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 20/12/2024 10:15 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 19/12/2024 10:50 (SGT) Exact Location of Accident Near 3 HarbourFront Ave, Singapore 098632 Additional Location Information JUNCTION OF TELOK BLANGAH ROAD AND HARBOURFRONT **AVENUE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SLR6939R**

Manufacturer

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEAH KOK YONG** NRIC No SXXXX913G Email Address CHEAHKOKYONG@GMAIL.COM Mobile Phone No (Phone) +65-98537632 Alternative Phone No

VEHICLE PARTICULARS

Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto 1496 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 MZD10217

DRIVER

Name of Driver **CHEAH KOK YONG** SXXXX913G Date Of Birth 11/03/1977 Occupation Outdoor Driving Pass Date 09/02/2007 Driving License Pass Class Driving License Validity Valid Driving experience 17 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-98537632 Alt. Phone Number Email Address CHEAHKOKYONG@GMAIL.COM Address 276 YISHUN STREET 22 Address complement #07-240 Postcode 760276 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 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) 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? Police Station Name Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 391 New Bridge Road #03-112 Police Cantonment Complex Block Police Station Address A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to attach ATTACHMENT(S) Are accident photos available for attachment? Yes

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1495X
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Government
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)	_

Describe Circumstance of the Accident
Refer to Police Report
A/20241219/7032

Declaration

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

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

Ca. Reg. No. 7

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

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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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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/suthority (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")

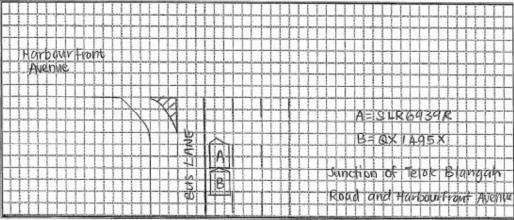
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law tirms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 ERVICO

Policyholder's Signature / Date & Time

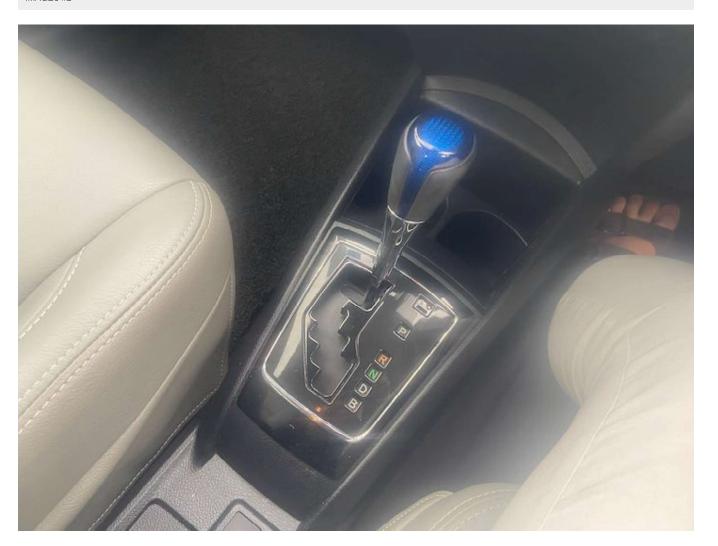
Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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1 of

Report No. A/20241219/7032

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 19/12/2024 13:13	Vide Re	port No.		Station Diary No
Name Of Informant Cheah Kok Yong	Address 276 YISHUN STREET 22 #07-240 FICUS VALE SINGAPORE 760276			
ID Type / ID No.	Contact No.			
NRIC NO / S7776913G	Home/Office: Mobile: 98537632			
Nationality SINGAPORE CITIZEN	Email Address cheahkokyong@gmail.com			
Occupation Grab Driver	Sex Male	Age 47	Date of Birth 11/03/1977	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 19/12/2024 10:53 - 19/12/2024 12:30	Location Of Incident HARBOURFRONT AVENUE			

Brief details:

I stopped my car (SLR6939R) at 3rd lane at the junction of Harbourfront avenue after I saw the Red light, my car is the second car after the white line. Suddenly a police car (QX1495X) behind me hit my car and causes damaged to my car. As advised by the Traffic Police, I have to make a police report in order to claim for the damaged. The police car is drive by SSGT Aiman (Clementi police division/ERT). The incident case number provided by Traffic Police is D/20241219/0054.

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: 19/12/2024 13:13
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	
This report is lodged at Radin Mas NPP Kiosk	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20241219/7032

Subjects Involve	d		
Victim			
Person Name	Cheah Kok Yong		
ID Type	NRIC NO	ID No	S7776913G
Sex	Male	Age	47
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Grab Driver
Address	276 YISHUN STREET 22 #07- 240 FICUS VALE SINGAPORE 760276	Mobile No	98537632
Email Address	cheahkokyong@gmail.com	Is Informant A Victim?	Yes
Person Name	Cheah Kok Yong (Informant)		

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: 19/12/2024 13:13		
Officer In-Charge Of Case:	Classification Of Case:		
Contact No.:			
This report is Indoed at Radin Mae NDD Kinek			



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 Yokia Marine Group



Certificate of Insurance

FORM MX1 H

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.: MZD10217 (Private Car)

1. Index Mark and Registration Number of Vehicle

SLR6939R

Chassis No.: NKE1657153249

2. Name of Policyholder

CHEAH KOK YONG

3. Effective date of the Commencement of

13/12/2024 (00:00:00)

Insurance for the purposes of the Act

4. Date of Expiry of Insurance

23/02/2026

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 or Law or by reason of any enactivent 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 and in a registration under the Road Traffic Act and in the enactive of the accident focus or changes.

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 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.

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4) Use for hire or reward except for (3) and rental by the Policyholder.

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, 1997 (Malaysia), are not to be included under these headings.

We have by 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 offect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation Act (Chapter 189).

ADDITIONAL INFORMATION Account No: 3209DDA Insurance Plan: Comprehensive Essential Limit for total loss or theft: Prevailing Market Value Policy Excess: Own Damage Claims SGD 2,000.00 Excoss-Third Party (Sect II) SGD 2,000.00 SGD 2,000.00 Additional Excess for Unnamed Driver(s) SGD 500.00 Additional Excess for Young or Inexperienced SGD 1,500.00 Disease(s) SGD 1,500.00 (Original Excess : SGD 2,000.00) Driver(s) WindScreen Excess SGD 100.00 Financial Interest: Private Hire Usage Vehicle Endorsement is included.
 Unnamed Driver Excess is not applicable
 Car is licensed for private hire (PH) by LTA.
 Chip PH licensed Named Drivers can use car for PH in Singapore only
 No rental to unnamed driver.
 Rodificant YID excess applicable on Section 1 & 2 separately.
 TMS Approved workshop only
 Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable. Additional Terms:

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

User ID: 320900A Page 1 Printed: 11-12-2024 14-55-56