

## 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	26/04/2018 16:14
Date Of Accident	25/04/2018 18:25
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT BEFORE TOH GUAN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3442M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GANESAN S/O MANIAM
NRIC No	S1632217B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96643130
Alternative Phone No	OFFICE-96643130

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4
Exact Purpose for which vehicle was being used at time of accident	
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-MV003848-R01
Cover Note Number	

### Driver

Name of Driver	SHEELA D/O LAJ RAJ
NRIC No	S7307184D
Date Of Birth	22/02/1973
Occupation	INDOOR
Date Of Driving Pass	29/01/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96643062
Fax Number	
Contact Number	
Email Address	SHEELAGILL020@GMAIL.COM

Address	BLK 138A YUAN CHING ROAD #14-101
Postcode	611138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	2
Passenger 1	NAME: : JAYDEN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20180426/2009.

#### 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	SJM5360R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

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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.:

## Sketch Plan #2 Pg. 1

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

## 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.: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20180426/2009

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180426/2009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2018 01:43	Vide Report No.:	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: SHEELA D/O LAJ RAJ			Address: APT BLK 138A YUAN CHING ROAD #14-101 SINGAPORE 611138	
ID Type / ID No.: NRIC NO / S7307184D			Contact No.: Home/Office: Mobile: 96643062	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 45	Date of Birth: 22/02/1973	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: GRAB HITCH DRIVER			Driving Licence Information: Class: 2B,3A Date of Expiry:	

**General Information of the Accident**

GENERAL INFORMATION OF THE ACCIDENT				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2018 18:25	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  TOWARDS CHANGI AIRPORT. BEFORE TOH GUAN ROAD EXIT.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF3442M	Car	SUZUKI	SX4 1.6NB AT	White	Seriously Damaged	1
SJM5360R	Car	SUZUKI	SWIFT 1.6 MT	Black	Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE  
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T/20180426/2009

2 of 3

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Report No. T/20180426/2009

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SHEELA D/O LAJ RAJ		ID No. S7307184D
Related Vehicle	SJF3442M (Car)		Contact No. 96643062
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3A Date of Expiry: NIL
Date Treatment	25/04/2018	Date Discharge	26/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	MUHAMMAD NUR AZHAR BIN ABDUL RAHMAN		ID No. S9223116Z
Related Vehicle	SJM5360R (Car)		Contact No. 96622401
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25.04.2018 at about 1825hrs, I was driving in Lane 1 of Pan Island Expressway towards Changi Airport. Just before, Toh Guan Exit, the vehicle in front of mine came to a halt and as such I came to a halt too. As I proceeded to move off, all of a sudden, felt a collision to the rear of my vehicle. I then alighted and discovered that SJM5360R, had collided into the rear of my vehicle.

We then exchanged particulars. I subsequently felt pain to the back of my neck, spine and left appendix area. I then sought medical attention at Alexandra Hospital and was given 03 days of medical leave.

My vehicle has an in-vehicle camera however it is not functioning.

I wish to inform that I had a passenger with me and I checked on him. He informed me that he was not injured.

No Police or Ambulance at scene.



**SINGAPORE  
POLICE FORCE**



T/20180426/2009

3 of 3

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Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180426/2009

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /  
Sgt 2 BALJIT SINGH GREWAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Signature Of Informant:

Date/Time:

26/04/2018 01:43

Classification Of Case:

Authentication Stamp  
NP168



SN 126



## Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Vehicle Number: **S7307184D**

Name: **SHEELA D/O LAJ RAJ**

Date of Birth: **22 Feb 1973**

Issue Date: **29 Jan 2013**

002146763K

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7307184D**

Name: **SHEELA D/O LAJ RAJ**

Race: **INDIAN**

Date of Birth: **22-02-1973** Sex: **F**

Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	28 Sep 2003
Class 3A	Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg	29 Jan 2013

RP 4284

Licence No: **S7307184D**

**S7307184D**

NRIC No: **S7307184D**

Copy of Issue: **01-07-2006**

APT BLK 136A YUAN CHING ROAD #14-101  
SINGAPORE 611138

NRIC No: **S7307184D** Date: **07/11/2014**

## INSURANCE

### Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 152300L, MCI Reg No: M2 000023-4)

20 McCallum Street #09-01 Tokyo Marine Centre Singapore 069075

Tel: (65) 6221 6111 F: (65) 6221 4255 / (65) 6224 0895 E: tris@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**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-MV003848-R01 (Private Motor Car)

- |   |                       |                                       |
|---|-----------------------|---------------------------------------|
| 1. <b>Index Mark and Registration Number of Vehicle</b>                               | SIF3442M              | <b>Chassis No.:</b> JSAGYC21S00104335 |
| 2. <b>Name of Policyholder</b>  | MR GANTSAN S/O MANIAM |                                       |
| 3. <b>Effective date of the Commencement of Insurance for the purposes of the Act</b> | 28/05/2017            |                                       |
| 4. <b>Date of Expiry of Insurance</b>   | 27/05/2018            |                                       |

**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:** 2178DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan	
<b>Limit for total loss or theft:</b>	Prevailing Market Value	
<b>Policy Excess:</b>	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
<b>Financial Interest:</b>	MAYBANK	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

