NATIONAL Assessment Centre	Services.	port i Jamost . N	1MA 120103648		
()ate in: 27   111 20 14:09	Jeb description		Date & Time Complete		ne by
Ref No NAI TMI 20013112 144	SAS c-filing		1		
Veh No 67 2063 K	E-mall (white	Slics, AIC 2hrs)	T		
11/14 13/11/20 13:50	I-Motor Cini	m Form	3		
1	I-Motor W/O	(Within: OD 2lsr.	(Tr thrs)		
OD - TP ! Repression, Only	i-Photo Uplo	nded	1		
	Assessment/Su	rvey Report			
TP insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp	-	THE STREET
Professed Wissp / INC Assign Wksp / QW: {	Control of the second	-	Tel: *	Fax:	- 1
TP Particulars: Veh No: GE	7 2073 A.	, INC(	)/Non-INC( )		
Owner / Driver: (		5.5	Tel:	)	
Policy No: ( ) Parid	od: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
1			0%; P: 21-79%. P: 8	0-100%]	*
	arranty: YES (	)/NO(	)		
Excess: (\$ ) Londing: \$1,000	) ( ) / \$2,000		03 30 00 00 00 00 00 00 00 00 00 00 00 0	र्फाष्ट्रहरू	<del></del>
			187743.4842.55.17		* * * * -
( ) Walk-In Customar : Customer's Inform		niidential & St	rictly NO rater of repair	ar.	
( ) Total Loss Case : to e-mall Insurer			owing Co: (/ · , '	_ <del>_</del>	
Drive-In ( )/ Towed-In ( ); Invoice:		movaniewmenter	wing co. (	10 PT 15 T T T T T T T T T T T T T T T T T T	ed-licing and
atomore - discionario della constituta		BANTANA	H DIDER FOUNDS OF THE PERSON O	E. P. Sept. Million	ipiph
1) Apply for Transport Allowance ( )/Co		)			
2) QC Check / Post Repair Inspection	.( )		<del> </del>	- 7 .	
Upload Resurvey Photo [Repair Cost > \$300]	00] (	)	1		
Injurý :					
Daletcino Preciones States States Marie		Mary ARPARA	18 (18 To 18 18 18 18 18 18 18 18 18 18 18 18 18	STATE OF THE STATE	gen -
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Anti-distribution of the Control of				
***************************************					
	1				
****	THE STREET, ST			TELEVISION (15)	(t) HELA (S)
". NA 200	6380	invoice fit.	(aration Checklist ac Reporting (530);	30.0	N kadibin
Claiminus Darrichaes is 50% (1985)		1) AR ; Accident 2) DA ; Damego	Assessment (\$100); INC	(550)	
Driver/Owner:		3) TF : Towing P 4) FT : Follow-T	brough Survey	\$40/\$45 \$120	
Confact No:		5) FT . Follow-T	brough Survey (Reservey)	2005)	
		6) TR: Re-Inspe	otion	175	
Damaged Portion:		7) N1 : Idao DA -	+ SMRT Survey	2160	
NG Charles (2) - In Charles		on.	Consequences and the consequences are a second and a second and a second a	53	
2C Checked by (Engr-In-Churge):		*NG: Repair C	Cos/Tpt Allowance	510	
Vanlitars (Communist)		*N7; Post Rep	eir Inspection licot Excess Coordination	523 53	
	12 (1964) AND LEAST 11 (1)	TP(NII):TP	(Non INC) against INC	30	
		9) N12: Idea Ma Involve dated	, Fee Char	yed	MAN AND
EXZ8		Invalce dated	Fee Char	ged Millian	84

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number 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 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.
- 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.	
Address of the second second	ACCIDENT STATEMENT
Date Of Report	27/11/2020 14:09
Date Of Accident	13/11/2020 13:50
Exact Location Of Accident	68 GEYLANG BAHRU OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ2063K
Insured/Policyholder	
Name Of Registered Owner	KRYOSERVE ENGINEERING PTE LTD
Co Reg No	2XXXXX561D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81213963
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	20-MS000809-R01
Cover Note Number	
Driver	
Name of Driver	RENGASAMY RENGAN
NRIC No	GXXXX433N
Date Of Birth	13/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2017
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90841104
Fax Number	
Carlo Market Control of the Control	

NOEMAIL

BLK 2 BUROH CRESCENT #03-13 Address

Postcode 627546

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 CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

NO Was any body injured in the Accident?

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.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201124/2023

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBJ2073A** 

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

Page 2 of 16

No. Of Passenger (Including Driver)	
Page	e 3 of 16

## 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 <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.
- 5. 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 (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:
  - (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.

OWNERS OF THE PROPERTY OF THE

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Name:

Unable			
+	,		
	Provide		
		Sketch	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(	И	THE	STAT	εD	DATE	k	TIME	, As	1	JEH	A ( 6%	2063	k)	חום לום	RELIA	ice 7	4	WHEH
,	یهن	mai	KING A	9 TH	REE	PoiN	T TURN	Ι,	HiT	ONT	N EH	B (	687	2073.4	). 1	الد د	ne s	s4W
HE	Vig	)E0	FROM	748	отн	EL	PARTY .	HENGE	1	AM	MAICHE	21117	REPO	RT OM	THE	ACCIPE	47.	
_																		
										,								
										92				g			*	

# DECLARATION

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





1 of 3

Report No. T/20201124/2023

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2020 12:33			Vide Report No.:         Station Diary           T/20201113/2064         34			
Informa	nt's Partice	ulars	性物质可能主義的企業的原理	<b>经共享的基础的</b>		
Miles were to consider and	Informant: SAMY REN	GAN	Address: C/O APT BLK 2 Buroh Cresce	ent #03-13 SINGAPORE 627546		
CONTRACTOR AND VALUE	/ ID No.: / G2443433	IN	Contact No.: Home/Office: Mobile: 90841104			
National INDIAN	ity:		Email:			
Sex: Age: Date of Birth: Male 27 13/04/1993			Type of Informant: Driver			
Race: Indian Occupation: DRIVER			Language: Institution / School Na			
			Driving Licence Information:  Class: Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2020 13:50	Type of Location
Location: GEYLANG BA	AHRU	Road Surface:	R	load Speed Limit:
Weather:		Dry		
Clear Traffic Flow: One Way		Dry Traffic Control:	Т	raffic Volume:

Details of V	ehicle Invo	ived	10000000000000000000000000000000000000	SEE ENDINE	11 17 E 65 E	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ2063K	Lorry	TOYOTA	DYNA 150 D	White	No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	The late of the second
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





olice Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

2 of 3 Report No. T/20201124/2023

CONTINUATION OF REPORT

Driver				ID No.		G2443433N
Name	RENGASAMY RENGAN			ID No.		G244343314
Related Vehicle	GZ2063K (Lorry)			Conta	ct No.	90841104
Hospital/Clinic	NIL				of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	STREET, STREET,	Date Disc		NIL	一方面 大学
No of Days gran	ted Medical Leave	NIL	Degree of Injury		NIL	

Brief Details.

On 13/11/2020 at 1350hrs, I was driving my white colored lorry bearing the car plate number of (GZ2063K) along Geylang Bahru, I entered the carpark of Blk 68 Geylang Bahru OSCP. After I go pass the entrance gantry, I turned left and go further into the carpark as I see there was no parking lot, I did a 3 point U-turn and go to the gantry exit to leave the place. There was no accident and I did not feel of hitting any other cars while driving and making a U-turn no one was injured and no government property was damage. I entered the parking lot for about 2-3 mins and left. I received a letter from traffic police to proceed to police station to make a traffic accident report reference to T/20201113/2064, TP/IP/50473/2020. I am going back to my country on 06/12/2020.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 MINAMINAMINAMI

3 01

Report No. T/20201124/2023

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

The Deport
Signature Of Officer Recording The Report
JI
Sgt 2 KELVIN KOK JING XIANG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No. 65476151
Authentication Stamp
SIGNATURE

Signature Of Informant:	
0.	
Jon.	A STATE OF THE STA
Date/Time: 24/11/2020 12:33	
Classification Of Case:	
The Date of the last	

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@toklomarine.com.sg W www.toklomarine.com

A member of the Tokio Marine 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, 1959 (MALAYSIA)

Policy No.: 20-MS000809-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle

GZ2063K

Chassis No.: JTFUF34Y603011530

2. Name of Policyholder

KRYOSERVE ENGINEERING PTE LTD

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

20/01/2020

4. Date of Expiry of Insurance

19/01/2021

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 Truffic Act and its registration under the Road Truffic 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 ourrency, 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: 2417DDA

Insurance Plan:

Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

**Authorised Signature** 

User Name: Intermediaries from TM O

Printed 01/01/2020

Date of Accident	13 HOJ 20 Accident Time: 1350 (24-HR-FORMAT)
Accident Place	: 68 GEYLANG BAHRY OPEN SPACE CP.
Vehicle Reg. No (Car plate No.)	: GZ 2063 K Vehicle Make/Model: TOYOTA DYNA
Insurance Company	: TOKIO MARINE Policy No. 20 - MS 000809 - ROI
Name of Registered Owner	: Company / Individual KRYOSERVE ENGINEERING PTE LTP.
ID of Registered Owner	: Co Reg No: 2013.22561 D Owner's NRIC No:
	: Co Contact No: Owner's Contact No: 81213963
DRIVER'S Name	REHUMSAMY REHEAR DRIVER'S NRIC No: 62443463 N
DRIVER'S Date of Birth	: 13 APR 1993 DRIVER'S License Pass Date 30 406 2017
Relationship bet. Owner & Driver	: Spense   Parents   Children   Sibiling   Employee   Others:
DRIVER'S Address	: ACE @ BUROH \$ 627546 \$03 -13
DRIVER'S Contact No./ Alt No.	:1) 90841104 2) -
DRIVER'S Occupation	: INDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	
Weather & Road Surface	: CLEAR & DRY   RAINING & WET LAFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurcuce
Number of Passengers (including Was the accident reported to the p Was there any video Captured by	olice? YES INO Passenger Name: Gender: M/F car camera; YES NO Any Injuries: YES / NO Injured Name:
Exact purpose for which vehicle	Injured Name:was being used at the time of accident: Private use \ Work purpose
	Other Party Driver's Particulars (if any)
Vehicle Reg No: (48) 2073	A Vehicle Reg No:
Vehicle MakelModel:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
<u>Q</u>	Other Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
Vehicle Make Model:	Vehicle Make\Model:
Name DRIVER	Name DRIVER
IC NO DRIVER	IC 92 DSLAES
DRIVER'S Contant & a to	DRIVER'S Contest & add