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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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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 aforesaid.

A SHOWALLIA WATER TO THE BOARD OF THE SAC	ACCIDENT STATEMENT	
Date Of Report	06/07/2020 18:28	
Date Of Accident	03/07/2020 12:30	
Exact Location Of Accident	COLLYER QUAY TOWARDS KALLANG B/F CLIFFORD CENTRE	
Country/State of Loss	SINGAPORE	
A PARTY OF THE PAR	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBK61S	
Insured/Policyholder		
Name Of Registered Owner	EZUMO GLOBAL TRADING PTE LTD	
Co Reg No	·*·	
Email Address	SHERMIN.WONG@EZUMO-GLOBAL.COM	
Mobile Phone No	(LOCAL) +65-93638527	
Alternative Phone No	OFFICE-69705275	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	DYNA	
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?	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	19-MS011794-R00	
Cover Note Number		
Driver		
Name of Driver	MUHAMMAD BIN ALI	
NRIC No	FXXXX038L	
Date Of Birth	07/11/1974	
Occupation	OUTDOOR	
Date Of Driving Pass	28/06/2018	
Driving Experience	2 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-93638527	
Fax Number		
Contact Number	OFFICE-69705275	
EMail Address	SHERMIN,WONG@EZUMO-GLOBAL.COM	

Address

48, MACTAGGART ROAD

#01-01

Postcode

368088

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

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

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

SHD6757U

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

TAXI

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.
- 7. 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)

Lunderstand, 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:
 - (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:

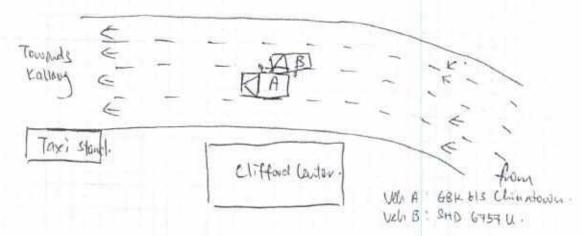
NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

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collyer Quay (Kallang) before Clifford center.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was devene along college out to the	
I was downing along collyer Quay toward kalling on the from the left of a 4-lane road comewhere before cliffo	second lane
I was diving straight and in my love I suddenly fell	+ nu survet
from the right hand portion of my volicle. After the ladighted to see that vehicle B front left portion	n damaged
vehicle B left land front portion had collided into the	vight hand
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	1

DECLARATION

GED pregoing particulars are true in every respect.

Date & Time:

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

Reporting Centre Personnol's Signature War #AB
Name:
NRIC/FIN No.:

Date of Accident	: 3 July 2000 Accident Time: 1230 W(24-HR-Format)
Accident Place	: collyer Quay (Kallang) before cilfford Centre
Vehicle. No. (Car Plate No.)	: GBK 615 Make Model: Toyota -
Insurace Company	: Tollie Maine. Policy No:
Owner or Company Name /IC No.	: Ezumo Global Trading Pte Ud.
Owner or Company Contact No.	: 6970 1275 Owner's Hp 93638527 (Walley)
DRIVER'S Name / IC No.	: Muhamad Bin Hi (78009038L)
DRIVER'S Date Of Birth	: 07 Nev 1974 DRIVER'S License Pass Date 28 Daw 2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: 48, mactaggart Read #01-01 S(368088)
DRIVER'S Contact No./ Alt No.	:1) 8308 953 1 2)
DRIVER'S Occupation	: INDOOR \OLDOOR (e.g. working inside or outside office)
Email Address	: sherim mang@ezumo-global winto @ carsmith biz
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): OI Lives .
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, PIs state);	s being used at the time of accident; Private use Work purpose
Other F	Party Driver's Particular (if any)
Vehicle No: SHD 675	7 U . Vehicle No:
Vehicle Make Model: Hyunday	Vehicle Make Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver Contact:

 $\ensuremath{^{\circ}}$ NEW - Passenger's name & gender:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum 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

A member of the Tokio Marine 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-MS011794-R00 (Comm Vehicle Carry Own Goods)

 Index Mark and Registration Number of Vehicle

GBK61S

Chassis No.: KDY2318038395

2. Name of Policyholder

EZUMO GLOBAL TRADING PTE LTD

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

12/11/2019

4. Date of Expiry of Insurance

11/11/2020

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 my 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 (Malaysta), 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: 1078DDA

Insurance Plant

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value Own Damage Claims

SGD 750

Windscreen Excess

SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 13/11/2019