SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/04/2018 17:19
Date Of Accident	14/04/2018 13:10
Exact Location Of Accident	TAMPINES AVE 5 UNDER PUB (BRIDGE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8570K
Insured/Policyholder	
Name Of Registered Owner	CHOE YONG CHAI (ZOU YONGCAI)
NRIC No	S7229896I
Email Address	HENRYCHOE.KINGSTEEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82235746
Alternative Phone No	OTHERS-82235746
Vehicle Particulars	
Manufacturer	LEXUS
Model	IS250-2.5 STD (A)
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	MT000570
Cover Note Number	20/01/2018 - 19/01/2019
Driver	
Name of Driver	CHOE YONG CHAI (ZOU YONGCAI)
NRIC No	\$72298961
Date Of Birth	25/08/1972
Occupation	INDOOR
Date Of Driving Pass	04/05/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82235746
Fax Number	
Contact Number	OTHERS 00005740

OTHERS-82235746

HENRYCHOE.KINGSTEEL@GMAIL.COM

BLK 750 YISHUN ST 72 Address

#02-158

Postcode 760750

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

CHAIN COLLISION Type Of Accident

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?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : LAM SHIOWYEN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB6460G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver ISMAIL BIN A KAHAR

NRIC/Passport Number S8915591F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 33

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJT3158K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CARName of DriverTSU KIM HUATNRIC/Passport NumberS2513281E

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

NRIC/FIN No.:

/ Vehicle A: <u>S\</u> ETCH PLAN			: GBB 6460 G	Vehicle C: SJT3158 K
	Control of the Contro		$\triangle lml$	
	t proposition to the state of t	,	101	
	and the state of t	\		
	1	1	11c1/23	
		A STATE OF THE STA	1711	
	so		16163	
		Medical Company of the Company of th	MAIK 3	(A) SLV 8570K
	Ž	in the second se		Driver: Once Young Chai
	13	1000 CO 1000 C	何以	\$727989K7
	2	ggggagagagagagagagagagagagagagagagagag		(B) GBB 6460G
	TAMPINES AVE	TERRESONAL STATES		Driver: Ismail Bin A K
	1	anterestration of the second o		58915591F (6) SJT 3158 K
	The state of the s	A STANSON		Driver: Tsu kim Hud
CCOIDE CIDCUSAC	TANCEC OF T	UE ACCIDENT		525132812
ESCRIBE CIRCUMS	ANCES OF Th	TE ACCIDENT		And the first first of the
1-41 no 20WH	42018 at a	1310 hrs.1	@ alona Tamain	es Are 5 under the bridge.
		(Were stopped	4
C. 1.1. 11.		6 . k :	A	amh 111
Siddenly the	<u>e was a ·</u>	gest impact	than behind and	car (B) hit stony car.
-				
		<u> </u>		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Claim Tu	id larty			
	,			
	`			
Claim OD/TP	at Ah Lim M	otor 🔲 Claim	OD/TP at other wor	rkshop Reporting Only
_		y of my efile accide	nt report to :	
My workshop :	•		•	
Email address :				
& myself : Email address :	henridano.	langsteel @gmail	. com	
	•	• •		
			ays timeframe for you er for more informatio	to submit own damage claim under n.
ECLARATION		-		
	oing particulars a	are true in every respe	ect.	SPAL *
		· 1		(EV) FI
		Ma	\	191 A / 1-1
	e.	<u>M</u>	NOTICE THE PROPERTY OF THE PRO	
We declare the forego	in.	Driver's Signature		Reporting Centre Paragnal's Streeture
	ie.	Driver's Signature (If driver is not the po	licyholder)	Reporting Centre Personnel's Signature Name:

Tokio Marine Insurance Singapore Ltd.

Kingday Fing No. 1923/001444 (GST Reg No. 822-0000021-4) 20 McCalesto Street #09-01 Tokio Marine Centre Singapore (696346

1 (65) 6221 6111 F (85) 6221 4353 F (65) 6224 0005 F Unicottokonsania com sg VV www.tokonsania com

Foto Merry Gray



Certificate of Insurance

FORM MX1

Account No.: 15650/GA

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1940 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

Policy No.: MTQ00570 (Private Car)

1. Index Mark and Registration Number of Vehicle

St. 48570K

Chassis No.: JTHEX262502077831

2. Name of Policyholder

CHOIC YONG CHALCZOLLYCNGCAD

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

20/01/2018 (00/00/00)

4. Date of Expiry of Insurance

19/01/2019

Persons of 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 divising in permissed in accordance with the licensing in color laws or requisions to their two bids various or has been as permissed and in red dissipabilish by small of Color of Laws or by relative that the registerist color the Plant Traffic Act and the Registeristic color of the Act and the Act and the Registeristic color of the Act and the Act an

Limitations as to use"

Use they for about distriction 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.

Companies and an incident to the factor transport Act, 1967 (Addrytin), and the latest transport Act, 1967 (Address transport Act, 1967) (Address transport Act, 1967)

The largest field the Prince of Marketine relation is connect in convenience with the convenience of the Section Vehicles (There Party Richa and Comparession) Act (Chapter 180) and Part IV of the Research A

Process refer to the Prince Individuals for his debute, here and considerate of the interferon

SEPTEMBER NOT CO

The Computer is an income an annual contract to the intermediate of the intermediate o

	legurance Plans Congretensive Approved Worksho	o Par		2
	Limit for total loss or theft: Prevalent Market Value			
25.5	Policy Excess: Own Demage Claims Additional Excess for Unpamed	SGO 1,250,70 SGO 500,70	(Orligenal Exceeds : SGD 1,250,00)	
	Oriver(s) Additional Excess for Young or	SGD 3.500.00		
	inexperience Driver(s) WindScreen Excess	500 100.00		

146 Ferancial Interest:

TATE TO A SERVICE MATERIAL SERVICES

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Printed: 19-01-2016 16/21/06

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$72298961





CHOE YONG CHAI



郭 永 財 CHINESE

Date of birth 25-08-1972

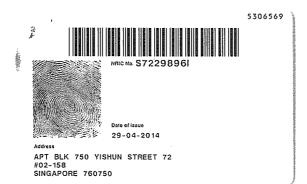
M Country/Place of birth SINGAPORE

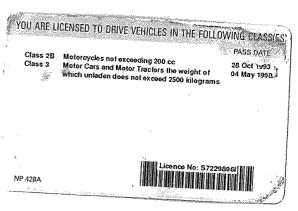




92235746 NIO Comera

Lam Briowyen 57413143C











Driving License

















Accident Photo



















