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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 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.
- 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 ladgement 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	01/06/2018 15:01
Date Of Accident	31/05/2018 15:15
Exact Location Of Accident	LOYANG AVENUE TOWARDS TELOK PAKU ROAD
Country/State of Loss	SINGAPORE
CANADA CANADA CANADA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG9475J
Insured/Policyholder	
Name Of Registered Owner	MOHD YUSOFF BIN SALIM
NRIC No	S1689293I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96512090
Alternative Phone No	OTHERS-96512090
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH-1.8 (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-MU006209-R01
Cover Note Number	
Driver	
Name of Driver	MOHD YUSOFF BIN SALIM
NRIC No	\$16892931
Date Of Birth	05/06/1965
Occupation	INDOOR

07/06/1985

MALE

NOEMAIL

32 YEARS AND 11 MONTHS

(LOCAL) +65-96512090

OTHERS-96512090

BLK 21 BEDOK SOUTH ROAD Address

#06-37

460021 Postcode

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance,

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

PLEASE REFER TO SKETCH PLAN

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

YM7984E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ARUNA GIRI RAJKUMAR

NRIC/Passport Number

G3153936L

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MOHD YUSOFF BIN SALIM Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SGG9475J

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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>.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.

rch Plan	000	
	1 78 8	
	19	
Changi Village		
Change village		CM 054 9676
	4	
	20 19	(B) YM 7948E
	8	
	3 18	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31 of 2018 of around 1515 hre. I was driving along Loyang
Are towards Telok Paku Road. I stopped at the traffic light.
when the traffic light turn green, rehicle & (Ym7948E)
suddenly collided into my rear.

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.:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

CCIDENT DATE: 31 65 18 TIME: 15 15 17 (hh:mm) 24 hrs Forma
CCIDENT DATE: 31 03 10
OCATION Loyang Are fowards Telolo Paku Road
THE PART OF THE PA
SURED NAME MANG YUSOFF BIN SOLIM
MONTH IN THE STATE OF THE STATE
RIC/FIN SIGN SIGN
Take Toyota MODEL Wish
re you claiming under your own insurance policy for repair to your vehicle?
) Yes, If No, Pls Select : () Third Party () Reporting Only
NSURANCE COMPANY TOLO Marine Insurance Cingapore 142
YPE OF POLICY () COMPREHENSIVE () THE
OLICY NUMBER: 18- MUDO 6209-RO
C XEAME AS INSURED
IAME DRIVER: Mohd Yusoff Bin Salim () SAME AS INSURED
URIC / FIN C 1 (09 50 5 7 CONTACT:
RIC/FIN =16(373,4
DATE OF BIRTH: 05 06 1965
DRIVING PASS DATE: 0 06 1985
OCCUPATION: () INDOOR () OUTDOOR
GENDER: () MALE () FEMALE () NO EMAIL
MAIL ADDRESS:
ADDRESS OF DRIVER: Ble 21 Bedok South Road # 06-3/
5 (460021)
Number Of Passenger Include Driver: Driver Only
Was driver an employee of the Insured's Company? () YES () NO
was driver an employee of the matied's company.
If No, Relationship Of The Driver With The Insured (Owner () Spouse () Friend () Relative () Children () Sibling () Others
/ I () Wher () Shoulde () I thenki () I thenki ()
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
Insurance Company Of Driver's Own Vehicle Weather Conditions: (Clear () Raining () Drizzling () Others
weather Conditions. () Cital () Talling
Road Surface : () Dry () Wet () Others No. 1
Was Any Foreign venicle involved in This Acceleration
Was Anybody Injured In The Accident? () YES () NO
If YES, Injured details: Mond Ya soff Bin Salim \$1689 393 I
13.76
Convey By Ambulance: () YES () NO
Was There Any Video Capture By Car Camera? () YES ()NO
Was There Accident Reported To The Police? () YES () NO II Yes Attach Fonce Reported
Police Report Number (if any)
Details Of 3rd Party Name / NRIC Contact
Veh B YM 7048E Aruna Gir Rajkumar C, 3153736L
Veh C
Veh D
Veh E
Veh F
Veh G
TVII G



