

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 Authorised 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 ability.
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 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 Report	03/12/2017 13:38
Date Of Accident	02/12/2017 13:20
Exact Location Of Accident	LENTOR AVE / YISHUN AVE 1 TOWARDS SLE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGG2704U
Insured/Policyholder	
Name Of Registered Owner	I CAB
Co Reg No	53311738X
Email Address	JCH90660875@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92217187
Alternative Phone No	OFFICE-92217187
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	17-MG000683-R02
Cover Note Number	
Driver	
Name of Driver	JONG CHONG HUA
NRIC No	S7577831G
Date Of Birth	27/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	JCH90660875@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DIRECTOR

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

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 this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG NEIGHBOURHOOD POLICE POST

Police Station Address **ROAD:** BLK 158 YUNG LOH ROAD , **POSTCODE:** 610158 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-2659999 - **FAX NO:** 62664987

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE7405B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

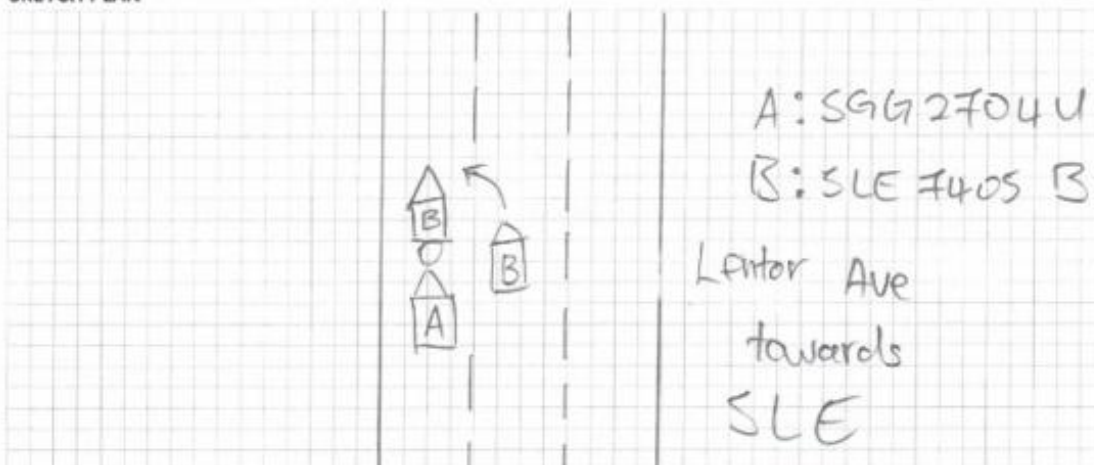
Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police statement Report

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CERTIFICATE OF INSURANCE

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



**TOKIO MARINE
INSURANCE GROUP**

FORM MZ406

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.: 17-MG000683-R02 (Private Motor Car)

- | | | |
|--------------------------------------------------------------------------------|------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SGG2704U | Chassis No.: MR053BK3005029407 |
| 2. Name of Policyholder | I CAB | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 08/11/2017 | |
| 4. Date of Expiry of Insurance | 07/11/2018 | |

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

The hirer.

Any other person who is driving on the hirer's order or with his/ 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*

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.

* 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: 1861DDA

Insurance Plan:	Third Party, Fire & Theft
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Excess-Third Party (Sect II) SGD 2,500
Financial Interest:	GF MOTOR TRADING ENTERPRISE

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 01/11/2017

Individual Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
2/12/17	1320hrs	Yishun Ave 1 towards SLE
INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number	SGG 2704 U	
Name of Policyholder	I CAB	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	5331738 X	
Address		
Contact Number	Tel	Hp: 9221 7187
Occupation	outdoor	
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model	Toyota Camry	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: _____	
Exact Purpose for which vehicle was being used at the time of accident.	Private Use	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks 3rd party	
Vehicle category	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle	
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company	Tokio Marine	
Type of Policy	<input type="radio"/> Comprehensive <input checked="" type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	17-MG000683-RO2	
DRIVER		
Name of Driver	JONG CHONG HUA	
NRIC/ FIN/ Passport	S7577431 G	
Date of Birth	27-03-1975	
Occupation	outdoor	
Driving Pass Date	27 Jun 1994	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Tel	Hp
Address	APT BIK 413 SEMBAWANG DRIVE, #13-702, S75041	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, relationship of Driver with the Insured	Director	
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (E.g. Chain Collision/ Head-On, etc)	Head to Rear (Fitter Lane)	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry	
Damage Area	front portion	
OTHER INFORMATION		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
DETAILS OF POLICE ACTION		
Was the accident reported to the Police?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
If Yes, please state which police station & Report No	Jurong NPP 17/20171202/248	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, against whom?		

jch90660875@gmail.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SGH 2704U

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLE 7405B

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

SKETCH PLAN

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 Authorised 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**.
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5. **Any false reporting may be referred to the Police for investigation**.
6. 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 lodgment 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)**

(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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) ~~for complying~~ with requirements under any regulations, laws or court orders.



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171202/2148

1 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20171202/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 20:48	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: JONG CHONG HUA			Address: APT BLK 413 SEMBAWANG DRIVE #13-702 SINGAPORE 750413	
ID Type / ID No.: NRIC NO / S7577831G			Contact No.: Home/Office:	Mobile: 92217187
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 42	Date of Birth: 27/03/1975	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: UNEMPLOYED DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 02/12/2017 13:20	Type of Location: Straight Road
Location: Along Road 1 LENTOR AVENUE AFTER YISHUN AVENUE 1 TOWARDS SLE EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG2704U	Car	TOYOTA	CAMRY	Silver	Slightly Damaged	1
SLE7405B	Car	TOYOTA	COROLLA	Black	Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171202/2148

2 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20171202/2148

CONTINUATION OF REPORT

Driver			
Name	JONG CHONG HUA	ID No.	S7577831G
Related Vehicle	SGG2704U (Car)	Contact No.	92217187
Hospital/Clinic	WEST POINT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/12/2017	Date Discharge	02/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 2/12/17 at about 1320hrs, I was driving my silver Toyota Uber (SGG2704U) along the extreme left lane of three lane road of Lentor Ave (after Yishun Avenue 1, towards SLE exit) together with one female passenger sitting on the rear left passenger seat. I observed that the extreme left lane was clear whereas the middle lane had a lot of vehicles. Suddenly, one black Toyota car (SLE7405B) with a blue private hire sticker from the middle lane changed lanes abruptly and near caused a collision. I then sounded my horn out of shock and the said car jammed on the brakes. I then jammed on my brakes as well but could not stop in time. As such, my car collided with the rear of the said car. I then alighted and took photos of the accident. The said driver did not want to exchange particulars with me. We then went separate ways. I then checked with my female passenger and she was not injured. I then informed her to seek medical attention if needed. I then went to West Point Hospital and I was given 3 days of MC due to neck and back pains. There is a camera inside my car. I observed that the other car has a camera as well. I took down the other car passenger handphone and the number is Hp: 84827055

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171202/2148

3 of 3

Report No. T/20171202/2148

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 MUHAMMAD FADHIL KAMRODEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/12/2017 20:48

Classification Of Case:

SM 124

DRIVER NRIC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

