NATTONAL Assessment Centre	Services :	vel , Janiasi	4° &			
Date III: 07/09/20	Joh description		Date &	Time Completed	Done	py.
Ref Nu NA/5m 30009497/13	SAS e-filing	10	i			
Veh No. GBG7524J .	E-mall (within 8)	urs, AliC Shray				
D.OA: 05/08/20 0940	i-Motor Claim	Porm .	1	assummer my production may		
OD: iP Reporting Only	i-Motor W/O		(7'P 4hrs)	ļ		
	Assessment/Sur		<del></del>	1		
TP Insurer:	Ass't Report by		o Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: {	<u> </u>	<del></del>	Tol:		Pax:	
	SMC3643E	, INC(	, )/N	on-INC( )		505/20=300
Owner / Driver: (			Tel:		)	
Policy No: ( ) Peri	iod: (	)	Cover	Гуре: (	)	
Confirmed by : (		Date:		Time:	)	5400 TUGO
Insured/Driver Liability: ( %) [N	lote-Est. Status (W	O): N: 0-2	0%; P:	21-79%. F: 80-	100%]	
Year of Registration: ( ) W	/atranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,00						
General Remarks:						
( ) Walk-In Customer's Informatic Customer's Informatic	mation strictly Con	fidential & St	rictly NC	refer of repairer.		
( ) Total Loss Case : to e-mail Insure						
Drive-In ( )/ Towed-In ( ); Invoice:		O( );T	owing (	o. (		)
The second secon		somethi dole	R Walke	Time Completed	Done	by
Remarks: (INC horling: 6788 6616)	<u> </u>	9978337777VY	ni perinces			
1) Apply for Transport Allowance ( )/C	ourtesy Car ( )		-			
2) QC Check / Post Repair Inspection	( )		-			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )					
Injury:						, ,
Dafe/l'ime Actions	45-5-60-615Y-65-6522	Station Pay	(fartist)	Sea alle descri		
Difference of Change 1878, 1913, 341, 341, 351, 351	DESCRIPTION OF THE PROPERTY OF	mesca technikovca	*********			
		# NETSTER 197				·
		Invoice Pro	parnile	n Checklist	Anic(5)	'Add B
NA2004710	Transport States of a particle of	1) AR : Acciden	Market Contract	g (530);		
Shumant's Particulars :-		2) DA ; Damage	Assossme	nt (5100); INC	40/545	
Driver/Owner:		3) TF: Towing 4) FT: Follow-	Through S	irvey	\$120	
Contact No:		5) FT : Fullow-	Phrough S	orvey (Resurvey) C Only (wef 10 Jan 20	230	
		6) TR : Re-lusp	eotlon	·	3/3	+
Damäged Portion:	3	7) N1 : Idao DA 8) NTUC Addi	+ SMRT	Survey	2160	
		on.			\$5	
QC Checked by (Engr-In-Charge):		*N5: Courte *N6: Repair	Co-ordina	on	510	
Additors! Comments :	735 NALL	N7. Post Re	pair Inspe	otion os Coordination	\$3	-
The state of the s	The water of the said to see	TE (M11): 1	P (Non IN	C) against INC	30	
2at. 1s	·	9) N12: Idno M	obile	Fee Charge	id	1000
Tal. 2 / 3;		invoice dated		Fee Charge	BE WINTED	3

## 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 <u>truthful</u> and <u>accurate</u> 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	07/09/2020 10:23
Date Of Accident	05/09/2020 09:40
Exact Location Of Accident	HOUGANG AVE 8 TURN RIGHT INTO HOUGANG AVE 10
Country/State of Loss	SINGAPORE
and the state of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7324J
Insured/Policyholder	
Name Of Registered Owner	N&T ENGINEERING &ENTERPRISE(PTE)LTD
Co Reg No	1XXXXX141N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97995111
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
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-MT107612-R01
Cover Note Number	
Driver	

Name of Driver PALANIAPPAN KARUPPIAH

 Passport No/FIN
 FXXXX805T

 Date Of Birth
 04/07/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/08/2018

Driving Experience 2 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93508147

Fax Number Contact Number

EMail Address NOEMAIL

Address

26A UPPER WELD ROAD

Postcode

207383

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

RAINING

Road Surface

WET

## Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ISLAM MD RAFAUL

GENDER:

MALE

#### 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

I WAS TRAVELLING FROM HOUGANG AVE 8 MAKING A RIGHT TURN INTO HOUGANG AVE 10.WHEN THERE'S NO ONCOMING VEH, I'M MAKING RIGHT TURN SUDDENLY VEH B CAME IN A FAST SPEED AND COLLIDED ONTO MY VEH.

