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2) QC Check / Post Repair Inspection .(·)	
3) Upload Resurvey Photo [Repair Cost > \$3000]	
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16) TIC: ICA-IN MANUAL	
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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.

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.

The issue and acceptance of this Form by insurance companies is not an admission of poincy 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.
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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

08/03/2021 14:47 (SGT) Date of Submission 06/03/2021 17:50 (SGT) Date of Accident Exact Location of Accident Bukit Timah Rd, Singapore Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

No - Claiming third party

Commercial vehicle

GBB9613M Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? WINDOWS COZY PTE LTD Name Of Registered Owner 2XXXXX620M Company Reg No JANICE@WINDOWSCOZY.COM **Email Address** (Phone) +65-97870450 Mobile Phone No +65-97870450 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Hiace Model Variant Exact purpose for which vehicle was being used at time of Employment

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Tokio Marine ThirdPartyFireTheft Type of Coverage No Fleet Policy MR002843 Policy Number Cover Note Number

DRIVER

Name of Driver **ASADUJJAMAN** Work Permit No GXXXX435T 01/01/1986 Date Of Birth Outdoor Occupation

Accident report SN0921380009

11/01/2018 Date Of Driving Pass 3 YEARS AND 2 MONTHS Driving experience Male Gender (Phone) +65-93482350 Mobile Number Alt. Phone Number JANICE@WINDOWSCOZY.COM Email Address 1 SUNVIEW ROAD #07-22 Address Address complement 627615 Postcode Is the driver the policyholder? No Employee If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SJB7551B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number Address

Address complement

Insurance Company Name

Postcode

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

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.
- 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.
- 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)

Lunderstand, 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")

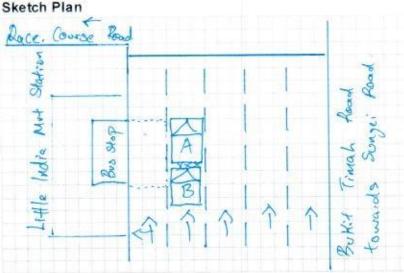
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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



A: GBB 9613M

B : SJB 7551B

Describe Circumstances of the Accident
On 06/03/2021 at about 17:50 hrs, i was driving my
vehicle (GBB 9613M) a long Bukit Timph Road treading towards
Tanjong Rthu and road. and I was at the second lane
from the left and at the function we my
my vehicle was stationary due to traffic most sit
light was red at the moment. Suddenly i felt an
impood from the rear I alighted and saw Vet 8
(SJB7551B) had collected that the rear of my
vehicle.

Declaration

Time

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

Policyholder's Signature / Date &

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.: 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

INSURANCE GROUP

Tokio Marine Group

Certificate of Insurance

FORM MZ300

Account No: 3039DDA

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.: MR002843 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle

GBB9613M

Chassis No.: KDH2010044635

2. Name of Policyholder

WINDOWS COZY PTE. LTD.

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

15/05/2020 (00:00:00)

14/05/2021

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 Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use*

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.
 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

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

Third Party Fire & Theft

Insurance Plan: Limit for total loss or theft:

Prevailing Market Value

Financial Interest:

ABWIN PRIVATE LIMITED

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Printed: 14-05-2020 17:20:58

PEHICLE NO: GBB9613M	MAKE & MODEL: Togota Hiace AUTO/MANUAL
DATE OF ACCIDENT:	06/05/2021 CC: 3.0
IME OF ACCIDENT:	(7:50 HRS
OCATION OF ACCIDENT:	Bukit Timah Acad Towards (Outside Little inde MPT
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
The second secon	Windows Cozy Pte Ltd
NAME OF OWNER:	H/P: 978704500FFICE: HOME:
EL NO:	201708620M
VRIC:	1 Sunview Road #07-22 S(627615).
ADDRESS:	
MAIL:	janice @ windowscozy-com
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES /(NO ?
NSURANCE COMPANY:	Tokio Marine
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	MR 002843
NAME OF DRIVER:	AS ABOVE / IRNO: A Sadujjaman
NRIC:	G268743ST ANY PASSENGER:
DATE OF BIRTH:	01/01/1986 LICENCE PASSED DATE: 11/01/2018
OCCUPATION:	OUTDOOR INDOOR
GENDER:	MALE / FEMALE
CONTACT NO:	H/P: 934823500FFICE: HOME:
ADDRESS:	1 Surview Road #07-22 S(627615)
EMAIL:	N.A.
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO: INSURER:
RELATIONSHIP:	Employee.
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:
	DRY / WET / OTHER:
ROAD SURFACE:	NO / IF YES, WHO?
ANY INJURIES:	16 / 11 TES, WILLE
NAME & CONTACT:	
NAME & CONTACT:	MO / IF VEC MILEPES
POLICE REPORT:	NO / IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
VEHICLE B REG NO:	SJB7551B ANY PASSENGERS: -
NAME OF DRIVER:	CONTACT NO:
VEHICLE C REG NO:	ANY PASSENCERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO
ACCIDENT PORTION:	Real Portion s) / offering accident claims assistance? YES / NO
Have you been approach by unknown person soliciting (
WORKSHOP PARTICULAR:	N-51 Automalive. 68420051 / 67440510
CONTACT DEPSON:	Lena J.
CONTACT PERSON: FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg