

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 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. 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	20/10/2020 15:20
Date Of Accident	19/10/2020 00:30
Exact Location Of Accident	SENG POH ROAD (ENTRANCE TO TIONG BAHRU)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT2168Z
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ROYTEOJW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97239173
Alternative Phone No	OFFICE-97239173

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-ML000244-R00
Cover Note Number	

Driver

Name of Driver	TEO JUNWEI, ROY (ZHANG JUNWEI, ROY)
NRIC No	SXXXX225H
Date Of Birth	28/08/1982
Occupation	INDOOR
Date Of Driving Pass	14/06/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97239173
Fax Number	
Contact Number	HOME-97239173

Address	145 SERANGOON AVENUE 3 #17-06
Postcode	556122
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	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 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	SLZ346Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HU YIXIN
NRIC/Passport Number	SXXXX938B
Contact Number	92396052
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 (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
- (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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/10/20
1315 hrs

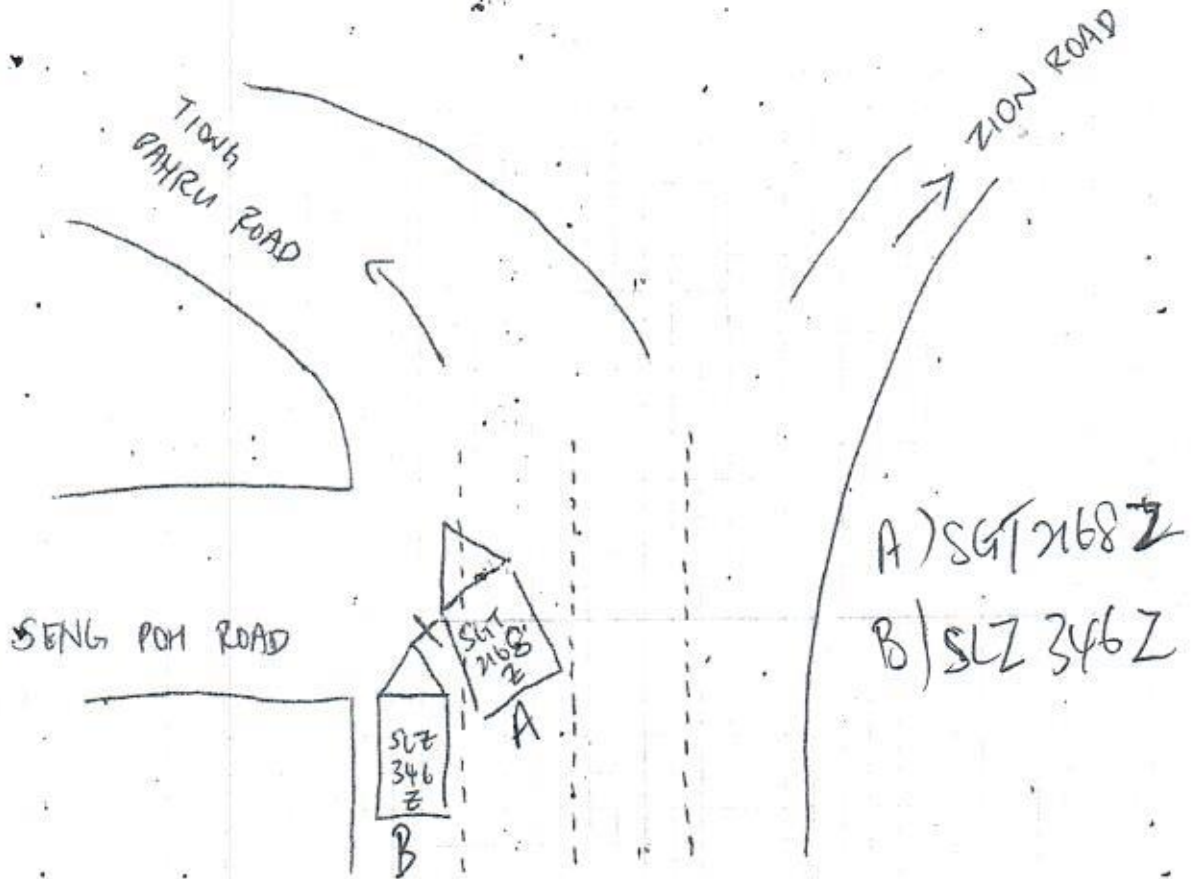


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING DOWN TIONG BAHRU ROAD, HEADED TOWARDS LOVER DELTA ROAD AND WAS IN THE 2ND LANE FROM THE LEFT, TRAVELLING STRAIGHT DOWN. AT 0025 HRS.

I FILTERED INTO THE LEFT LANE TO KEEP TOWARDS THE LEFT MOST LANE OF THE ROAD TO CONTINUE ON TIONG BAHRU ROAD WHEN I FELT THE IMPACT OF AN ONCOMING CAR FROM THE BACK

DECLARATION

We declare the foregoing particulars are true in every respect.

[Signature]

Driver's Signature
(If driver is not the policyholder)

Date & Time: 19/10/20
1315

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No. _____

Insurer _____

Veh No. _____

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: _____

[Signature]

ACCIDENT STATEMENT FOR INPUT			
DATE OF ACCIDENT	19/10/20	TIME OF ACCIDENT	0030
COUNTRY/STATE OF LOSS	<input checked="" type="checkbox"/> SINGAPORE <input type="checkbox"/> MALAYSIA (<input type="checkbox"/> JOHOR <input type="checkbox"/> PAHANG <input type="checkbox"/> KELANTAN <input type="checkbox"/> OTHERS _____) <input type="checkbox"/> THAILAND		
ACCIDENT LOCATION	SENG POH ROAD (ENTRANCE TO TIONG BAHRU)		
VEHICLE NUMBER	SLT 2168Z		
INFORMATION OF INSURED			
NAME OF REGISTERED OWNER	ROY TEO JUNWEI		
COMPANY ROC /NRIC OF OWNER	S8225225H		
EMAIL	royteojw@gmail.com	TELEPHONE / FAX	97349173
VEHICLE MODEL /MAKE	TOYOTA CAMRY 2.5L		
ARE YOU CLAIMING?	<input checked="" type="checkbox"/> OWN POLICY <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> RECORD PURPOSE ONLY (IF CLAIM THIRD PARTY AT OTHER WORKSHOP, PLS STATE WORKSHOP NAME: _____)		
INSURANCE COMPANY			
TYPE OF COVERAGE	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> THIRD PARTY FIRE & THEFT <input type="checkbox"/> THIRD PARTY		
POLICY NUMBER			
INFORMATION OF DRIVER			
NAME OF DRIVER	ROY TEO JUNWEI		
NRIC OF DRIVER	S8225225H		
DATE OF BIRTH	28 AUGUST 1982		
OCCUPATION	<input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR (COUNTRY MANAGER)		
DATE OF DRIVING PASS	14 JUN 2001	GENDER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MOBILE NUMBER	97349173	OFFICE NUMBER	N/A
ADDRESS	145 SERANGOON AVE 3 #17-06 S556122		
EMAIL ADDRESS	royteojw@gmail.com		
RELATIONSHIP OF DRIVER WITH INSURED	N/A		
DO YOU OWN OTHER VEHICLE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEH NO.?	INSU. CO?
INFORMATION OF ACCIDENT			
WEATHER CONDITIONS	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:		
ROAD SURFACE	<input type="checkbox"/> WET <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHERS:		
OTHER INFORMATION			
ANY INJURY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	INJURED CONVEYED BY	<input type="checkbox"/> YES <input type="checkbox"/> NO
		AMBULANCE	
ANY FOREIGN VEHICLE INVOLVED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(FOREIGN VEHICLE NUMBER: _____)	
IS ACCIDENT CAPTURED BY VIDEO	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	(please provide link/video if YES) ON THIRD PARTY VIDEO	
ACCIDENT REPORT AT WHICH POLICE STATION? * ATTACH POLICE REPORT*	<input type="checkbox"/> NO <input type="checkbox"/> YES	WAS NOTICE OF INTENDED PROSECUTION GIVEN?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO. OF VEHICLES INVOLVED IN ACCIDENT	2
NO. OF PASSENGERS IN CAR (INCLUDING DRIVER)	0	NAME / GENDER OF PASSENGERS:	N/A
NAME / GENDER OF PASSENGERS:	N/A	NAME / GENDER OF PASSENGERS:	N/A
DETAILS OF THIRD PARTY (1)			
VEHICLE NUMBER	SLZ 346Z		
NAME OF DRIVER	HU YIXIN		
NRIC OF DRIVER	S9670938B		
ADDRESS OF DRIVER			
CONTACT NUMBER	92396052		
OTHER INFO			
DETAILS OF THIRD PARTY (2)			
VEHICLE NUMBER			
NAME OF DRIVER			
NRIC OF DRIVER			
ADDRESS OF DRIVER			



Gen 20/10/2000

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



TOKIO MARINE
INSURANCE GROUP
FORM MZ406

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.: 20-ML000244-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SGT2168Z Chassis No.: MR2B63HK904004452
2. Name of Policyholder GOLDBELL CAR RENTAL PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 14/09/2020
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 the Policyholder's 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:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) 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.
- 4) Use for hire of reward except for rental services by the Policyholder only.

* 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

Account: 3092DDZ

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Excess - All Claims
	Windscreen Excess
Financial Interest:	HONG LEONG FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature