

## 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	02/05/2018 13:25
Date Of Accident	02/05/2018 07:10
Exact Location Of Accident	SLIP RD FROM AMK AVE 5 TO CTE/SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6635C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAYANDRAN WALTER MUTHU
NRIC No	S2021106G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81332889
Alternative Phone No	HOME-64831164

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (M)
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-MX010574
Cover Note Number	20/11/2017 - 29/10/2018

### Driver

Name of Driver	JAYANDRAN WALTER MUTHU
NRIC No	S2021106G
Date Of Birth	08/10/1946
Occupation	INDOOR
Date Of Driving Pass	12/09/1966
Driving Experience	51 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-81332889
Fax Number	
Contact Number	HOME-64831164
EEmail Address	NOEMAIL

Address	BLK 61 MIMOSA ROAD #08-61
Postcode	808015
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	
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)	1

#### 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

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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4753J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR5207B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JOHN LIM

NRIC/Passport Number

S1415235J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

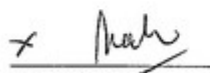
### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

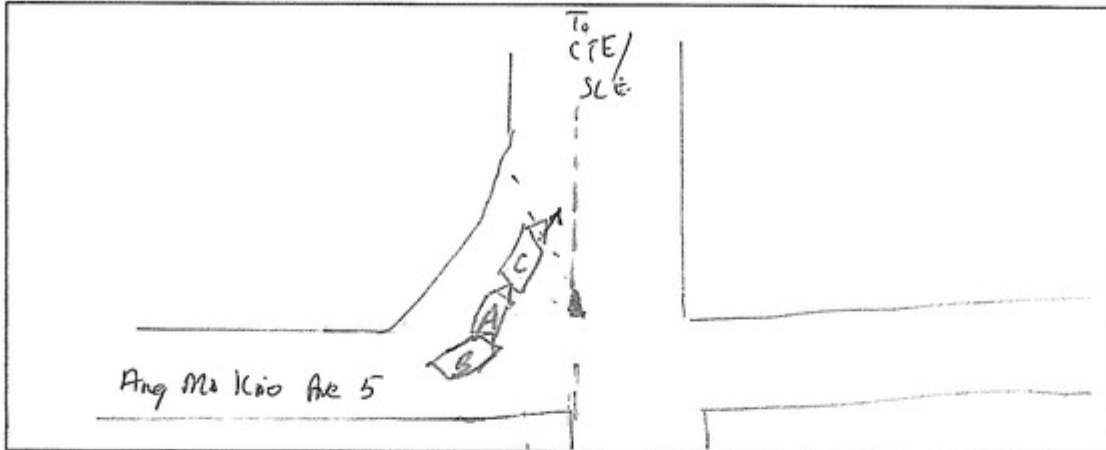
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Date of accident: 02-05-18 Time: 7.10 am Location: Slip Road from Ang Mo Kio Ave 5  
My Vehicle A: SJK 6635C Vehicle B: SHA 47535 Vehicle C: SLR 5207B for CTE / SLE  
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached copy.

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

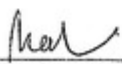
& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 02/05/18

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

AH LIM MOTOR COMPANY

02 May 2018 Accident Report SJK 6635C by Jayandran Walter Muthu (S2021106G)

- Registration number(s) of the other vehicle(s).

SHA 4753J

SLR 5207B

- Name(s) and contact number(s) of the other driver(s)

Taxi driver - refused to give info

John Lim (S1415235J) - driver of vehicle number SLR 5207B

- Date, time and location of accident.
- 02 May 2018, 07.10 am slip road from Ave 5 (beside ITE Central) to CTE/SLE direction of Yio Chu Kang)
- Name(s) and contact number(s) of witness(es), if any
- Damages caused to the other vehicle(s).
- See pictures - SLR 5207 - slight scratches on back bumper
- See pictures - Taxi SHA 4753 - left front bumper damages, left front lights broken, front engine hood damaged.
- Damages caused to your own vehicle.

