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SN0921540006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/05/2021 10:34 (SGT)

SUBMITTED BY: Liew Shan Hui VERSION: 1 (04/05/2021 10:34 (SGT))



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 willful 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.

The issue and acceptance of this Form by insurance companies is not an admission of policy hability of 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.
 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

04/05/2021 10:34 (SGT) 28/04/2021 16:45 (SGT) E Coast Park Service Rd, East Coast Park, Singapore CAR PARK B1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKH9089M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

MR LIM MENG HUAK

SXXXX827E

HSAUTOMOTIVESPL@GMAIL.COM

(Phone) +65-91777455

+65-91777455

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Toyota

Wish

Private use

No - Claiming third party

Tokio Marine Insurance Singapore Ltd

Private car

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

20-MU006068-R03

ThirdParty

DRIVER

Name of Driver

NRIC No

MR LIM MENG HUAK SXXXX827E



Accident report SN0921540006

Page 1 of 14

07/05/1955 Date Of Birth Indoor Occupation 30/12/1978 Date Of Driving Pass 42 YEARS AND 4 MONTHS Driving experience Gender (Phone) +65-91777455 Mobile Number +65-91777455 Alt. Phone Number HSAUTOMOTIVESPL@GMAIL.COM **Email Address** 66 MARINE PARADE ROAD #13-10 COTED'AZUR Address Address complement 449300 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface
Hit and run / Vandalism / Damaged whilst parked
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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?

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

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



HS AUTOMOTIVES PTE LTD

BIK 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

| VEHICLE NO: SKH | 9089m | MAKE/MODEL: | 7 W184 | | |
|------------------------|-----------------------|----------------------|--|--------------------------|-------|
| DATE OF ACCIDENT | DAY/MONTH/YEAR | тіме 16 | HR A5 | MIN AM/ M | |
| LOCATION OF ACCIDENT | FAST 200 | 87 CAR 7 | ARIC BI | | |
| EXACT PURPOSE USE DURI | NG ACCIDENT | CARCE | | | |
| CAR OWNER | | 1100 0 10 | | | |
| NAME OF CAR OWNER | LIM MTANG | HULTIC | | 310 | |
| CONTACT NO | 9111455 | | | | |
| NRIC | 319 19801 5 | ٦ | the state of the s | | |
| CLAIM TYPE | | OD | THIRD PARTY | REPORTING ONLY | |
| INSURANCE COMPANY | TOCIO WARINZ | 1 | | | |
| TYPE OF COVERAGE | | COMPREHENSIVE | THIRD PARTY | THIRD PARTY FIRE & THEFT | |
| POLICY NO 2 | 0-WU006068-R | 03 | 10 | | |
| ACCIDENT DRIVER | | AS ABOVE | IF NOT- KINDL | Y FILL IN BELOW | |
| NAME OF DRIVER | LIM MMG H | UAIC | | | |
| NRIC | 3168A1612 | | NO OF PASSENGER | /s O | |
| DATE OF BIRTH | 07-05-1955 | | | | |
| OCCUPATION | -25 0- | 0 | OUTDOOR | INDOOR | |
| DATE OF DRIVING PASS | 30-12-137 | 5 | | | |
| GENDER | 1. ATTAEK | | MALE | FEMALE | |
| CONTACT NO | 91111420 | 2025 | " | E CT DUTUP ON | 1030E |
| ADDRESS | 66 WARINE | DAKADIE R | DAD #B-1 | D2 AUSTIGATOD O | 41000 |
| DRIVER OWN ANY VEHIC | NO/ IF YES- REGISTRAT | | | | |
| RELATIONSHIP EMPLOY | EE/SPOUSE IF NOT: | OWN BR. | Lumie | OTHER: | |
| WEATHER CONDITION | 1 | CLEAR | RAINING WET | OTHER: | |
| ROAD SURFACE | L | | | | |
| ANY INJURIES | N | O/ IF YES- NAME: | St | | |
| CONTACT NO | 1. | IO) IF YES- LOCATION | · 1 | | |
| POLICE REPORT | 1 | \times | 3 | | |
| VIDEO FOOTAGE | | O YES | | | |
| 3RD PARTY INFO | SICRITOR | | _NO OF PASSENGE | R/S | |
| VEHICLE B NO | One CHTXI | 111 870 | 75986A | | |
| NAME | SUM COLINA | 71. 3 10 | J- U- | | |
| CONTACT NO | | | NO OF PASSENG | FR/S | |
| VEHICLE C NO | - | | | | |
| VEHICLE D NO | | | NO OF PASSENG | | |
| VEHICLE E NO | | | NO OF PASSENG | | |
| VEHICLE F NO | | | NO OF PASSENG | EIV 3 | |
| ANY WITNESS | | | | | |
| WITNESS CONTACT NO | | | | | |

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.
- 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 (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)
 - 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.

Lim Mency Hual

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.:

Lim Meng Hual

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.:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallium 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





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-MU006068-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SKH9089M

Chassis No.: ZNE100305410

2. Name of Policyholder

MR LIM MENG HUAK

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

13/06/2020

4. Date of Expiry of Insurance

12/06/2021

5. Persons or Class of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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

Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, racing, pace- making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor

* 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: 2382DDA

Insurance Plan:

Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature