

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 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	28/02/2018 15:55
Date Of Accident	28/02/2018 12:35
Exact Location Of Accident	ALONG SUNGEI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EY909M
Insured/Policyholder	
Name Of Registered Owner	MR NG BOON KWANG ALVIN
NRIC No	S8107951Z
Email Address	NBK.ALVIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91518665
Alternative Phone No	OFFICE-91518665

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MY007910-R04
Cover Note Number	-

Driver

Name of Driver	MR NG BOON KWANG ALVIN
NRIC No	S8107951Z
Date Of Birth	14/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2002
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91518665
Fax Number	
Contact Number	OFFICE-91518665
Email Address	NBK.ALVIN@GMAIL.COM

Address	BLK 31 MARINE CRES #04-153
Postcode	440031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

PLEASE REFER TO ATTACHED STATEMENT.

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	SHC5761T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW WEI NING
NRIC/Passport Number	S7329159C
Contact Number	91017987
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

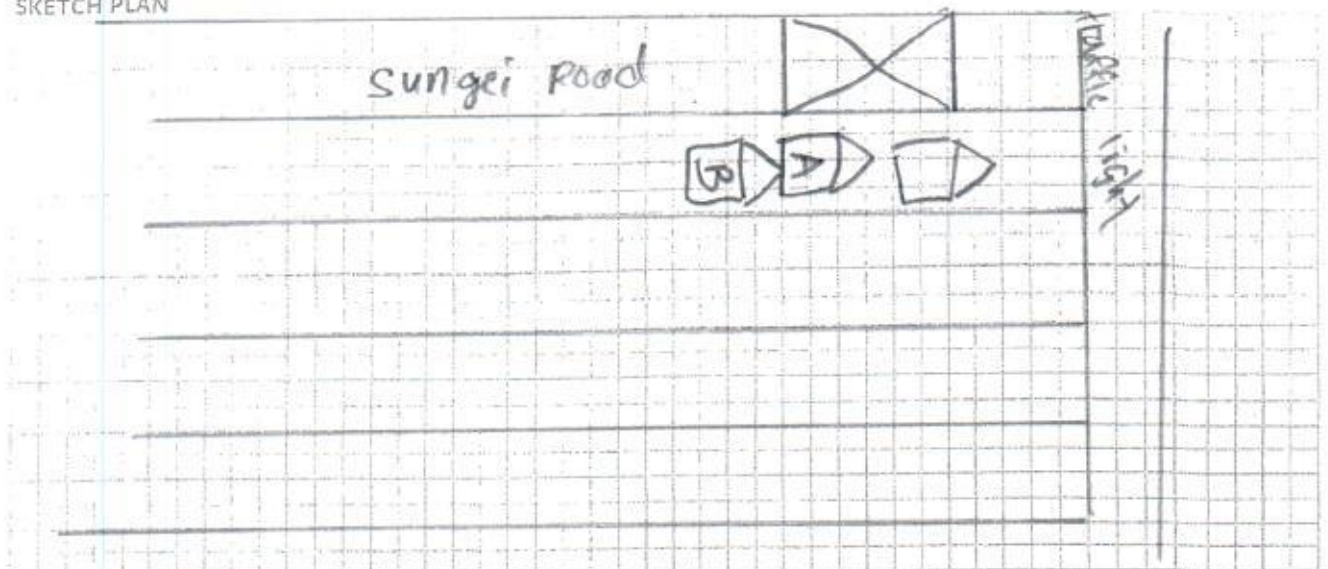
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.


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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along Bukit Timah Road towards Church of Our Lady of Lourdes.

I was stationed at the road waiting for the traffic light to turn green when I suddenly felt an impact from behind.


I have in-built camera (front) with me.

I went down to try and settle the accident with the taxi driver. He told me that I can go and report the accident but I need to be careful. I felt threatened.

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.:

VEHICLE NO: EY 909M

MAKE & MODEL: Honda Civic V-Tec

DATE OF ACCIDENT	28 / 02 / 2018
TIME OF ACCIDENT	12.35 AM / PM
LOCATION OF ACCIDENT	Along Sungai Road
Exact Purpose use during accident	claim 3rd Party
NAME OF OWNER	Ng Boon Kwang, Alvin (Huang Wenkwang, Alvin)
TELP NO	91518665
NRIC	S81679512
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	Tokio Marine Insurance Group
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	17-M4007910-RO4
NAME OF DRIVER	As above / If No: as above mentioned.
NRIC	Any passengers:
DATE OF BIRTH	14 / 03 / 1981
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	05 / 08 / 2002
GENDER	<u>Male</u> / Female
CONTAC NO.	91518665 Office: Home:
ADDRESS	Blk 31 Marine Crescent #04-153, S (440031)
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:
RELATIONSHIP	<u>Employee</u> / If No: Owner
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	No / If yes: Who? No
CONTAC NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	SHC 5761T
NAME	Low Wei Ning (Liuwei Ning)
CONTAC NO.	91017987
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	Singapore 417883
	Telp: 67476106 (6 lines)
	Fax: 67442368

6 Speed Autowerkz Pte Ltd

9001 7628

Sam

Email: 6speedautowerkz@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8107951Z**
Name:

NG BOON KWANG, ALVIN
(HUANG WENKWANG, ALVIN)

Birth Date: **14 Mar 1981**
Issue Date: **29 Jul 2003**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8107951Z**



Name

NG BOON KWANG, ALVIN
(HUANG WENKWANG, ALVIN)

黄文光

Race

CHINESE

Date of birth

14-03-1981

Sex

M

Country of birth

SINGAPORE

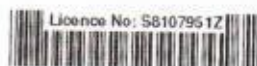
S8107951Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3. Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

05 Aug 2002



NP 428A



4826730

NRIC No. **S8107951Z**



Date of issue

15-02-2012

Address

APT BLK 31 MARINE CRESCENT
#04-153
SINGAPORE 440031


TOKIO MARINE
INSURANCE GROUP

FORM MX1

A member of the
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-MY007910-R04 (Private Motor Car)

- | | | |
|--|------------------------|--------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | EY909M | Chassis No.: JHMF16309S203287 |
| 2. Name of Policyholder | MR NG BOON KWANG ALVIN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 18/12/2017 | |
| 4. Date of Expiry of Insurance | 17/12/2018 | |
| 5. Persons or Class of Persons entitled to drive* | | |
| (a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or 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: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 800
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature