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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.

5. 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	
编传 经营业 医多种	ACCIDENT STATEMENT
Date Of Report	10/04/2018 16:55
Date Of Accident	10/04/2018 12:50
Exact Location Of Accident	AIRPORT ROAD ENTERING KPE TOWARDS TPE
Country/State of Loss	SINGAPORE
Design of the De	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM4766X
Insured/Policyholder	
Name Of Registered Owner	HARON BIN SAFA'AT
NRIC No	S1422971Z
Email Address	ROSHARN85@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93878074
Alternative Phone No	OTHERS-93878074
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
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-MX010767-R02
Cover Note Number	
Driver	

HARON BIN SAFA'AT Name of Driver

S1422971Z NRIC No 22/03/1960 Date Of Birth OUTDOOR Occupation 16/03/1978 Date Of Driving Pass

40 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93878074 Mobile Number

Fax Number

OTHERS-93878074 Contact Number

ROSHARN85@GMAIL.COM EMail Address

Address

BLK 404 YISHUN AVENUE

#02-1252

Postcode

760404

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

WIFE

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 PLAN

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

SKP8732D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

QUEK NEOW NO!

NRIC/Passport Number

S1606799G 96588187

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 25

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YN1765A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

MOHAMMED HANIFF BIN SHABBEER AHMAD

S6845100J

AIRQURTE CO -9 KPE -9 TPE

A: SGM 4766X B: SEP 1782D C: YN 1768A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

oh 10/4/2018 e 1250pm, I was druling my can stim 4766 % along Aliport Rel -9 KAF-9 MB. on anterny 12/0 the KAFE tunnel, 2 nothers a m/can sicp 87320 such along stop. Ittle to apply my amergency brake but my can would not ATRE in the As tes a result, my can hit out the man of slop 87 capon impart to PKP 87320, the soid can surged forman and hit on a m/lomy ywi7654. No booky were wyine of w
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copon impart to PKP 37320, the sord can surged forman
and list on a m/10mg ywi765A. No booky were unined in
the collisation.

DECLARATION

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

Policyholder's Signature

Date & Ting:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCID	ENT DATE: 10. 104 2018 (DD/MM/YYYY), TIME: 12 :55 (HH:MM)
LOCAT	MIDNOOTRAGE KPETYNNEL -9 TPE
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: JGM 4766M b) INSURANCE COMPANY: TOKID MARINE c) POLICY NUMBER: A - MA DIDTLT - POL d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: 1040 A WISH, f) TYPE: (SALQON / COUPE / MPV / VAN / LORRY / MOJORGYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORGYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PERPUAL 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A) NAME: HARON SIN JAPATT (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$1429712 CONTACT: 93676774 C) ADDRESS: BLC 494 Y SHUN NE 6 # DJ-1072
He of passenga (Including driver)	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME:
4, 5.	*d)DATE OF BIRTH: (12 / 03 / 1960) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE OF DRIVING PASS 1978 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES') NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR / RAMING / OTHERS D)ROAD SURFACE: (DRY / WEI / OTHERS WAS ANYBODY INJURED (YES / NO) G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE G) VEHICLE NUMBER: OUT NEON MODEL: TOUGHTA THIRD PARTY VEHICLE G) NRIC/FIN/PASSPORT: 116017 996 CONTACT: 96782/117 THIRD PARTY VEHICLE G) VEHICLE NUMBER: YN 17664 MODEL: THARD PARTY VEHICLE G) VEHICLE NUMBER: YN 17664 MODEL: THARD PARTY VEHICLE G) DRIVER'S NAME: MOHANNED HANNEE BIN THARBEST THE MEN
	email = roshavn 8x egranil. com
	fax =

VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1422971Z





HARON BIN SAFA'AT

هارون بن شفعة

JAVANESE

22-03-1960 M

SINGAPORE



2350973



₩ 51422971Z

Blood Group Date of doub

APT BLK 404 YISHUN AVENUE 6 #02-1252

SINGAPORE 760404

NRIC No: \$1422971Z

Date: 08/08/2012 (R) No: 70 4 2 5 9 1

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 2B Musincycles == 200 CC and 400 CC
Class 2A Memory cira serveson 201 CC and 400 CC
Class 3 More cars == 2000 kg with == 7 yaccessgars, exclusive of the driver; and mutar (rections) which see 2500 kg
Class 4 Heavy mutar cars and mutar reactors == 2500 kg

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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: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A manufacult the Toxic Marine Group TOKIO MARINE INSURANCE GROUP

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-MX010767-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SGM4766X

Chassis No.: ZNE100328950

2. Name of Policyholder

MR HARON BIN SAFA'AT

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

19/10/2017

4. Date of Expiry of Insurance

18/10/2018

- 5. Persons or Class of Persons entitled to drive*
 - (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.
- 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 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.

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

Third Party, Fire & Theft

Limit for total loss or theft: Financial Interest:

Insurance Plan:

Prevailing Market Value SPEED CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 12/10/2017



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffies Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / 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

PARTICULARS OF PERSONMAKING THE AMENDMENTS: Original Report No:		Abbenbom
Name(as shown in Nanci): Haron bow Sather C/FIN/Passport No : S/Y2 2911 / (*Vehicle Driver / Vehicle Owner) *) Please delete as appropriate Address : Singapore(Contact (Tel) : Mobile No : 93878074 Email Address : Jolo 4/2018 Time of Accident : 12.50 Place of Accident : AIRON RO EMARING KAR Towards (PR Insurance Company: ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information make the following amendments: JUSURIO VRIFICUL NUMBER TO SAM 4766X Policyholder / Driver's Signature Date: Reporting Centre Perspanel's Signature Name: REPORTING CENTRE PERSPANEL NAME: REPORTING CENTRE PERSPAN	PARTICULARS OF PI	
Name(as shown in Nanci): Haron bow Sather C/FIN/Passport No : S/Y2 2911 / (*Vehicle Driver / Vehicle Owner) *) Please delete as appropriate Address : Singapore(Contact (Tel) : Mobile No : 93878074 Email Address : Jolo 4/2018 Time of Accident : 12.50 Place of Accident : AIRON RO EMARING KAR Towards (PR Insurance Company: ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information make the following amendments: JUSURIO VRIFICUL NUMBER TO SAM 4766X Policyholder / Driver's Signature Date: Reporting Centre Perspanel's Signature Name: REPORTING CENTRE PERSPANEL NAME: REPORTING CENTRE PERSPAN	Original Report No	: Mufildo 47874 Vehicle Registration No: SGM 4766,
Wehicle Driver / Vehicle Owner)) Please delete as appropriate Address :		Mari Calpage CILO 911
Address :		White the control of
Email Address: Date of Accident: 10/04/2018 Time of Accident: 12:50 Place of Accident: AIRPORT BO EMURIUM KPR TOWARDS TPE Insurance Company: ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information make the following amendments: INSURED VIRLICUK NUMBER TO SGM 4766X Policyholder / Driver's Signature Date: Reporting Centur Personnel's Signature Name: New York Signature Name: New York Signature Name: New York Signature New York Signature Name: New York Signature New York Sig		
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Policyholder / Driver's Signature Pate of Accident: 10.50 Time of Acc	Contact (Tel)	Mobile No.: /20/0 1
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