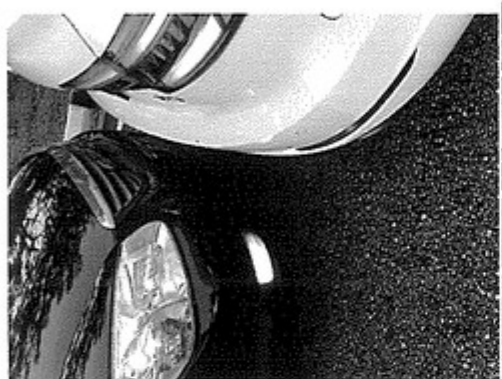
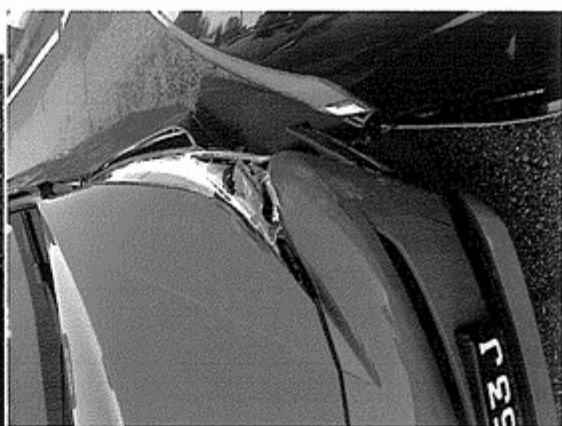
Front number plate cracked, front bumper damaged; rear right bumper and side damaged

- Injuries, if any, caused to person(s) involved in the accident.

Nil

If possible, take photographs of the positions of the vehicles after the accident, the accident site and the damages caused to the vehicles involved in the accident.

I turned into the slip road and slowed down and stopped behind vehicle no SLR 5207B to give way to traffic on the right. A few seconds later (5) I heard a loud bang and found my car was hit by a taxi, <sup>SHA 4753J</sup> the force made my car move forward and hit into the vehicle in front (SLR 5207B). I was surprised that the taxi hit me as I had stopped at least 5 seconds before the taxi hit me. The driver of the taxi appeared sleepy.



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: tmis@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-MX010574-R03 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJK6635C **Chassis No.:** KNAFE227295614504
2. **Name of Policyholder** MR JAYANDRAN WALTER MUTHU
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 20/11/2017
4. **Date of Expiry of Insurance** 29/10/2018
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: 0333DDA

<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>	SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2021106G**

Name **JAYANDRAN WALTER MUTHU**

Birth Date **08 Oct 1946**

Issue Date **14 Jan 2003**

000118840E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2021106G**

Name **JAYANDRAN WALTER MUTHU**

Race **INDIAN**

Date of Birth **08-10-1946**

Country of Birth **PERAK**

Sex **M**

0/c  
No flying.  
No camera  
1 per.

8133 2889.  
6493 1164.

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE **12 Sep 1966**

Licence No: **S2021106G**

NP 428A

21746

NRIC No: **S2021106G**

Biometric Data

Blood Group **O+** Date of issue **26-06-1994**

BLK 61 MIMOSA ROAD #08-61  
SINGAPORE 608015

NRIC No: **S2021106G** Date: **12/09/2007** No: **5668082**

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



**Addendum Sheet**

**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 : MAUM19057120 Vehicle Registration No: SJK 6635C  
Name(as shown in NRIC) : JAYANIRAN WALTER KUTUM NRIC/FIN/Passport No : S702110669  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : 8133 2834 Mobile No. : 64921164  
Email Address : \_\_\_\_\_  
Date of Accident : 02/05/2013 Time of Accident : 0710  
Place of Accident : Sip 61 from ATUL AVE 5 to CTE/CLE  
Insurance Company: TOKIO 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:

To Amend the GIA Report. Typo error on Third Party vehicle SHA453J.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 07/05/13