact Number

82042766

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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 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.
- 5. 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Cuntry Dan

same:

NRIC/FIN No.:

Have lock Road	VA) SLT9784P VB) JST4389
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
refer to police report No: 1/20200602/7007	
DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Outro & Time: Date & Time: NRIC/FIN No.:	or/06/2020

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

10 15
10 15 (24-HR-FORMAT)
NDAI ELANTRA AD 1.6 GLS AT
OWARDS HAVELOCK RD
D PTE LTD 201603057N
S9536863H
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or Others specify:
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WALL COMMISSION OF THE PROPERTY OF THE PROPERT
Gender :
, and the same of
Drizzling & Wet / Others:
No
] No
Person in Which Vehicle:
10 UBI AVE 3
Details:
Vehicle No: JST 4389
ny (If any):
The state of the s
Vehicle No:
vehicle No;
Vehicle No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week





1 of 3

Report No. T/20200602/7007

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2020 15:13		Made:	Vide Report No.:	Station Diary No.		
Informant's Particulars						
Name of Informant: JERYL TAN XIN WEI			Address: APT BLK 117A JALAN TENT	ERAM #29-511 SINGAPORE		
ID Type NRIC N	D Type / ID No.: IRIC NO / S9536863H		Contact No.: Home/Office: Mobile: 84883645			
Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 24 06/10/1995		'EN	Email: JERYLTANXINWEI@GMAIL.COM			
		Date of Birth: 06/10/1995	Type of Informant:			
Race: Chinese Occupation: PROJECT ASSISTANT MANAGER			Language: English	Institution / School Name:		
		ANT MANAGER	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive:	Date/Time of Accident:	Type of Location SLIP ROAD
Location:		No	02/06/2020 10:15	TEN TOTAL
Weather; Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		king	Traffic Volume: Moderate	
One Way		Traffic Light - Wor	rui ist	MUDDECHIO

Details of V	ehicle Involve	d				
Vehicle No.	17	Make	Model	Color	Condition	No of Passenger
JST4389	Motorcycle	YAMAHA		Black	Slightly	0
SLT9784P	Car	HYUNDAI	ELANTRA		Damaged Slightly	0
			- Control of the Control		Damaged	· ·

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing; NA
	associal clossing, NA





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No: T/20200602/7007

CONTINUATION OF REPORT

Driver					
Name	KUGEN T SINNADURAI			V.	NIL
Related Vehicle	JST4389 (Motorcycle)			ct No.	NIL
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days gran	of Days granted Medical Leave NIL Degree of			NIL	
Driver					DESCRIPTION OF THE PARTY OF THE
Name	JERYL TAN XIN WEI		ID No	2	S9536863H
Related Vehicle	SLT9784P (Car)			ct No.	84883645
Hospital/Clinic	NIL.			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

ON THE 02/06/2020 AT ABOUT 1015HRS I WAS TRAVELLING ALONG CHIN SWEE ROAD SLIP ROAD TOWARDS HAVELOCK ROAD. I SLOWED DOWN MY VEHICLE AS I WAS APPROACHING THE SLIP ROAD, I STOPPED MY VEHICLE AS THERE WAS VEHICLE APPROACHING ON THE MAIN ROAD. THE NEXT MOMENT I FELT AN IMPACT ON MY VEHICLE REAR PORTION, I LOOKED BACK ON THE REAR VIEW MIRROR AND NOTICE THERE WAS A MOTORCYCLE. I THEN SHIFTED MY CAR TO FURTHER FRONT AND THE BIKE JST4389 CAME ALONG AND STOPPED HIS BIKE TOO. WE EXCHANGED PARTICULARS AND LEFT THE SCENE. I'M FILING THIS REPORT FOR REPORTING PURPOSE. NO ONE INJURED.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200602/7007

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/06/2020 15:13
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp	

Tokio Marine Insurance Singapore Ltd.

(Conjusty Reg. No.: 192300014M) (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 tmis@tokiomarine.com.sg W www.tokiomarine.com

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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-MK000655-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SLT9784P

Chassis No.: KMHD841CMJU572523

2. Name of Policyholder

EUREKA DECO & BUILD PTE LTD

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

16/07/2019

4. Date of Expiry of Insurance

15/07/2020

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 has

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, racing, pace- making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor

* 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 (Mulaysia).

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 Rinks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Insurance Plan-Policy Excess:

Prevailing Market Value

Own Damage Claims

Windscreen Excess

SGD 800

Financial Interest:

HL BANK

SGD 100

Tokio Marine Insurance Singapore Ltd.

Account: 2993DDA

Authorised Signature

User Name: Tay Put Leng Kutherine -

Printed 16/07/2019