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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.

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

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	16/03/2023 16:32 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 15:30 (SGT)
Exact Location of Accident	Ubi Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number		SKJ5871L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MV AUTO
Company Reg No	5XXXX451A
Email Address	reporting.gt@gmail.com
Mobile Phone No	(Phone) +65-82889668
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer

Model	A6
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	No. Claiming third party
your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-ML000566-R02

DRIVER

Name of Driver	TAN JUN JIE
NRIC No	SXXXX226F
Date Of Birth	30/03/1997
Occupation	Indoor

14/01/2021 Date Of Driving Pass 2 YEARS AND 2 MONTHS Driving experience Male Gender (Phone) +65-82889668 Mobile Number Alt. Phone Number tanjwxnjie@gmail.com Email Address BLK 147 RIVERVALE CRESCENT #02-28 Address Address complement 540147 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer 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 Hit and run / Vandalism / Damaged whilst parked 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 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No. 10 Ubi Avenue 3 Singapore 408865 Police Station Address No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20230316/7033 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 SLD6948M Vehicle Registration Number Mitsubishi Vehicle Manufacturer

Attrage

Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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)	-

WITNESS DETAILS

WITNESS 1

Name	JOHNATHAN
Phone	(Phone) +65-98551268
Email	 -

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 Actual Driver.
- 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.
- 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.
- 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)

l 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) 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 lawyers/law firms), which may be sited outside of Singapore for one or more of the above Purposes.

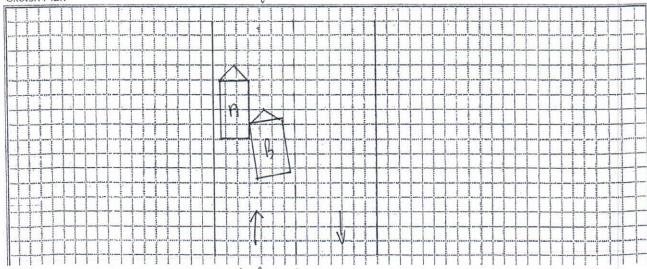
MV AUTO

Policyholder's Signature / Date & Time

Driver's signature (if driver is hot the policyholder) / Date & Time

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

Sketch Plan



ubi Avet. A: SKJ 5871L B: SUD 6948m.

escribe Circumstance of the Accident
On the stated date and time, I parked my rehicle
along ubi Are 4 and nent to the nearby coffeeshop
to me the toilet. When I came buck to my vahicle
I realised that my car had damage on the right real
portion. A witness then stood forward to inform me
that rehicle B (SUD 6948m) had hit onto my vehicle
and van off.
POLICE RUPORT 7/20230316/7033
Declaration We declare the foregoing particulars are true in even respect.
MV AUTO 1663/20
Policyholder's Signature / Date & Time Driver's Signature (I driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20230316/7033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDEN	DEDODT	OF A	TRAFFIC	ACCIL	FNT
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Details of Person Involved Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Date/Time Report Made: 16/03/2023 13:54				Vide F	Report No.:			St	ation Diary	No.:
Informant's I	Particu	lars							M. W. F.	
Name of Informant: TAN JUN JIE			Addres 147 R	ss: IVERVALE CF	RESCENT	#02-28 S	SINGA	PORE 5401	147	
ID Type / ID I	No.: 971122	26F			Contact No.: Home/Office: Mobile: 82889668					
Nationality: SINGAPORE	CITIZ	EN		Email:	WXNJIE@GM	IAIL.COM				
	Age: 25	Date of 30/03/1		Type of Driver	of Informant:					
Race: Chinese				Langu			Instituti	on / So	chool Name	*
Occupation:				Drivin Class	g Licence Info	rmation:	Date of	Expiry	/:	
General Infor Type of Accident:	1	n of the A Non-Injury Hit and Ru			Drink Drive: No	Date/Tim Accident 15/03/20			Type of Lo Straight Ro	
Location: UBI AVENUI	E 4									
Weather: Clear		• • • • • • • • • • • • • • • • • • • •		Road	Surface:	-		Road	Speed Lim	nit:
Traffic Flow: Dual Carriage Way				Traffic Control: Not Controlled			Traffic Volume: Moderate			
Type of Collision: Moving Vehicle Against - Parked Veh		rked Vehi	nicle			Anyone conveyed by ambulance:				
									A 11. 7	
Details of V	ehicle	Involved								100
Details of V		The second second second	1		Model	Color	Co	nditio	No of	
Details of V Vehicle No. SKJ5871L	Type Car	The second second second	Make	Mary 1	Model	Color	Co	nditio	No of 0	

Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230316/7033

CONTINUATION OF REPORT

Driver						
Name	TAN JUN JIE		ID No.		S9711226F	
Related Vehicle	SKJ5871L (Car)			Contac	ct No.	82889668
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date	ate NIL		
No. of Days granted Medical Leave		NIL	Degree of	Degree of NIL		

Brief Details.

on the stated date and time, i parked my vehicle along ubi ave 4 and went to the nearby coffeeshop to use the toilet. when i came back to my vehicle i realise that my vehicle have damages to the right rear portion, a witness then stood forward to inform me that vehicle b (sld6948m) had hit onto my vehicle and ran off.

Witness: Johnathan 98551268





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230316/7033

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2023 13:54
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
NP168	



Date of Accident	: 15 03 2023 . Accident Time: 1530 . (24-HR-FORMAT)
Accident Place	: Ubi Ave 4.
Vehicle Reg. No (Car plate No.)	: SKJ 5871 CC: 2.0 Vehicle Make/Model: Andi Ab
Insurance Company	- TMI Policy No. 22-ML000566-R02
Name of Registered Owner	: Compan / Individual MV Auto
ID of Registered Owner	: Co Reg No: \$3036451A Owner's NRIC No:
OWNER EMAIL ADDRESS:	Owner's NRIC No:
reporting. 9+ @ guail. com	: Co Contact No: Owner's Contact No:
DRIVER'S Name	: Tan Jun Jie DRIVER'S NRIC No: 59711226F
DRIVER'S Date of Birth	: 30 03 1997 DRIVER'S License Pass Date 14 01 2021
Relationship bet, Owner & Driver	: Spouse \ Parents \ Children\ Sibling \ Employee\ Others: Hirev .
DRIVER'S Address	: 147, Rivervale Cres, #02-28, 5(540147).
DRIVER'S Contact No./ Alt No.	:1) _ {2869668 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	tanjuxnjie @ 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 Dr Was the accident reported to the poli Was there any video Captured by car Exact purpose for which vehicle was Any injuries, if yes(name of the in	river): 0 Name & Gender;
Other	Party Driver's Particulars (if any)
Vehicle Reg No: SCD 6948 M .	Vehicle Reg No:
Vehicle Make\Model: Mitsubishi A	thrage - Vehicle Make Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:
REPORT FORM EXPLAINED IN : ENGUER	/ CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER	R/DATER/BOTH

Tokio Marine Insurance Singapore Ltd.

25 March and Street Hill by the State Or of a Surprison of the March I military to \$1.3 for the top of the contract of the contract

A invision of the Lokel Market Group



Certificate of Insurance

FORM MZ406

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-ML000566-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SKJ5871L

Chassis No.: WAUZZZ4G9DN055335

2. Name of Policyholder

MV AUTO

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

28/10/2022

4. Date of Expiry of Insurance

26/10/2023

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with the Policyholder's 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*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is

hired. The Policy does not cover:-

1) Use for racing, pace-making, reliability trial or speed-testing.

- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.
- 4) Use for hire or reward except for rental services by the Policyholder only.
- 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: 2179DDA

Insurance Plan: Policy Excess:

Third Party Cover Only

Excess-Third Party (Sect II)

SGD 1,500

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Tay Pui Leng Katherine -

Printed: 02/11/2022



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: _ Original Report No: Name (as shown in NRIC): The dum die _ NRIC/FIN/Passport No: (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Address: __ Singapore (Contact (Tel):__ Email Address: Date of Accident: ____ Time of Accident: Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Actual Driver's Signature Date:

Reporting Centre Personnel's Signature Name (as in NRIC/ID card):

Date: