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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.
- Any false reporting may be referred to the Police for investigation.
- 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 ladgement 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.

aforesaid,	
SAMPLE STREET, TO SERVICE STREET, SAMPLE STREET, SA	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	
VI THE	\$2.541V (MX59TH OUGSWYDD D C C C C C C C C C C C C C C C C C

Name of Driver SEE LUO TING SERAPHYN

 NRIC No
 \$9543814H

 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

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

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?

Number of vehicles involved in the accident

NO 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 Vehicle Make/Model/Colour

GBE1853Z

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category 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)
 - (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'53ignature

(if driver is dot the policyholder)

Date & Time:

REporting Centre Pérsonnel's tignature
Name:

NRIC/FIN No.:

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A= SLL 97772R B=GBE 1853Z

Open Corport of Sims Ville, Geylang Avenue 2

- /4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		/
		/
	/	
	0	
	Refer to attach	
/		
/		

DECLARATION

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

Policyholder's Signature Date & Time:

Driver Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KORI WORDS

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 19/04/2018
Posti undos

SINGAPORE ACCIDENT STATEMENT

Accident Date: 6 04 3016 Time: 18-40 (hh:mm) 24 hr format
Location Open Corpork of Sims Ville, Geylang East Ave 2
Vehicle Number SLL 9772 R
Insured Name See Kok Meny
NRIC/FIN 51641916F 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: (V) Third Party () Reporting
Insurance Company Tokic Marine
Type of Policy (V) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 17 - MW 00 3290 - 800
N CD: 2 IVE T
Name of Driver see 200 ling Sevaphyn () Same as Insured
NRIC / FIN S9 543914H Contact Number 6233 2096
Date of Birth 29 11 1995
Driving Pass Date 13/10/2014
Occupation (V) Indoor () Outdoor
Gender () Male (✓) Female
Email Address (FRAPHYN 950 CMAIL COM. ()NO EMAIL
Address of Driver BLK 234 And MU Kio Averue 3
#12-1132 Singapore 560234
Was driver an employee of the Insured's Company? () Yes (√) No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative (V) 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 (/) Clear () Raining () Others Road Surface (/) Dry () Wet () Others
The state of the s
Was any foreign vehicle involved in this accident? () Yes (V) No
Was anybody injured in the accident? () Yes (✓) No
If yes, injured detail
Was there any video captured by Car Camera? (V) Yes () No
Was the Accident reported to the Police? () Yes (√) No. If yes attach police report
DETAILS OF 3rd party Name / Nric Contact Veh B C BE 19632
Veh B ABE 1863 Z
Veh D
Veh E
Ven E
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PI = Bryan Cow Zhi Wei IM)
PI = Vanessa wee (AI WEN (F)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO \$9543814H





Name .

SEE LUO TING SERAPHYN

施洛廷

CHINESE Date of birth

29-11-1995 F

SINGAPORE

22422

SLL9772R driver

₩C H S9543814H

28-06-2010

APT BLK 234 ANG MO KIG AVENUE 3 #12-1132 SINGAPORE 500234



SLL9772R driver

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

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

NP 420A

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1641996F





SEE KOK MENG

施国明

CHINESE

13-10-1964 M

SINGAPORE



2175963

SLL97772R

S1641996F

0+ 28-05-1994

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



SLLS772R

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 28 Motorcycles not exceeding 200 cc Class 2A Motorcycles between 201 oc and 400 cc Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

98 Dec 1988 16 Oct 1992 16 Apr 2003

(65) 6221 6111 (65) 6221 4355 / (65) 6224 0895 | tmis@tokiomarine.com.sg www.tokomarine.com



Certificate of Insurance

FORM: MX1

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

SLI 9772R

Chassis No.: JHMRU1810GX201920

of Vehicle

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

- 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

* Limitations rendered inoperative by Section δ 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 Cartificate 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

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Prevailing Market Value

SGD 600

Policy Excess:

SGD 100

Financial Interest:

Own Damage Claims SGI Windscreen Excess SGI MALAYAN BANKING BERHAD

Tokio Marine Insurance Singapore Ltd.

Account: E2316DDA

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 20/03/2017



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: 52L 97 Original Report No. RIC/FIN/Passport No : (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) **Email Address** Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FINNO. Date: