

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	09/04/2018 12:18
Date Of Accident	06/04/2018 18:40
Exact Location Of Accident	OPEN CARPARK OF SIMS VILLE GEYLANG EAST AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9772R
Insured/Policyholder	
Name Of Registered Owner	SEE KOK MENG
NRIC No	S1641996F
Email Address	SERAPHYN95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82332096
Alternative Phone No	OTHERS-82332096

Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 DX CVT
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-MU003290-R00
Cover Note Number	

Driver

Name of Driver	SEE LUO TING SERAPHYN
NRIC No	S9543814H
Date Of Birth	29/11/1995
Occupation	INDOOR
Date Of Driving Pass	13/10/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82332096
Fax Number	
Contact Number	OTHERS-82332096
Email Address	SERAPHYN95@GMAIL.COM

Address	BLK 234 ANG MO KIO AVENUE 3 #12-1132
Postcode	560234
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
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	3
Passenger 1	NAME: : BRYAN COW ZHI WEI GENDER: : MALE
Passenger 2	NAME: : VANESSA WEE CAI WEN GENDER: : FEMALE

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 SKETCH AND ATTACHMENT (COLLISION TYPE TP REVERSE AND HIT INSURED)

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	GBE1853Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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.
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. 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)**

I understand, acknowledge, agree and consent that:

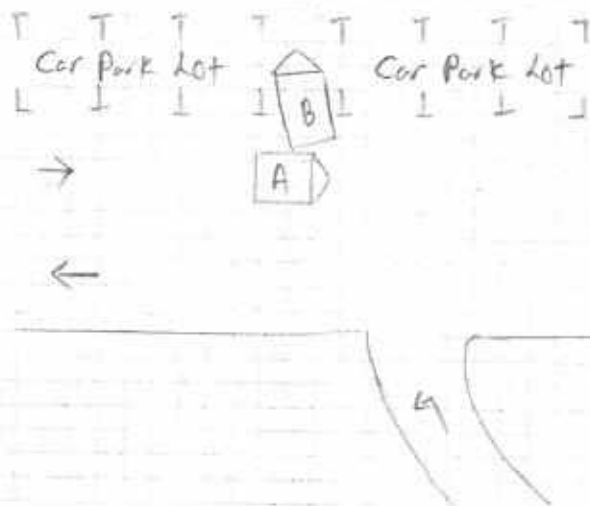
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Roshdi
NRIC/FIN No.: 990412018

SKETCH PLAN



A = SLL 9772R

B = GBE 1853Z

Open Carpark of
Sims Ville,
Geylang Avenue 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

28/04/2018
[Signature]

On 06.04.18 at about 18:40 hours at Open Carpark of Sims Ville, Geylang East Avenue 2. I was travelling straight on my lane, when I saw the vehicle (B) was starting to reverse out, I stopped immediately and horned to alert. But the vehicle (B) didn't realise and keeps reversing out and collided onto front left hand side portion of my vehicle (A). I wish to state that I have 2 passengers inside my vehicle (A).

Vehicle (A): SLL 9772R

Vehicle (B): GBE 1853Z

an 09/04/2018
Roshni unob

J

SINGAPORE ACCIDENT STATEMENT

Accident Date:	06/04/2018	Time:	18:40	(hh:mm) 24 hr format
Location	Open Carpark of Sims Ville, Geylang East Ave 2			
Vehicle Number	SLL 9772R			
Insured Name	See Kok Meng			
NRIC/FIN	S1641916F	Contact Number	8100 6211	
Make	Honda	Model	Vezel	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	Tokio Marine			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	17-MU003290-R00			
Name of Driver	See Luo Ting Seraphyn () Same as Insured			
NRIC/FIN	S9 543814H	Contact Number	8233 2096	
Date of Birth	29/11/1995			
Driving Pass Date	13/10/2014			
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor				
Gender () Male (<input checked="" type="checkbox"/>) Female				
Email Address	SERAPHYN95@GMAIL.COM		() NO EMAIL	
Address of Driver	BLK 234 Ang Mo Kio Avenue 3			
	#12-1132 Singapore 560234			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party				
	Name / Nric	Contact		
Veh B	4BE 18532			
Veh C				
Veh D				
Veh E				
Veh F				

P₁ = Bryan Low Zhi Wei (M)P₂ = Vanessa Wee (AI WEN) (F)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO S9543814H



Name

SEE LUO TING SERAPHYN

施洛廷

Race

CHINESE

Date of birth

29-11-1995

Sex

F

Country of birth

SINGAPORE

SLL 9772R

driver



4534334

NRIC No S9543814H



Date of issue

28-06-2010

Address

APT BLK 234 ANG MO KIO AVENUE 3
#12-1132
SINGAPORE 560234

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a woman.

Licence Number **S9543814H**

Name **SEE LUO TING SERAPHYN**

Birth Date **29 Nov 1995**

Issue Date **13 Oct 2014**

Barcode: 002354891C

SLL9772R
driver

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals ≤ 2500kg 13 Oct 2014

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1641996F



Name

SEE KOK MENG



施国明

Race

CHINESE

Date of Birth

13-10-1964 M

Country of Birth

SINGAPORE

SLC9772R

Owned

2175963



NAME NO. S1641996F



Blood Group: DATE OF ISSUE

O+ 28-06-1994

ADDRESS

APT BLK 234 ANG MO KIO AVENUE 3
#12-1132
SINGAPORE 2055

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1641996F**
 Name: **SEE KOK MENG**
 Birth Date: **13 Oct 1964**
 Valid Until: **16 Apr 2003**



000398544C

SL L9772R

Owner

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	06 Dec 1988
Class 2A	Motorcycles between 201 cc and 400 cc	18 Oct 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Apr 2003


Licence No: S1641996F

428A



TOKIO MARINE
INSURANCE GROUP
FORM MX1

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-MU003290-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle SLL9772R Chassis No.: JHMRU1810GX201920
2. Name of Policyholder MR SEE KOK MENG
3. Effective date of the Commencement of Insurance for the purposes of the Act 17/03/2017
4. Date of Expiry of Insurance 16/03/2019
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 600
	Windscreen Excess SGD 100
Financial Interest:	MALAYAN BANKING BERHAD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA18046794 Vehicle Registration No: SLL 9772R

Name (as shown in NRIC) : SEE LHO TING SARAPPY NRIC/FIN/Passport No : S9543814H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 82332096

Email Address : _____

Date of Accident : 06/04/2018 Time of Accident : 18:40

Place of Accident : OPAN CARPARK OF SIMS VILLAGE GAYLOR ROAD PUSHT AVENUE 2

Insurance Company : TEKIA MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

~~ORIGINAL~~ VEHICLE CATEGORY SHOULD BE HONDA HRV 1.5 EXCVT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pauli Wapong
NRIC/FIN No: _____
Date: 09/04/2018