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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.
- 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 flability.
- 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.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General kisurance 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 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.

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(1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	ACCIDENT STATEMENT
Date Of Report	17/07/2020 17:03
Date Of Accident	13/07/2020 09:00
Exact Location Of Accident	FILTER LANE FROM CTE EXIT TOWARDS ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE
District Mark One All Description D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR7976P
Insured/Policyholder	
Name Of Registered Owner	ABS RENTAL PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87569369
Alternative Phone No	OFFICE-87569369
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	0012 HOELS 14400 14400 1410 1410 1410
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MR000436
Cover Note Number	
Driver	
Name of Driver	MOHAMED JUMAAT BIN JAMAT
NRIC No	SXXXX291H
Date Of Birth	02/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2000
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87569369
Fax Number	
Contact Number	OFFICE-87569369
EMail Address	NOEMAIL

Address

BLK 406 ANG MO KIO AVENUE 10

#09-729

Postcode

560406

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

RAINING

Road Surface

WET

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) 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

GBG2035B

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</u> and <u>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.
- 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 Centre Personnel' Signature

Name:

NRIC/FIN No.:

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TO STOP THE CAR AND BUMP THE VAN GBG 2035 B WHICH INFROM? OF ME

DECLARATION

I/We declare the foregoing particulars are true in every respective

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature (1974)
Name:
NRIC/FIN No.: Name:

ACCIDENT STATEMENT

1. DETAILS	OF VEHICLE	1922	
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b) NRIC/FI c) ADDRES *d)DATE C e) OCCUP f) DATE C f) WAS DRIV IF NO, RE 5. G) WEATHE b) ROAD SI 6. WAS ANYB 7. G) REPORTE IF YES, PLI 8. THIRD PART CO PASSINGER C) NRIC/F C) NRIC/F C) PRIVER C) VEHICLE C) OF PASSINGER C) VEHICLE C) OF PASSINGER C) VEHICLE C) OF PASSINGER C) OR OTHER C) OR OTHER C) OR OTHER C) OF PASSINGER C) OR OTHER C) O	M/PASSPORT: \$793520 SS: SIK 406 Ruc MO KI OF BIRTH: 02 / 11 / 12 ATION: (INDOOR LOUTED FORIVING PASS VER AN EMPLOYER OF THE DR R CONDITION: (CLEAR / R JURFACE: (DRY WE) / OTH ODY INJURED (YES (NO)) EASE STATE WHICH POLIC Y VEHICLE LE NUMBER: IN PASSPORT: Y VEHICLE E NUMBER: 'S NAME: 'S NAME: 'S NAME: 'S NAME: 'S NAME: 'S NAME: 'S NAME:	CONTACT: MODEL: MODEL: MODEL: MODEL:	87569369
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email =

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Yokio Marino Contre Singapore 059046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E trais@toklomarine.com.sg W: www.toklomarine.com

Токію Могина Слоца



Certificate of Insurance

FORM MX1 H

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.: MR000438 (Private Car)

Index Mark and Registration Number of Vehicle

Chassis No.: G871073393

Name of Policyholder

ABS RENTAL PTE LTD

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

21/01/2020 (00:00:00)

Date of Explry of Insurance

20/01/2021

Persons or Class of Persons entitled to drive

Use for the carriage of passangers or goods in connection with the Policyholder's business or the hirer's business. Use for social demestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired. The Policy does not cover,-

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailor except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Provides that the Person driving is parmitted in accordance with the fivenesing or other laws or regulations to drive the Motor Vehicle or his book as parmitted and is not disquadfor by order of a Court of under the Road Traffic Act has not been cancelled at the time of the acciding loss or demagn.

6. Limitations as to use*

United this rendered increases by Section 5 of the Motor vehicles (Transport Act, 1967 (Maleysia), are not to be included under these headings.

We hereby certify that the Policy in which this Certificate relates is assued in accordance with the provision of the Motor Vehicles. (Third-Party Risks and Companisation) Act (Chapter 109) and Part IV of the Road Transport Act, 1097 (Malaysia).

Please refer to the Posey Schedule for full datale, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatspever reason, you must return the Certificate its Teleio. Marine Insurance Singapore Ltd. within 7 days thereof. Act (Chapter 189).

ADDITIONAL INFORMATION			the same of the sa
Insurance Plant	Comprehensive		Account No: 3043DDA
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims Additional Excess for Unnamed Driver(s)	SGD 3,000.00 SGD 500.00	(Original Excess : SGD 3,000.00)
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500,00	
	WindScreen Excess Excess-Third Party (Sect II)	SGD 100.00 SGD 3,000,00	*
Financial Interest:	ABS AUTO HOLDING PTE LTD	Carlo Colono Tanto to Fitte	
Additional Terms:	4. YID excess applied on Section 1	e by LTA and can be ary private hire ficence & Section 2 separate	NY.

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: 204300A

Printed: 20-01-2020 17-25-00

Register New Vehicle (Acknowledgement) Vehicle Particulars

Vehicle No.:

5MR7976P

Vehicle Type:

R10 - Private Hiro (Seif-Drive) Motor Car Vehicle Scheme:

Normal

Vehicle Attachment 1:

That expuses a

No Attachment

Vehicle Attachment 2: Vehicle Make:

HONDA

Vehicle Attachment 3:

Chassis No.:

GB71073393

Engine No.:

FREED HYBRID 7-SEATER 1.5G AUTO

Motor No.:

LEB5608081

H14088409

Trailer Chassis No.:

Vehicle Model:

Propallant:

Petrol-Electric

Passenger Capacity:

Engine Capacity:

1496 CC

Power Rating:

Maximum Power Output:

101.0 kW (135 bhp)

22.0 kW

Unladen Weight:

1430 kg

Maximum Laden Weight:

1815 kg

Primary Colour;

White

Secondary Colour:

First Registration Date:

21 Jan 2020

Original Registration Date: 21 Jan 2020

Manufacturing Year:

2018

Open Market Value:

\$26,773.00

PARF Eligibility:

Yes

Minimum PARF Benefit:

\$9,741,00

Additional Registration Fee First \$20,000,00 (100%), next \$6,773.00 (140%)

No. of Transfers:

ō

Actual ARF Paid:

\$19,483.00

Owner Particulars

Owner Name:

ABS RENTAL PTE, LTD.

Owner ID Type:

Company

Owner ID:

2018299102

Registered Address Type:

Private Residential (Condo Apt or House) /

Shopping/Office Complexes

Registered Block/House No.: 6001

Registered Street Name:

BEACH ROAD

Registered Unit No.:

22 - 04A

\$37,989.00

Registered Bullding Name: GOLDEN MILE TOWER

Registered Postal Code:

199589

COE No. / Expiry Date:

2020010107000736N / 20 Jan 2030

COE Bid Category:

E · Open · all except motorcycle

QP Paid:

Transaction Details

Business Transaction Ref.

No.:

20200121161756335532

Business Transaction Date: 21 Jan 2020

Business Transaction Time: 16:17:56

Message

The above vehicle has been successfully registered.

Please note that \$48,033.00 will be deducted from your GIRO account.

OK

Save as PDF