

## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ680U
<b>Insured/Policyholder</b>	
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
Email Address	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
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: : MAELENE BACK 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

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)	

SKETCH PLAN

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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.

+

*PS Bank*

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 Pg. 2

Date of accident: 9/5/18 Time: 7:50 am Location: Entrance to KPE  
 My Vehicle A: SK26804 Vehicle B: SCP1718 L Vehicle C: \_\_\_\_\_

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic had stopped at the entrance to the KPE. The driver of vehicle B failed to stop and hit me from behind.

Car b- Zulkifli Bin Ibrahim  
 J15387250

☒ 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 : pjb5@yahoo.com

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.

Pg Bad  
 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.:

AH LIM MOTOR COMPANY

# Sketch Plan Pg. 3

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

A member of the  
Tokio Marine Group



**TOKIOMARINE**  
INSURANCE GROUP  
ORIGINAL  
**RENEWAL**

## POLICY SCHEDULE

INSURED / ADDRESS  
BACK PETER JAMES

BLK 209  
SERANGOON CENTRAL  
#04-280 SINGAPORE 550209

POLICY NO : 18-MU000088-R01  
POLICY TYPE : PRIVATE MOTOR CAR  
POLICY PERIOD : 07/01/2018 TO 06/01/2019  
DATE OF ISSUE : 02/01/2018  
ACCEPT DATE : 02/01/2018  
PREMIUM DUE : SGD 945.55  
(inclusive of GST)

ACCOUNT : 2005DDA


RISK NUMBER	: 0001 Private Motor 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 NUMBER	: L15Z12716668
CHASSIS NUMBER	: MRHGM6660GP000337
TYPE OF COVER	: Comprehensive Approved Workshop Plan
SUM INSURED	: Prevailing Market Value
FINANCIAL INTEREST	: OCBC BANK LIMITED
<b>EXCESS</b>	
Own Damage Claims	: SGD 600
Windscreen Excess	: SGD 100
<b>ANNUAL PREMIUM (SGD)</b>	
Basic Premium	1,550.34
Less NCD (40.00%)	620.14
Less Safe Driver Discount	46.51
<b>TOTAL PREMIUM BEFORE GST</b>	<b>883.69</b>
<b>DRIVER'S PARTICULARS</b>	
NAME	NRIC/PASSPORT AGE MARITAL DRIVING NO STATUS EXPERIENCE
BACK PETER JAMES	S2704261I 61 M 36 YEARS
The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-	

Policy No: 18-MU000088-R01 PRIVATE MOTOR CAR

Page 1 of 2  
Jacket: TMIS/MCI/1215

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S27042611



Name  
**BACK PETER JAMES**

Race  
**CAUCASIAN**


Date of birth  
**17-03-1966**

Country/Place of birth  
**AUSTRALIA**

Sex  
**M**

S27042611

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S27042611**

Name  
**BACK PETER JAMES**

Birth Date: **17 Mar 1966**

Issue Date: **05 Apr 2006**

001411222C

93683791

dlc


NO regum.

NO camera


npur.

Maelene Back. (P)

9316834



NRIC No S27042611



Nationality  
**AUSTRALIAN**

Date of issue  
**04-12-2013**

Address  
**APT BLK 209 SERANGOON CENTRAL  
#04-280  
SINGAPORE 550209**

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 05 Apr 2006

NP 428A

Licence No: S27042611

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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