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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 Actual 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.

- S. 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

Date of Submission 09/02/2023 16:20 (SGT) Reported by Driver Date of Accident 03/01/2023 08:15 (SGT) Exact Location of Accident Singapore Additional Location Information PASIR PANJANG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL3003K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner FOUR SEASONS FOOD SOLUTION PTE, LTD. Company Reg No 2XXXXX829M **Email Address** maverick@fourseasons.com.sg Mobile Phone No (Phone) +65-81817980 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Nv200 Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to vour vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 1461

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number MP004708

DRIVER

Name of Driver KERK ZHU CHENG SXXXX980F Date Of Birth 30/07/1990 Occupation Indoor

Date Of Driving Pass	19/08/2009
Driving experience	13 YEARS AND 5 MONTHS
Gender Mahilla Number	Male
Mobile Number	(Phone) +65-88003003
Alt. Phone Number	■ 1277 E84
Email Address Address	maverick@fourseasons.com.sg
Address Address complement	APT BLK 175A YUN KUANG ROAD
Postcode	# 13-07
Is the driver the policyholder?	611175
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
T	
Type of Accident	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle in the district	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	- V
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	•
Translator's phone number	
Translator's email	
Original language used in the statement	
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	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	CLUSSON
Vehicle Manufacturer	SLU232U Mozdo
Vehicle Model	Mazda 6
Vehicle Variant	U
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	MOHD HAKEEM MARIUAN

MOHD HAKEEM MARIUAN (Phone) +65-84180575

Contact Number

Address	
Address complement	=
Postcode	•
Insurance Company Name	
Nature Of Damage	0.2
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: DATE OF ACCIDENT:

- 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forw arded 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
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing w ith 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
- (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 sized outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Sketch Plan	Witnessed by Reporting Centre Personnel
Pasir Panjang Road	A- GBL 3003K
\rightarrow A	8 - SLU 2324
————————————————————————————————————	

Along the	gretch of Pesir p full holf and t	Dunjang rd, While	le didné
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PORTING ONLY ()	OWN DAMAGE ()	THIRD PARTY ()	OWN WORKSHOP

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

I/We 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

Policyholder's Signature / Date & Time

Date of Accident Accident Place Vehicle Reg. No. (Car Plate No.) NIGAN NUZOO Vehicle Make/Model Policy No. MP004708 Tokio Manne Insurance Company four CEARONS toop complem the UD (201531829M) Owner or Company Name /IC No. Owner or Company Contact No. Owner's Hp Company Tel cack the Wenh DRIVER'S Name / IC No. DRIVER'S Date Of Birth DRIVER'S License Pass Date Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: DRIVER'S Address DRIVER'S Contact No. Alt No. NDOOR \OUTDOOR (e.g. working inside or outside office) DRIVER'S Occupation @ fartersons. com. Email Address Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET Reporting Type Reporting Only \ Claim Other Party \ Claim Own Insurance Number of Passengers (Including Driver): Was there any video Captured by car camera: YES \NO Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Other Party Driver's Particular (if any) Vehicle Reg. No: Vehicle Make Model: Vehicle Make Model: Name Driver: IC No. Driver: Sxxxx27 IC No. Driver: Driver's Contact & Add: 9480571 Driver's Contact & Add:

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

E (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tritis@tokiomarine.com.sg ₩. www.tokiomarine.com

A member of the Tokio Marine Group



Certificate of Insurance

FORM MZ300

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.: MP004708 (Commercial Vehicle)

Index Mark and Registration Number of Vehicle

GBL3003K

Chassis No.: VSKYBAM20Z0146976

2. Name of Policyholder

FOUR SEASONS FOOD SOLUTION PTE, LTD.

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

28/09/2022 (00:00:00)

4. Date of Expiry of Insurance

27/09/2023

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*

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.

Use for social domestic and pleasure purposes.

The policy does not cover:-

Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 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

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

IMPORTANT NOTICE

This Cortificate 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-Parry Risks and Compensation)

ADDITIONAL INFORMATION

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

insurance Plan:

Own Damage Cloims Additional Excess for Young, Elderly or Inexperience Driver(s) WindScreen Excess

SGD 2,500.00 SGD 100.00

SGD 600.00

(Original Excess : SGD 600.00)

(All Claims)

Account No: 1141DDB

Financial Interest:

NIL

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature