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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 wilholding 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.
- 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 aforesaid.

aforesaid.						
是这样又有性多的主义。	ACCIDENT STATEMENT					
Date Of Report	21/07/2020 11:03					
Date Of Accident	16/07/2020 16:10					
Exact Location Of Accident	37 OXLEY RISE BASEMENT CARPARK					
Country/State of Loss	SINGAPORE					
是被 感觉 器器是是使了最高。	ETAILS OF OWN VEHICLE					
Vehicle Registration Number	SMM9849L					
Insured/Policyholder						
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD					
Co Reg No	2XXXXX651D					
Email Address	LIRAN-ANK@REDIFFMAIL.COM					
Mobile Phone No	(LOCAL) +65-97563977					
Alternative Phone No	OFFICE-97563977					
Vehicle Particulars						
Manufacturer	LEXUS					
Model	E250					
Exact Purpose for which vehicle was being used at time of accident	PARKING THE VEHICLE IN THE BASEMENT					
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	NO					
Policy Number	20-ML000257-R00					
Cover Note Number						
Driver						
Name of Driver	CHALLAPILLA MEERA					
Passport No/FIN	GXXXX410T					
Date Of Birth	31/01/1984					
Occupation	INDOOR					
Date Of Driving Pass	29/03/2008					
Driving Experience	12 YEARS AND 3 MONTHS					
Gender	FEMALE					
Mobile Number	(LOCAL) +65-97563977					
Fax Number						
Contact Number	OTHERS-97563977					
TAINI Address	LIDAN AND DEDICEMAN COM					

LIRAN-ANK@REDIFFMAIL.COM

37 OXLEY RISE, VISIONCREST RESIDENCE Address #01-03 Postcode 238712 Was driver an employee of the Insured's Company 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 NO COLLISION 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 NO ambulance? Was any other material or property damaged? NO I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) **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)

> YES NO

NO

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please segan's correctly the section of the straights to appeal to the classic process.
- The Form must be completed by the Policyholder and/or the Authorised Driver.
- It is also makes provided most be so truthful and accurate as possible. Any within micropresentation or withholding of restartal facts ever allow insurance companies to repuddate policy liablifty. .
- The trace and ecceptance of this form by insurance companies is not an administra of policy hability on the part of the insurance COMPANIEL
- 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 eviablished by the General Insurance Association of Singapore (GIA) for archiving and that copies or this report will fire a fee he made available upon application by interested parties.
- By the infigment of this report to the mosters, you hereby cont not to the archiving of this report at the central and to copies of the report being made are lable aforesaid.
- 8 Consent under the Personal Data Protection Act (FDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the Denoral Insurance Association of Singapore (*GIA*) may/2/e permitted to collect; use. disclose and/or process my personal data/personal logor nutron set out in this (form) and any other personal information (any) and on close and transfer such provided by me or possessed by my ignator (collectively the "Personal Information") and disclose and transfer such
- Personal Information to all insurer(s) who have insured sehicir(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this sections shall be collectively by "ared to as the "lasurers"), the ansurers. Dwyers/low forms, the Monetary Authority of Singapore and any relevant government agency/authority/such as the prints), for the purposets)
 - III. 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 occident and/or my came;
 - (iii) corrying out and/or dealing with my instructions or responding to any enquiries by me.
 - (by) administering my claims findusting the mailing of correspondence, stallements, invoices, reports or notices to my. which could involve disclosure of certain personal derivations to bring about delivery of the same as we has on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable lew in administering processing, handling and/or dealing with my claims (collectively the Porputes |
- all insurer(s) who have insured vehicle(s) involved is this accident and the insurers' lawyers/law forms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Furnishing and
- my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (motating they lawyers/law lirror), which may be sited outfide of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile cialms history for the purpose of fraud detection, westigation and management in present and all future column.
- (a) the information su collected under (d) above may be shalled (d or oled-
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, centralling or regulators. The enforcement and government agencies as reasonably required for the purposes
 - (a) for comoning with requirements under any regulations, laws or court orders.

Policyholder's Signatura Date & Time:

Dif striver is not the

37 Oxly Rish Bostomean CARPARIC

SKETCH PLAN in the Rear Left DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Side Swipe on the Left hand owing to the combact with Pilla in the Basement BL Parky at 37 Okley Rise, VISIM ant Residen Singapore 238972 -: Des Fre 17/07/2020

5:00 pm

SINGAPORE ACCIDENT STATEMENT IMPORTANT NOTICE

Contact Number / Mobile Phone / Fax No.

