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#### SINGAPORE ACCIDENT STATEMENT

### 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 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.
- 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.

ACCI	JENI	SIA	EMEN

 Date Of Report
 27/07/2020 16:21

 Date Of Accident
 25/07/2020 15:05

 Exact Location Of Accident
 TOH YI DRIVE

 Country/State of Loss
 SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBB1952L

Insured/Policyholder

Name Of Registered Owner KOH WAN SENG ENTERPRISE

Co Reg No 2XXXX700L Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-90623712

Vehicle Particulars

Manufacturer NISSAN Model CABSTAR

Exact Purpose for which vehicle was being used at GOING BACK HOME

time of accident

2

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 19-MC012573-R08

Cover Note Number

Driver

 Name of Driver
 KOH WAN SENG

 NRIC No
 SXXXX588J

 Date Of Birth
 05/10/1954

 Occupation
 INDOOR

 Date Of Driving Pass
 30/05/1978

Driving Experience 42 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90623712

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 388 BUKIT BATOK WEST AVE 5 Address

#12-368

Postcode 650388

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

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

I CAME OUT FROM THE CARPARK OF CLTY3T AT TOH YI DR AND HALF BODY OF MY VEH WAS STATIONARY INSIDE THE YELLOW BOX DUE TO THE RED TRAFFIC LIGHT AHEAD. WHEN THE TRAFFIC LIGHT CHANGE GREEN, I STARTED TO MOVE OFF SUDDENLY VEH B CAME AND OUR VEH COLLIDED.

### 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 SLF8659Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver FATIM JUMABHOY

NRIC/Passport Number SXXXX387F Contact Number 84182363

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.
- 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 companies.
- 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 interested parties.
- 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 the report being made available aforesaid.
- 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) of:
  - (i) 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
- 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's Signature

Name

NRIC/FIN No .:

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SKETCH PLAN	1 1	
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CARPARK		
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	a la	70 71
4		DR 1-GBB19520 B-SLF8659Z
	, 4	B-SLF86592
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Pls ref.	to the statemen	it.
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DECLARATION		
We declare the foregoing parti	iculars are true in every respect.	0
	W. 199.045 man 10	Hym 27/07/20
olicyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

# ACCIDENT STATEMENT

AC	CIDENT DATE: 27 2 (DD/MM/YYYY)	, TIME: (Sign) (HELAM)		
LO	CATION: Toh J. D.	1/2		
	1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: 4881953L	20 15 25		
	DINSURANCE COMPANY: TOKIO MAR	INE		
	CIPOLICY NUMBER:			
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	TY / THIRD PARTY FIRE &THEFT		
	OMAKE & MODEL: NISSAN CABSE	FAR		
	TITYPE: (SALOON / COUPE / MPV /VAN / LORRY	Y / MOTORCYCLE / OTHERS)		
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCI	AL MOTORCYCLE)		
	hjpurpose of using at accident time:	going back home		
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU	RANCE (YES/NO)		
	IF NO, PLEASE STATE (THIRD PARTY CLAIM )	PORTING ONLY)		
	2. INSURED / POLICY HOLDER			
	48 하는 경영 선생님이 가장 양면 경우 아니라 하나 아니라	(MALE / FEMALE)		
	b]nric/fin/passport:	CONTACT: 906237/2		
	c)ADDRESS:			
14 19	C/ADDICESS.			
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER		
Ship of passage				
A rea of beissend	a)NAME:	(MALE / FEMALE)		
this of passeng. Cincluding drive	b)NRIC/FIN/PASSPORT:	CONTACT:		
(L)	c)ADDRESS:			
200 m				
	*d) DATE OF BIRTH: ( / / )(DD/	MM/YYYY)		
35	e)OCCUPATION! (INDOOR / DUTDOOR)			
	f) YEARS OF DRIVING EXPRERIENCE:	flyfars of driving exprerience:		
	4. WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES / NO)		
	IF NO, RELATIONSHIP OF THE DRIVER WIT	H INSURED: BOWN		
1	5. a)WEATHER CONDITION: (CLEAR / RAINING	OTHERS) AFFE RETIRE		
	b)ROAD SURFACE: (DRY / WET) OTHERS			
	6. WAS ANYBODY INJURED (YES /NO			
3	7. a) REPORTED TO POLICE (YES /NO)			
	IF YES, PLEASE STATE WHICH POLICE STATION			
. 4	B. THIRD PARTY VEHICLE	MODEL:		
we at basesumen	a) VEHICLE NUMBER: SCF 86592			
. Including drive	b) DRIVER'S NAME: FATIM JUMA BH	CONTACT: 84182263		
( )	P. THIRD PARTY VEHICLE			
	The state of the s	MODEL:		
tho of passeng	d) VEHICLE NUMBER:	10 - 100 m		
Indudina driv	f) NRIC/FIN/PASSPORT:	CONTACT:		
	7 I) MRIC/FIN/FASSFORE.			
(_)				

email = Jimmy 3351N @ gmail.com

VIDEO =

# 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

[ (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 El teas@tokiomarine.com.sg W: www.tokiomarine.com





### 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.: 19-MC012573-R08 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number

GBB1952L

Chassis No.: JN1SC2F24Z0800361

of Vehicle

2. Name of Policyholder

KOH WAN SENG ENTERPLISE

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

27/08/2019

4. Date of Expiry of Insurance

26/08/2020

### 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 not been cancelled at the time of the accident loss or damage.

### 6. Limitations as to use\*

- 1) 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 (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

Insurance Plan:

Third Party, Fire & Theft Prevailing Market Value LIAN HONG PTE LTD

Limit for total loss or theft: Financial Interest:

Authorised Signature

Tokio Marine Insurance Singapore Ltd.

Account: 0751DDA

User Name: Intermediaries from TM O

Printed 15/08/2019