## 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

SMC3643E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

AMIR HAMZAH BIN YAKIM

NRIC/Passport Number

SXXXX577B

Contact Number

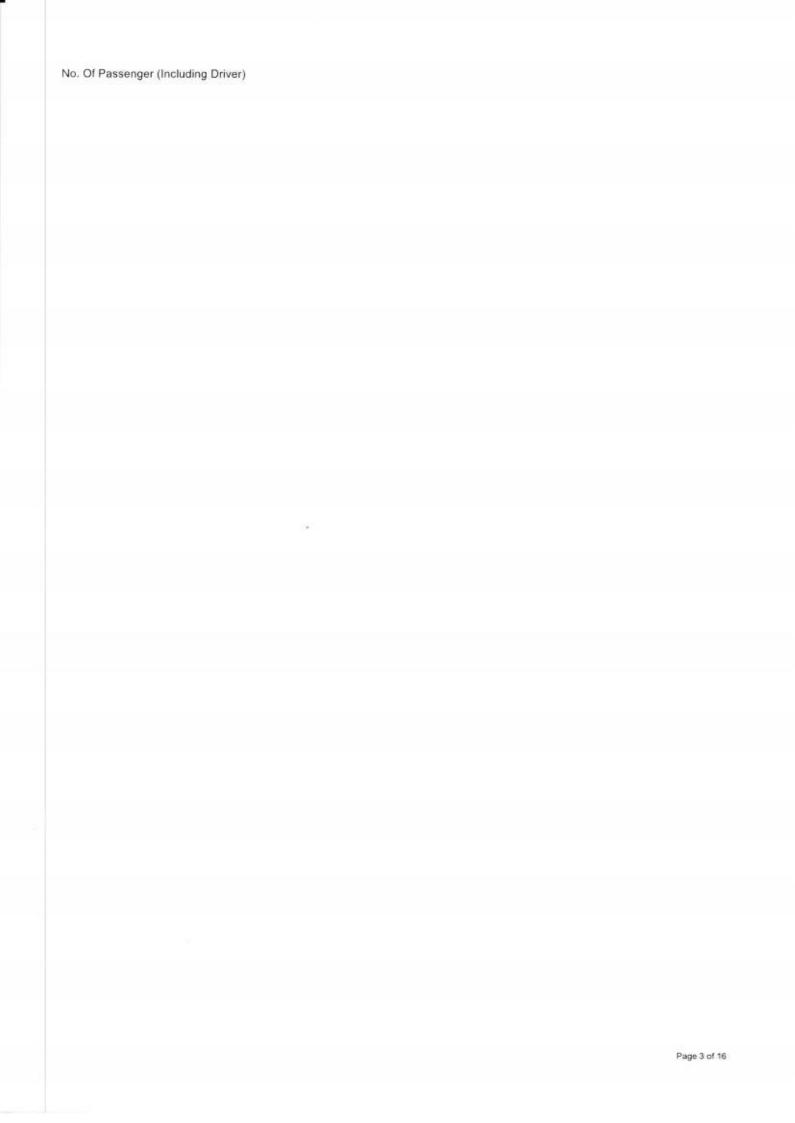
90707058

Address

Postcode

Insurance Company Name

Nature Of Damage



# 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 and 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.
- 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 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

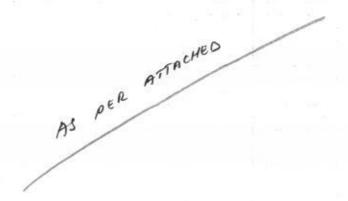
(If driver is not the policyholder)

Date & Time:

Sym 07/09/20
Report of Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIS	repr	to	sh	statement.	
	0				
CHE .			-	Wellow, same some a control of the c	
		1911-1			
				1	
			HELICO-OUTGO		

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sym 07/09/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### Google Maps Hougang Ave 8

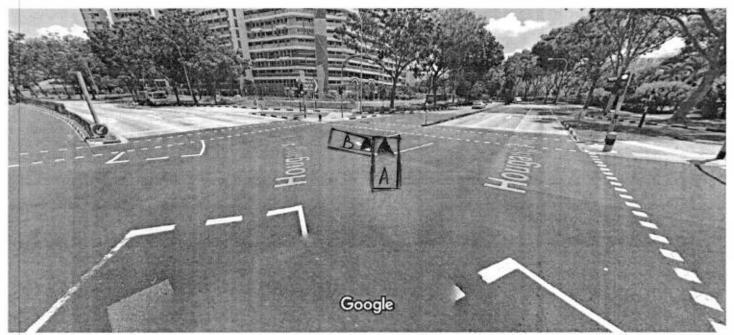
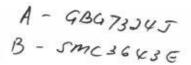


image capture: Apr 2018 © 2020 Google

Singapore



Street View







### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66\$\$0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

# with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA120076844 \_\_\_Vehicle Registration No: GBG 7324 J Name(as shown in NRIC): DAGANIAPPAN KAEUPPIAH \_NRIC/FIN/Passport No : \_\_ F 779 4805 T (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate JGA UPP WELD ROAD Address \_Singapore( \_\_\_\_\_Mobile No.:\_ 93508147 Contact (Tel) Email Address Date of Accident : 05/09/20 \_\_\_\_Time of Accident : \_\_\_\_\_09:40 Place of Accident : HOUGANG AUE 8 TURN RIGHT INTO HOUGANG AUE 10 TOKIO MARINE Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: REVERT FROM TO CLAIMS TO OB CLAIMS

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

Date:

# ACCIDENT STATEMENT 09 40

			D/MM/YYYY), TIME: [		
LOCA	ATION: TAMA	INE HOUGAN	14 AUESCNEAR	PUNGED PARK	1
\$1.000 at 1	DETAILS OF VE		7		
	DETAILS OF VE	IMBER: 686 73:	047		
	DINCLE NO	COMPANY TO	magains		
40	DJINSUKANCE	COMPANY: TOK	3/13 201		
	16.18 N 미 15.16(15) (15.16) (15.16)	MBER: 19 07/0		NO DOS CONTROL DE LA CONTROL D	
			THIRD PARTY / THIRD PART	Y FIRE &THEFT)	
	[2017] [17] A. G.	DEL: NISSAN		N.	
	f)TYPE:(SALOO	N / COUPE / MPV /	AN LORRY MOTORCYCL	.E / OTHERS)	
			COMMERCIAL / MOTORCYC	CLE)	
			IT TIME: WORKING /		
			POWN INSURANCE (YES)NO	···	
1725	IF NO, PLEASE	STATE (THIRD PARTY	CLAIM REPORTING ONLY)	1/5/	
2.	INSURED / POL	ICY HOLDER	ING A ENTERPRISE [MALE	(PTE) SIG	
	A)NAME:	1 ENGINEER	(MALE	FEMALE)	
	b) NRIC/FIN/PA	SSPORT:	CONTACT:_9	14/3/11	
	CJADDRESS:				
221 22 23	* 001711115.70		Ballania		200
Win . I		3.d IF DRIVER ALSO			
AMO of passong3	DRIVER	ANIA PDAN K	RUPPIAH (MALE	Secretaries	
(Including driver)	DINAME:	CCDORT: 6779V	MALE	A FEMALE)	
(2)	CIADODESS: 2	GA UPPER W	8051 CONTACT:	1330017	
ISIAM MD RAPAL	(/ADDRESS		-5/18		
/S/gm MID ROLLING	*d\DATE OF RIP	TH-104/07/14	774)(DD/MM/YYYY)		
/ m ) -		N: (INDOOR / OUTD		3	
1000		VING EXPRERIENCE:			0
4.			HE INSURED'S COMPANY?	(YES:/ NO)	
			RIVER WITH INSURED:	()	
5.		NDITION: (CLEAR /			
		CE: (DRY / WEL) OT			
6.		INJURED (YES / NO)	A CONTRACTOR OF THE PROPERTY O	77	
		POLICE (YES /NO)			
		STATE WHICH POLICE			
. 8.	THIRD BARTY VE	UICIE	Marie Carlos Company		
tide of passinger	a) VEHICLE NU	JMBER: SMC364	MODEL:		
( Including driver)	<li>b) DRIVER'S N</li>	AME: AMIR HO	MITHER BIN YAKIN		
6 1		ASSPORT: <u>-C11995</u>	778 CONTACT:	20767056	
9.	THIRD PARTY VE	HICLE		33	
4 the of passenger	d) VEHICLE NU		MODEL:	1.0	
i lad in a brail	e) DRIVER'S N.	AME:			
(Including driver)	f) NRIC/FIN/P	ASSPORT:	CONTACT:		
( )					
	1.02	**			
	8		2	(i)	- M
	725			- mda	10111
		email =		1 dama g	
	v		as to the	i alislam@gmail.	
		fax =	th. Wester 1.	<u>₩</u>	
		1			

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

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

A member of the Tokio Marine Group



# 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-MT107612-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number

GBG7324J

Chassis No.: JN1SC2F24Z0860117

of Vehicle

2. Name of Policyholder

N&T ENGINEERING & ENTERPRISE (PTE) LTD

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

14/10/2019

4. Date of Expiry of Insurance

13/10/2020

## 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.
- 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

Comprehensive Approved Workshop Plan

Insurance Plan: Limit for total loss or theft:

Prevailing Market Value

Own Damage Claims

SGD 750

Financial Interest:

Policy Excess:

Windscreen Excess SGD 100 UNITED OVERSEAS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Account: 2320DDA

Authorised Signature

User Name: Intermediaries from TM O

Printed 17/09/2019