SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

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	ACCIDENT STATEMENT
Date Of Report	09/05/2018 14:49
Date Of Accident	09/05/2018 07:50
Exact Location Of Accident	ENTRANCE TO KPE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ680U
Insured/Policyholder	
Name Of Registered Owner	BACK PETER JAMES
NRIC No	S2704261I
Email Address	PJB5@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93683791
Alternative Phone No	OTHERS-93683791
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY-1.5 SV CVT (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	18-MU000088
Cover Note Number	07/01/2018 - 06/01/2019
Driver	
Name of Driver	BACK PETER JAMES
NRIC No	S2704261I
Date Of Birth	17/03/1966
Occupation	INDOOR
Date Of Driving Pass	05/04/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93683791
Fax Number	
Contact Number	OTHERS-93683791

PJB5@YAHOO.COM

Address BLK 209 SERANGOON CENTRAL

#04-280

Postcode 550209

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 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

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : MAELENE BACK

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

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCP1718L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ZULKIFLI BIN IBRAHIM

NRIC/Passport Number S1538725D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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SKETCH PLAN

IMPORTANT NOTICE

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- 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 Control of Signature

NRIC/FIN No.:

Date of accident: 9/c/	18 Time 7: 50 gr Location Entrance to KPE	
My Vehicle A: SK Z 6° SKETCH PLAN	18 Time: 7:50 9 m Location: Entrance to KPE 80 4 Vehicle B: SCP1718 L Vehicle C:	
SKETCH PLAN		
	Air port	
	K-BE KPE - TEKBI	
	CHEIL	
DESCRIBE CIRCUMSTANCES O	E THE ACCIDENT	
Iraffic h	ad stopped at the entrance to the	<u> </u>
KPE. The	driver of vehicle B failed to	
stop and	ad stopped at the entrance to the driver of vehicle B failed to I hit me from behind	
		·
(ar b-zulpafi	Bin 16/Avin	·
51538		***************************************
3 (3) 2		
	THE REPORT OF THE PROPERTY OF	
Claim OD/TP at Ah Lim	n Motor	v
	copy of my efile accident report to :	у
My workshop:	copy of thy effic accident report to:	
Email address :		
& myself : Email address : りょりし	gahoo.com	
,	- /	
	t your insurer have 14 days timeframe for you to submit own damage claim u ck with your own insurer for more information.	nder
DECLARATION		
I/We declare the foregoing particu	dars are true in every respect.	
00 1	ORCO	
P 17 Bar		
Policyholder's Signature Date & Time:	Driver's Signature Reporting bentue Personnel's Signat (If driver is not the policyholder) Name:	ture
armon at 11310a	Date & Time: NRIC/FIN No.:	

AH LIM MOTOR COMPANY

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

□ (65) 6221 6111 🗀 (65) 6221 4355 / (65) 6224 0895 🗵 tmis@tokiomarine.com.sg 🐠 www.tokiomarine.com

Tokio Maduo Group



POLICY SCHEDULE

RENEWAL.

INSURED / ADDRESS POLICY NO : 18-MU000088-R01 BACK PETER JAMES POLICY TYPE : PRIVATE MOTOR CAR

POLICY PERIOD : 07/01/2018 TO 06/01/2019 BLK 209 DATE OF ISSUE : 02/01/2018

SERANGOON CENTRAL ACCEPT DATE : 02/01/2018

#04-280 SINGAPORE 550209 PREMIUM DUE : SGD 945.55

(inclusive of GST)

ACCOUNT : 2005DDA

RISK NUMBER : 0001 Private Moror Car

BUSINESS/PROFESSION OF INSURED : EXECUTIVE/MANAGERIAL

REGISTRATION NO : SKZ680U MAKE : HONDA CITY

TYPE OF BODY : Saloon CUBIC CAPACITY : 1497 YEAR OF MANUFACTURE : 2015 YEAR OF REGISTRATION : 2016 SEATING CAPACITY (INCLUDING DRIVER): 5

ENGINE NUMNBER : L15Z12716668 CHASSIS NUMBER : MRHGM6660GP000337

TYPE OF COVER

: Comprehensive Approved Workshop Plan

SUM INSURED : Prevailing Market Value

FINANCIAL INTEREST : OCBC BANK LIMITED

EXCESS

Own Damage Claims : SGD 600 Windscreen Excess : SGD 100

ANNUAL PREMIUM (SGD)

Basic Premium 1,550.34 Less NCD (40.00%) 620.14 Less Safe Driver Discount 46.51

TOTAL PREMIUM BEFORE GST 883 69

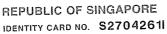
DRIVER'S PARTICULARS

NRIC/PASSPORT AGE MARITAL DRIVING NAME STATUS EXPERIENCE NO BACK PETER JAMES S2704261I 61 36 YEARS

The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-

rolicy No: 18-MU000088-R01 PRIVATE MOTOR CAR

Page 1 of 2 Jacket: TMiS/MCI/1215



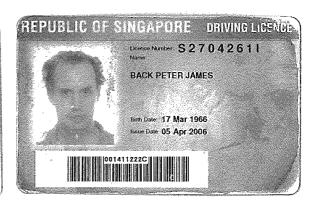


BACK PETER JAMES



Race CAUCASIAN Date of birth 17-03-1966 Country/Place of birt AUSTRALIA

S2704261



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