SS2X24AN000D-01 / SME MOTOR PTE LTD
ENTRY DATE & TIME: 23/10/2024 15:20 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 2 (24/10/2024 15:09 (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 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 First Submission	23/10/2024 15:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/10/2024 16:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TO AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9361H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG PENG WAI JOSHUA (LIANG BINGWEI)
NRIC No	S8525176G
Email Address	JOSHUALEONG@ME.COM
Mobile Phone No	(Phone) +65-96574785
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MS008173-R05

DRIVER

Name of Driver	LEONG PENG WAI JOSHUA (LIANG BINGWEI)
NRIC No	S8525176G
Date Of Birth	09/09/1985
Occupation	Indoor
Driving Pass Date	10/08/2005
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96574785
Alt. Phone Number	-
Email Address	JOSHUALEONG@ME.COM
Address	BLK 316 CLEMENTI AVE 4 #12-129
Address complement	-
Postcode	120316
Is the driver the policyholder?	Yes
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

Type of Accident	Collision - Head to Rear
Weather Conditions	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) 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
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

CAR A WAS DRIVING ALONG CTE LANE 3 WHEN SUDDENLY, CAR HIT THE REAR OF MY CAR A.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3399K
Vehicle Manufacturer	-

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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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)**

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) 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

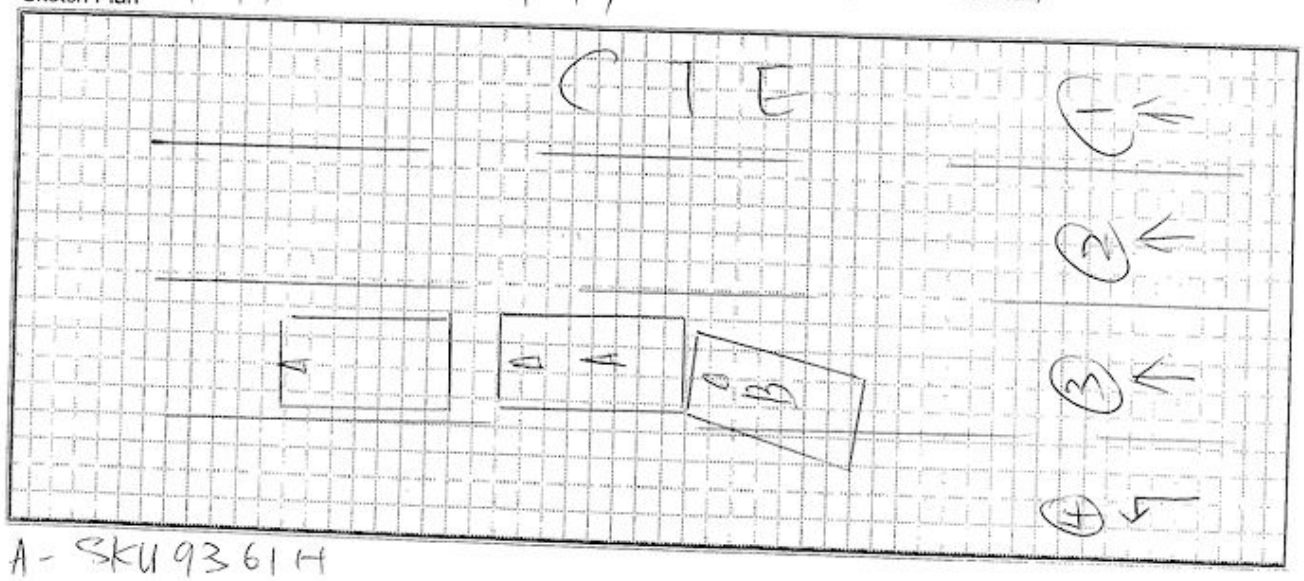
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 23/10/24

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

Sketch Plan 23/10/24



A - SKU 936 H

B - SLJ 3399 K

1

Describe Circumstance of the Accident

Car A was driving along CTE lane 3 when suddenly car B hit the rear of my car (A).

Declaration

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

Policyholder's Signature / Date & Time
23/10/24

Driver's Signature (if driver is not the policyholder) / Date & Time
23/10/24

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

2

IMAGES

IMAGES #2

IMAGES #3


ACCIDENT REPORTING HOURS
MON - FRI : 9.00 AM - 5.00 PM
SAT : 9.00 AM - 1.00 PM
SKU 9361H
HONDA

IMAGES #4

IMAGES #5

IMAGES #6


HONDA MOTOR CO., LTD. JAPAN
CHASSIS NO.
JHMGK5850GX200110
GK5
TASGZC6-NH823M -R -J

IMAGES #7

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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:

Original Report No: SS2X24AN000D Vehicle Registration No: SKU 9361H

Name (as shown in NRIC): LEONG REN QUAN JOSHUA NRIC/FIN/Passport No: S8525176G

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 9657 4785

Email Address: _____

Date of Accident: 22/10/24 Time of Accident: 1600

Place of Accident: CTE TO AYE

Insurance Company: TOKIO MARINE

(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:

- AMEND DONATE

Policyholder / Actual Driver's Signature
Date:

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

TOKIO MARINE
INSURANCE GROUP

ORIGINAL

POLICY SCHEDULE

RENEWAL

INSURED / ADDRESS
LEONG PENG WAI JOSHUA (LIANG BINGWEI)

1 QUEENSWAY
QUEENSWAY SHOPPING CENTRE/QUEE
#07-61
SINGAPORE 149053

POLICY NO	: 24-MS008173-R05
POLICY TYPE	: PRIVATE MOTOR CAR
POLICY PERIOD	: 24/08/2024 TO 23/08/2025
DATE OF ISSUE	: 20/08/2024
PREMIUM DUE	: SGD 1,343.62 (inclusive of GST)
ACCOUNT	: E2316DDA

RISK NUMBER	: 0001 Private Motor Car
BUSINESS/PROFESSION OF INSURED	: OTHERS INDOOR
REGISTRATION NO	: SKU9361H
MAKE	: HONDA JAZZ 1.5L
TYPE OF BODY	: Saloon
CUBIC CAPACITY	: 1500
YEAR OF MANUFACTURE	: 2015
YEAR OF REGISTRATION	: 2015
SEATING CAPACITY (INCLUDING DRIVER)	: 5
ENGINE NUMNBER	: L15B31020027
CHASSIS NUMBER	: JHMGK5850GX200110
TYPE OF COVER	: Comprehensive Approved Workshop Plan
SUM INSURED	: Prevailing Market Value

EXCESS

Own Damage Claims	: SGD 800
Windscreen Excess	: SGD 100

	ANNUAL PREMIUM (SGD)
Basic Premium	2,054.46
Less NCD (40.00%)	821.78
TOTAL PREMIUM BEFORE GST	1,232.68

DRIVER'S PARTICULARS

NAME	NRIC/ PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
LEONG PENG WAI JOSHUA (LIANG BINGWEI)	XXXXX176G	38		18 YEARS

The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-