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Confirmed by ; (Date: Time:	
Insured/Driver Liability: (%) [Note-Bst. Status (WO): N: 0-20%; P: 21-79%, F: 50-190%]	The state of the s
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17/OWHET: 3) TF: Towing Fee . \$40/\$45 4) FT: Follow-Through Survey \$120	
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S) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (well 10 Jan 2005)	
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For claiming against INC Only (wef 10 Jan 2005) ged Portion: 6) TR: Re-inspection \$75 7) NI: Idae PA + SMRI Survey \$160 B) NTUC Additional Services:-	
For claiming against INC Only (wef 10 Jan 2005) ged Portion: 6) TR: Re-inspection \$75 7) Nt: Idae DA + SMRT Survey \$160	

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 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

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 6. This report will be followed by the list and the Cart had a variable 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

10/02/2023 16:57 (SGT) Date of Submission Driver Reported by 09/02/2023 13:30 (SGT) Date of Accident Exact Location of Accident Singapore AMK AVENUE 8 OPPOSITE ESSO STATION Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GN3840R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LAM THONG CORPORATION PTE LTD Name Of Registered Owner Company Reg No 1XXXXX620G hua@lamthong.com.sg **Email Address** Mobile Phone No (Phone) +65-67460266 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Urvan 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 No - Reporting only your vehicle? Commercial vehicle Vehicle Category Manual Transmission 2953

INSURANCE COMPANY

Tokio Marine Insurance Singapore Ltd Name of Insurance Company 22-MR002626-R02 Policy Number / Cover Note Number

DRIVER

NEO KOK HUA Name of Driver SXXXX692G NRIC No Date Of Birth 04/02/1961 Occupation Outdoor



	00/01/4004
Date Of Driving Pass	09/04/1981
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98754247
Alt. Phone Number	
Email Address	hua@lamthong.com.sg
Address	APT BLK 230 SIMEI STREET 4
Address complement	# 10-184
Postcode	520230
Is the driver the policyholder?	No
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	
6 Other Webiels Owned by Priver	•
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Neather Conditions	•
Road Surface	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	•
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	Ne
soliciting/offering accident claims assistance?	No
Translator's name	
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 No
If yes, against whom?	-
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
was there any video captured by Oar Oamera:	
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBL5544C
Vehicle Manufacturer	GDEOUTTO
Vehicle Model	
Vehicle Variant	
Vehicle Colour	

Commercial vehicle

LIM CHYE JEE

SXXXX237Z

0			
G Accident	report SNO	9232A0009	9

Vehicle Colour

Vehicle Category
Name of Driver

NRIC No

Contact Number	(Phone) +65-98949850
Address	-
Address semplement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	•
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pleas ereport correctly the details of the accident to speed up the claims process.
- 2. This Firm 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 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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 odgement 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. Consert under the Personal Data Protection Act (PDPA)

I understard, 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:
- (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 malling 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

AMK Avenue 8 Opposite Esso Stadion

A-GN 3840 R

B-GBI 5544C

On the above stated date and time, I was travelling along AMK Avenul 8. Infront of my vehicle was a white van GBL 5544C, not knowing he make a right turn and I cannot brake in time and I hit his right rear portion of the vehicle.
along AMK Avenue 8. Infront of my vehicle was a white van
GBL 5544C, not knowing he make a right turn and I cannot
brake in time and I hit his right rear portion of the vehicle.

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (If driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in VRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE 09 102 2023 [DD/MM/YYYY]	TIME-1 13 . 30 MHH-MM
LOCATION: AMK Avenue & opposite	Cosp of the
THE METICE O OPPOSITE	E20 254100
7. DETAILS OF VEHICLE	<u>a</u>
DIVEHICLE NUMBER: GN 3840 P	4
D) INSURANCE COMPANY: 70K10 MCM	A second second second second
CIPOUCY LITTURE 22 ALL TOMO MICIN	no
C)POLICY NUMBER: 22 - MRO02626	-R02
d)POLICYTYPE (COMPREHENSIVE / THIRD PART	THIRD PARTY FIRE ATHETH
of the a MODEL MISSON WIVE	of the arrows 11 the EL KOVE FALL
FITYPE (SALOON / COUPE / MPV (VAN) LORRY	AMOFORCYCLE! OTHERS)
6) PURPOSE OF USING AT ACCIDENT TIME W	Dorking time
HARE YOU CLAIMING UNDER YOUR OWN THE PER	and the state of t
" IO, I LEASE STATE (THIRD PARTY CLAIM APE	PORTING ONLY
A) NAME Lam Thong Corporation	Pte Ita [MALE / FEMALE]
b) NRIC/FIN/BASSPORT: 1978 0 26209	CONTACT: 6746 0266
The second distance of the second sec	
CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOL	DER
The state of the s	
b) NRIC/FIN/PASSPORT SI4636026	CONTACT: 9875 424=
CIADDRESS: APT BLK 230 Simel stra	et 4 # 10-184,
33/0730	
"d)DATE OF BIRTH: (04/02/1961)(DD/M	M/YYYYJ .
F) OCCUPATION: (INDOOR TOUTDOOR) F) YEAR STOFT DRIVING EXPRERIENCE 09104110	181
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES) NO)
I NO, RELATIONSHIP OF THE DRIVER WITH	TWSHEET-
GLEAR RAINING / OI	HERS
6. WAS ANYBODY IN ILIZED (YES (AGO))	
/. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
HE of passager of VEHICLE NUMBER: GBL 5544C	MODEL:
Including driver b) DRIVER'S NAME Lim Chye Jee	MODEL :
() RIC/FIN/PASSPORT: SI513237Z	CONTACT: 9894 9850
9. THIRD PARTY VEHICLE	The state of the s
140 of prosonger O) VEHICLE NUMBER:	MODEL:
Includion distant el DRIVER'S NAME	
f) NRIC/FIN/PASSPORT:	CONTACT
	·

Gmail = hua @ lamthong · com-sg

MIDEO - NO

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

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.: 22-MR002626-R02 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle

GN3840R

Chassis No.: JN1MG4E25Z0714308

2. Name of Policyholder

LAM THONG CORPORATION PTE LTD

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

08/05/2022

4. Date of Expiry of Insurance

07/05/2023

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.
- 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 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: 2995DDA

Insurance Plan: Limit for total loss or theft:

Third Party, Fire & Theft Prevailing Market Value

Financial Interest:

THINK ONE CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed 26/04/2022