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SN0920CN000L / National Assessment Centre Services [408933] ENTRY DATE & TIME: 23/12/2020 18:48 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (23/12/2020 18:48 (SGT))

# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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.

- 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

23/12/2020 18:48 (SGT) Date of Submission 23/12/2020 10:10 (SGT) Date of Accident Upper Thomson Rd, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

# **DETAILS OF OWN VEHICLE**

GBD2119J Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? BROS DESIGN RENOVATION Name Of Registered Owner 5XXXX395M Company Reg No BROSDESIGNRENO@GMAIL.COM **Email Address** (Phone) +65-91556588 Mobile Phone No +65-91556588 Alternative Phone No .....

#### VEHICLE PARTICULARS

Mitsubishi Manufacturer Canter Model Variant ..... Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

# INSURANCE COMPANY

Name of Insurance Company Tokio Marine Type of Coverage Comprehensive No Fleet Policy Policy Number ..... MR003974 Cover Note Number

#### DRIVER

TAY SOCK KHIAN Name of Driver SXXXX406J NRIC No 11/06/1969 Date Of Birth Outdoor Occupation

Date Of Driving Pass	07/03/1994						
Driving experience	26 YEARS AND 9 MONTHS						
Gender	Male						
Mobile Number	(Phone) +65-98228128						
Alt. Phone Number							
Email Address	BROSDESIGNRENO@GMAIL.COM						
Address	BLK 104 RIVERVALE WALK #11-140						
Address complement							
Postcode	540104						
	No						
Is the driver the policyholder?	5.75						
If No, Relationship of the Driver with the Insured	Employee						
Does Driver Own Other Vehicles?	No						
Vehicle Registration Number of Other Vehicle Owned by Driver							
	0 <del>.</del> 8						
Insurance Company of Other Vehicle Owned by Driver							
GENERAL INFORMATION OF THE ACCIDENT							
Type of Accident	Collision - Head to Rear						
Weather Conditions	Clear						
Road Surface	Dry						
OTHER INFORMATION							
Was any foreign vehicle involved in the accident?	No						
was any loreign vehicle involved in the accident	2						
Number of vehicles involved in the accident	70						
Was anybody injured in the Accident?	Yes						
Was any injured conveyed to hospital by ambulance?	No						
Was any other material or property damaged?	Yes						
Number of Passengers (Including Driver)	2						
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No						
PASSENGER 1							
Name	WANG XIAO PING						
Gender	Male						
Gender	may						
DETAILS OF POLICE ACTION							
Was the accident reported to the police?	No						
Was notice of intended Prosecution given?	No						
If yes, against whom?	*						
CIRCUMSTANCES OF ACCIDENT							
REFER TO STATEMENT.							
ATTACHMENT(S)							
A	Yes						
Are accident photos available for attachment?							
Was there any video captured by Car Camera?	Yes						
Was there any audio recorded?	No						
DETAILS OF OTHE	R VEHICLE PROPERTY 1						
Vehicle Registration Number	SKM27A						
Vehicle Manufacturer	The state of the s						
Vehicle Model	i						
Vehicle Variant	(*)						
Vehicle Colour	(*)						
Vehicle Category	- Private car						

Private car

Vehicle Category Name of Driver Contact Number

Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	*

# INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	WANG XIAO PING
Address	F
Address Complement	**
Post Code	*1
Approximate Age Years Old	•
Injuries Sustained	BODY
Injured person in which vehicle?	GBD2119J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# INJURED 2

Name of injured person	TAY SOCK KHIAN
Address	<u>=</u>
Address Complement	2
Post Code	*
Approximate Age Years Old	War and the
Injuries Sustained	BODY
Injured person in which vehicle?	GBD2119J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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>.
- 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 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

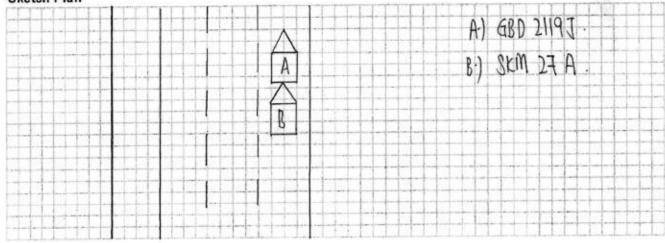


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

# Sketch Plan



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# Declaration

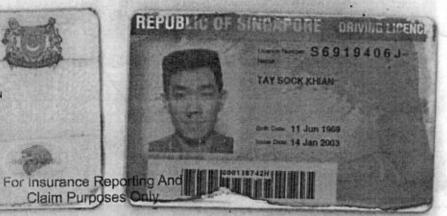
IWe declare the foregoing particulars are true in every respect.



Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel









# Tokio Marine Insurance Singapore Ltd.

Company Reg. No.: 192300014M (GST Reg No.: MZ-0000023-4)

20 McCalkum Street #09-01 Tokio Marine Centre Singapore 069046

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



A roumbles of the Toxao Mariew Group

# Certificate of Insurance

FORM MZ300

Account No: 2845DDA

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.: MR003974 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle

GBD2119.I

Chassis No.: FEA01BA00398

2. Name of Policyholder

BROS DESIGN RENOVATION

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

31/07/2020 (00:00:00)

4. Date of Expiry of Insurance

30/07/2021

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 less 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 has not been cancelled at the time of the account less or duringly.

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.

he policy does not cover:-

Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 Use whitst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*Limitations rendered expensive by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), and Section 95 of the Road Transport Act, 1967 (Maraysia), are not to be included under these headings.

We havely county 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 (Malaystel)

Please refer to the Policy Schedule for full details, terms and conditions of the insurance

#### IMPORTANT NOTICE

Insurance Plan:

This Certificate is not transferable. During its currency, if the incurrance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within T 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 Ricks and Compensation Act (Chapter 189).

ADDITIONAL INFORMATION

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

or Inexperience Driver(s)

Policy Excess:

Own Damage Claims Additional Excess for Young, Elderly

SGD 750.00

SGD 3,000.00 SGD 100.00

(All Claims)

(Original Excess : SGD 750.00)

Financial Interest:

WindScreen Excess MBFS PTE LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

**Authorised Signature** 

Printed: 14-07-2020 17:06:25

Date of Accident	: 23.11.2020 Accident Time: [0.10 am (24-HR-Format)
Accident Place	: Upper Thomson Road Towards Jornie Road.
Vehicle. No. (Car Plate No.)	: GBD 2119 J Make/Model: Mit (anter
Insurace Company	: Tokio Maring. Policy No: MR 003974.
Owner or Company Name /IC No.	: Bros Design Renovation (53192395 m).
Owner or Company Contact No.	: 9 55 6588 · Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Tay Sock khian (S6919406 J)
DRIVER'S Date Of Birth	: 11.06.1969 DRIVER'S License Pass Date 07.03.1994.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	. BIK 104 Rivervale Walk # 11-140 Singapore 540104
DRIVER'S Contact No./ Alt No.	:1) 9822 8128. 2) -
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: brosdesignieno O gmail. com
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	priver):   Driver . /   passenger .
	ar camera: YES \ NO as being used at the time of accident: Private use Work purpose
Other 1	Party Driver's Particular (if any)
Vehicle. No: SKM 27A.	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	₺ gender:

Wang xiao Ping - Male.