- 1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for eliling.
- Please report correctly the details of the accident to speed up the claims process.
- 3. Thus form must be completed by the Policyholder and for the Authorised Driver.
- 4. Information provided must be as truthful and accurate as possible. Any witful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 5. The insurance and acceptance of this Form by incurance companies is alt an admission of the policy liability on the part of the incurance companies. a. Any false reporting may be referred to the Traffice Police Department for ir vestigation. Time: 4.10 Pm (Appmr) ACCIDENT STATEMENT Date: 16/02/2020 PARKING AT BASEMENT B1 Q+ 37 THEY Date and Time of Accident KISE, BINGSPORF, 238312 Exact Location of Accident DETAILS OF OWN VEHICLE SMM 9F49 L a Vehicle Registration Number 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) Modela Manufacturer: Lorry Vehicle Make / Model CRV MPV Saloon Type of Vehicle Others O M/zycle BASEMEA ME VEHICLE The Exact Purpose for which vehicle was being used at time of Third Party Are you claiming under own insurance policy for repair to No (If No. Pls select your vehicle? INSURANCE COMPANY (OWN VEHICLE) Name of Insurance Company O TP Only Third Party Fire & Theft Comprehensive Type of Policy Yes Fleet Policy Policy Number Motor CI Same as Insured above DRIVER MEERA CHALLAPILLA ¥ Name of Driver Personal Identification - NRIC (Singaporean/PR) × 93865410T - FIN/Passport Number -1584/1 31 /dd 01 /mm Date of Birth W 2 008 /yy 03 /mm /dd Driving Date Pass Month(s) 5 Year(s) Month(s) Year of Driving Experience -O Outdoor Indoor Occupation DOCTOR d Male Female Gender Ł

97563972

Address of Driver	¥	37	07	CLEY	RISE	419 Po	SIONCRES	T RESIDENCE
Email Address	#	Ki	van	- 01	K@	redi	Hmail.	am
Was Driver An Employee of the Insurer's Company?		0	Yes	0	No		,	
If No. Relationship of the Driver with the Insured		- "						
Vehicle Registration Number of Driver's Own		0	Ys	0	No.			
Vehicei Registration Number of Driver's Own Vehicle (if								
applicable) Insurance Company of Driver's Own Vehicle (if applicable	1	-						
Insurance Company of Driver's Own Venture (in appearance)	_		75.5	-				
GENERAL INFORMATION OF THE ACCIDENT								
Tyre of Collision (Eg. Chain Collision, Head-On Collision, Si	ide ¥	SIE	10	Su	IPE			
Swipe Front to Rear) Weather Conditions	7	0	Clear		Raining	0	Others	
Manager 11 to 1	A4 .	0	Dry	0	Wet	0	Others	
Road Surface			erry:		11151		Wall State	
OTHER INFORMATION			-					
, Was anybody injured in the accident?		0	Yas	0	No			
. Was any other vehicle or porperty damaged? (Including		0	Yes	0	No			TOYEL LIFE
Witness)		_	165	-	100			
		15		_				
DETAILS OF POLICE ACTION	-	_		-	2		saka waki ah Balisa	Cration 1
Vas the Accident reported to the Police?	4	0_	Yes.	0	No tit Yes.	piease s	tate which Police	Station I
olice Station Name ,								
olice Station Address								
plice Station Contact	1	rel No.					Fax No.	
as notice of intended Prosecution given?		0_	Yes	0	Na (if Yes,	against	whom?)	
ETAILS OF OTHER VEHICLE / PROPERTY 1								
chicle Registration Number	4	SM	M	38	191			
ehicle Make/ Model/ Colour								
etails of Properties							9	
ame of Driver								
rsonal Identification - NRIC (Singaporean/PR)								
- FIN/Passport Number		,						
ntact Number								
hicle Make/ Model/ Colour								
						4	PER PROT	
dress of Driver								
me of Insurance Company					in the last			
of Passenger (Including Driver)						973		Total Total

Tokio Marine Insurance Singapore Ltd.

Company Reg. No.: 192300014M] (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Toldo Marine Centre Singapore 069046

1 (65) 6221 6111 F. (65) 6221 4355 / (65) 6224 0895 € tmls@tokiomarine.com.sg W. www.tokiomarine.com

TOKIO MARINE INSURANCE GROUP

FORM MZ406

Authorities of the Tokin Manno 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, 4959 (MALAYSIA)

Policy No.: 20-ML000257-R00 (Private Motor Car)

1. Index Mark and Registration Number

SMM9849L

Chassis No.: JTHB11B1902009977

of Vehicle

2. Name of Policyholder

GOLDBELL 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 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.

6. 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:- '

- f) Use for racing, pace-making, reliability trial or speed-testing.
- Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired,
- * Limitations rendered inoperative by Section & of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not 'o 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 condition sof 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:

Prevailing Market Value

Policy Excess:

Excess - All Claims .

SGD 1,250 SGD 100

Windscreen Excess SGL

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed 01/04/2020