SK0N24BPM00R / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 25/11/2024 16:12 (SGT) SUBMITTED BY: LIM TS'UNG MARC VERSION: 1 (25/11/2024 16:12 (SGT))



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 Submission25/11/2024 16:12 (SGT)Reported byActual DriverDate of Accident24/11/2024 12:45 (SGT)Exact Location of AccidentSingaporeAdditional Location InformationSLECountry/State of LossSingapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SKS4109P

INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No

Seah Wei en
Sea

Alternative Phone No

Manufacturer

Effective Date/Time of Ownership

VEHICLE PARTICULARS

Model MOBILIO SV 1.5 CVT
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? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1497
Vehicle Fuel First Regisration Date Chassis no -

INSURANCE COMPANY

Name of Insurance Company

Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number

24-MAB00195-R00

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	SEAH CHONG HUP \$1308060G 18/08/1958 Outdoor 28/09/1998 3 Valid 26 YEARS AND 2 MONTHS Male (Phone) +65-81828083 - RICHSEAH18@GMAIL.COM BLK 505 WOODLANDS DRIVE 14 06-68 SINGAPORE 730505 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
REFER TO PR	
ATTACHMENT(S)	

Yes No

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR5682E
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH CHONG HUP
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC 3 DAYS
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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- 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.
- 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 haurance 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 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 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 ms;
- (iv) administering my claims (including the maiting of correspondence, statements, invoices, reports or notices to we, 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' law yers/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 sited outside of Singapore, for one or more of the above Purposes.

/ ~	25 112024
16	1535 hr
	16

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

A SKS ALOG?

B F B R B C P D E

	Refer to Police Report : T/20241125/7070	
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		E-

Policyholder's Signature / Data & Tima

Whe declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnal









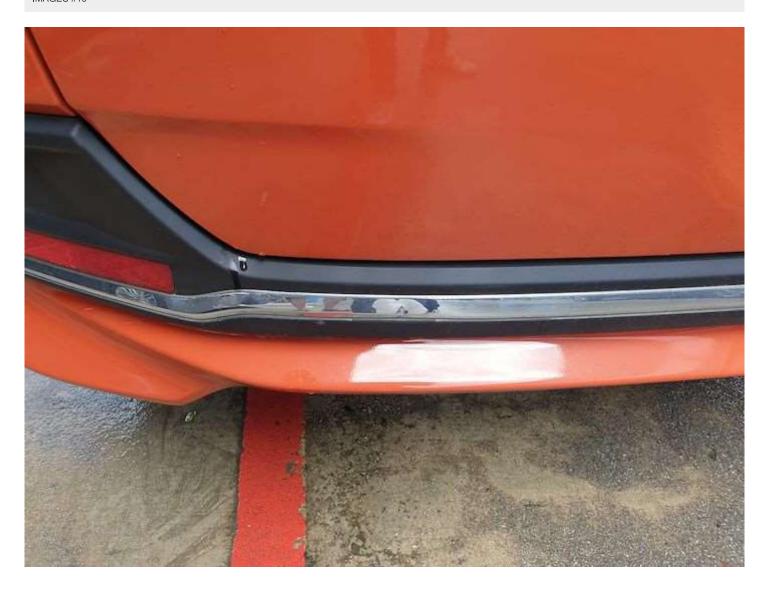


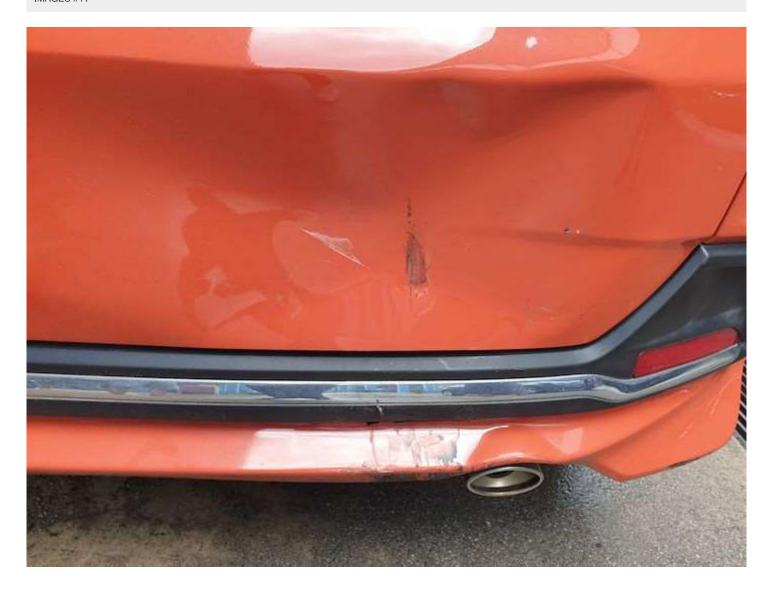


























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241125/7070

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 25/11/2024 15:18		Vide Report No.:	Station Diary No.:		
Informant	's Particular	S				
11 (1977-109) AND			Address: 505 WOODLANDS DRIVE	Address: 505 WOODLANDS DRIVE 14 #06-08 SINGAPORE 730505		
ID Type / ID No,: NRIC NO / S1308060G		Contact No.: Home/Office: Mobile: 81828083				
Nationality: SINGAPORE CITIZEN		Email: dunworrybehappy@live.co	m.sg			
Sex: Age: Date of Birth: Male 66 18/08/1958		Type of Informant: Driver				
Race: Chinese	- Indiana	100	Language: English			
Occupation: DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:				

General Information	of the Accident				
Type of Accident:	lnjury Cothers		Drink Drive: No	Date/Time of Accident: 24/11/2024 12:45	Type of Location: Straight Road
Location: WOODLANDS STI	REET 41	10.		,	
Weather: Clear		Road S Dry	urface:		
Traffic Flow: One Way		Traffic Control: Traffic Volum Not Controlled Moderate			
Type of Collision: Between Moving V	ehicles - Head T	o Rear			one conveyed by bulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR5682E	Motorcycle					0
SKS4109P	Motor car					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20241125/7070

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241125/7070

CONTINUATION OF REPORT

Driver					
Name	SEAH CHONG HUP		ID No		S1308060G
Related Vehicle	SKS4109P (Motor car)		Conta	act No.	81828083
Hospital/Clinic	MEDIPOINT MEDICAL CENTRE (WOODLANDS BRANCH)		Class Drivin Licen Expin	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grant	Degree of	Injury	Sligh		

Brief Details.

Along SLE on 24.11.2024 at about 12.45pm.

Because the car in front slow down and stop, my vehicle (SKS4109P) also slow down stops, but FBR5682E suddenly collided with the rear portion of my vehicle (SKS4109P).



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

NP168



3 of 3 Report No. T/20241125/7070

CONTINUATION OF REPORT

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: 25/11/2024 15:18
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:



Tokio Marine Insurance Singapore Ltd.

19 BAY also Should \$55 BY Count Warre Contro Services (WASA)

A marries of the Least Married Group



Certificate of Insurance

FORM MXIII

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.: 24-MAB00195/R00 (Private Motor Car)

1. Index Mark and Registration Number SK\$4109P

of Vehicle

2. Name of Policyholder

SEAH WELEN (XIE WELEN)

Chassis No.: MRHDD4870FP000048

3. Effective date of the Commencement of

22 414 2024

Insurance for the purposes of the Act

21/04/2025

4. Date of Expiry of Insurance

5. Persons or Class of Persons entitled to drive*

Her Policyholder

Any person who is drawing on the Holicyholder's order or with their perconsion.

 Provided that the Person driving is permitted to secondary e with the hermony or other favors or regulations to drive the Motor Vides to service to a provide the favors. or permuted and count douptableed by order of a Count of Law in by reasoned are enactined on regulationers that behalf foundaring the Motor Velucle. And provided forther that the Motor Velucle is registered under the Road Trains. Act and do negotiation indicates Road Trains. Act has of been care olded at the time of the accident boo or damage

6. Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the later's business.

Use for oscial domestic and pleasure purpose and binaress purposes of the Policyholder in of any person to seliout the vehicle is berest

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

2) Use whilst chawing a trailer except the toxing orther than for rewards of any one disabled mechanically propelled vehicle

to the for the carriage of passengers for line or reward by any person except for private line services. It like for line or reward except for the and rental by the Policyholder.

 Little and Properties of the Section Soft the Motor Volucies (Burd Pairs Built and Corporation) Acres higher 1994 and Section 93 of the Road Learning Air. EAN Additional, are not to be maladed under those headings.

We havely certify that the Policy to which this Kyrinis are relates is respect to a conducte with the provincin of the Modor Volucios

(Third Perts Roks and Comprison on Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malassian

Please teles to the Policy Schedule for Bill Metals, terms and conditions of the instrume

IMPORTANT NOTICE

Bus Conducte somet transferable. During its concess, if the involution is cancelled for whatoever mason, you must intuited Centificate to Tokis Manage Institution Surgapore Ind. sealing 7 days thereof or it the Centificate has been lost destroyed, you must make a stationary disclaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle Chard Party Broks and Compounds on Accompany 1890.

ADDITIONAL INFORMATION Account: 3244DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value Own Danuge Claims

SGD 2,000

Policy Excess: Policy Excess:

Excess Thurt Party (Sect B):

SGD 2,000

Young Inexpenenced Driver Westlemen Francis

SGD 1,500 (In additional to Section 1 & 2 separately) 800 100

Figure (al Interest:

HONG LEONG FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature