#### 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 witholding 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	03/01/2018 16:59
Date Of Accident	03/01/2018 09:05
Exact Location Of Accident	MARYMOUNT LANE TOWARDS BISHAN ST 21
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK4729S
Insured/Policyholder	
Name Of Registered Owner	ONG GEOK HWA
NRIC No	S1234612C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98808716
Alternative Phone No	OFFICE-98808716
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7-1.4 (A)
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
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	

Name of Driver PAN MEISHAN, MICHELLE

NRIC No S9238799B Date Of Birth 20/10/1992 Occupation **INDOOR** Date Of Driving Pass 31/08/2011

**Driving Experience** 6 YEARS AND 4 MONTHS

**FEMALE** Gender

Mobile Number (LOCAL) +65-97232787

Fax Number **Contact Number** 

**EMail Address** ROBOSHANSHAN@HOTMAIL.COM Address APT BLK 180 LOMPANG RD #17-05 (670180)

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

### **General Information of the Accident**

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

#### AS ATTACHED

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

NO

1/3/2018

OWNER

Mummy Identity Card.jpg





### Sketch Plan #2 Pg. 1

### DRIVER

PHONE: 97232787

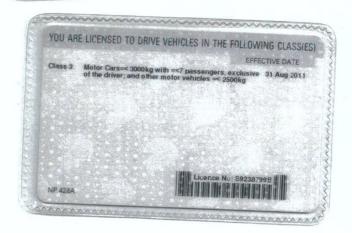
EMAIL: roboshan shan @ homail:com

WEATHER: Sunny

ROAD: Dry

 $P_{A\times}$ :





#### SKETCH PLAN

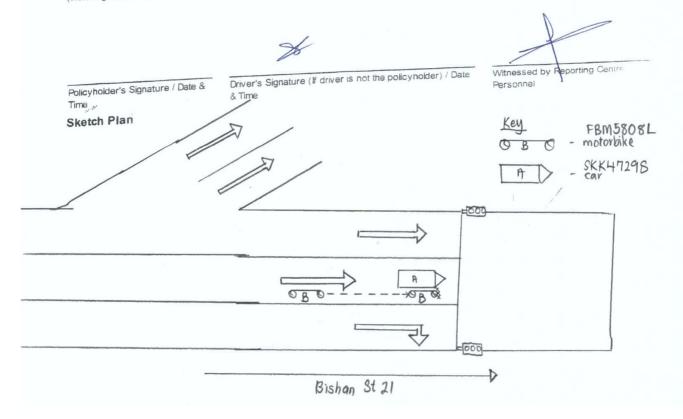
#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 racts of the state of 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.
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- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Associaof 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 w orkshop 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 insured w ho have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident snall 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 a 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 invo disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law hirms, 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.



# Sketch Plan #4 Pg. 1

DATE: 3 January 2018	
TIME: 0904 am	
TIME: 0904 am COCATION: Manymount Lane towards Bis	han St21
Line along Mary mount Lane and	stopped at red light. While my car was stationa
I was anving with a recording to the EDMEROS	L came from behind even though there was
a motorcycle with plate number reproduc	ne. The motorcycle hit into my car's right side
ample space from my vehicle to the next la	ne. The motor eggs the meet
mirror causing the mirror to flip backway	rds. There was no injury on both parties. HTTEC
collision, we moved to the side of the roa	d and exchanged pnumbers.
collision, we moved to the side of the	
pt.	

I/We declare the forego

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

Witnessed by Reporting Centre

Policyholder's Signature / Date & Time

#### Sketch Plan #5 Pg. 1

#### 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

Tokio Marine Group



#### **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-MF000592-R03 (Private Motor Car)

1. Index Mark and Registration Number

SKK4729S

Chassis No.: WVWZZZAUZDW169810

of Vehicle

2. Name of Policyholder

MS ONG GEOK HWA (NOT DRIVING)

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

23/07/2017

4. Date of Expiry of Insurance

22/07/2018

#### 5. Persons or Class of Persons entitled to drive\*

Any other person who is driving on the Policyholder's order or with with his 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 only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace- making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade

\* 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: 1077DDI

Insurance Plan: Limit for total loss or theft: Comprehensive Approved Workshop Plan

Prevailing Market Value

Policy Excess: Financial Interest:

Own Damage Claims SGD 1,000 HITACHI CAPITAL ASIA PACIFIC PTE LTD

Tokio Marine Insurance Singapore Ltd.

**Authorised Signature** 

Printed 28/06/2017

User Name: Tay Pui Leng Katherine -