REPUBLICION SHEGARIORI

IDENTITY CARD NO. \$16892931





MOHD YUSOFF BIN SALIM



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D15002930

BINGAPORE

YOM ANY DICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! PASS DATE

Closs 3

Licence No: 816892931

**** \$16892931

Bair effetus 10-03-2010

Admin

APT BLK 21 BEDOK SOUTH ROAD #06-37 SHIGAPORE 460021

Page 1

Tokio Marine Insurance Singapore Ltd.

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Certificate of Insurance

FORM: MIXI

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, 1989 (MALAYSIA)

Policy No.1

18-MU006209-R01 (Private Motor Car)

1. Index Mark and Registration Number

SGG9475J

Chassis No.: ZNE100298343

nf Vehicle

2. Name of Policyholder

MR MOHD YUSOFF BIN SALIM

3. Effective date of the Commencement of

Insurance for the purposes of the Act

25/05/2018

4. Date of Expiry of Insurance

24/05/2019

5. Persons or Class of Persons entitled to drive"

(a) The Policyhelder.

(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 its not disqualified by order of a Court of Law or by restoned any exactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Notor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been concelled 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 him or reward, racing, pure-making, reliability trial, speed-testing or the carriago of

goods (other than sampler) in connection with any trade or business or use for any purpose in connection with the Motor Trade:

Licontolous residence impressive by Section 8 of the Mator Vehicles (Thank-Purry Birks and Compounding) Act (Chapter 169)
and Section 95 of the Road Transport Act, 1987 (Maloysia), are not to be included noter these handings.

We hearby coulfy 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 Read Transport Act, 1967 (Malaysia)

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not manuferable. During to currency, if the injurance is cancelled for whatsoever season, you must return the Certificate to Tokio Marine Josustince Singapore Ltd. within 7 days thereof or, if the Certificate has been foot decruyed, you must make a stackory declaration to that effect. Fallura to comply with this duty is an offence under Masor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189)

ADDITIONAL INFORMATION

Account: 1861DDA

Insurance Plan: Limit for total loss or theft: Financial Interest: Third Party, Fire & Theft Prevailing Market Value EFIZZIG CREDIT PTE LTD

Tokle Marine Insurance Singapore Ltd.

Authorised Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 92931

Vehicle Details

Vehicle No.: SGG9475J

Vehicle to be Exported: Yes

31 May 2018 Intended De-registration Date: Vehicle Make: TOYOTA Vehicle Model: WISH 1.8 A

Primary Colour: Blue 2006 Manufacturing Year:

Engine No.: 1ZZ2527226 Chassis No.: ZNE100298343

Maximum Power Output: 97.0 kW (130 bhp) Open Market Value: \$19,068.00

Original Registration Date: 25 May 2006 First Registration Date: 25 May 2006

Transfer Count:

Actual ARF Paid: \$20,975.00

Intended PARF Rebate Details

Forfeited PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 24 May 2021 COE Category: E - Open Category

COE Period(Years):

\$23,024.00 PQP Paid: COE Rebate Amount: \$13,727.00 Total Rebate Amount: \$13,727.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon

COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 31 May 2018

OK



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	ADDENDOM				
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No : MANDO 1106 Vehicle Registration No: Y00 1915				
	Name(as shown in NRIC): MOHO WOFF BIM JAUMNRIC/FIN/Passport No : S/699931				
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate				
	Address :Singapore()				
	Contact (Tel) : Mobile No.:				
	Email Address :				
	Date of Accident : Time of Accident :				
	Place of Accident : LOYDING AVKNUK TOWARDS THURK POKY (CONP)				
86	Insurance Company: Token MORINK MYMEMICA				
(n)	ADDITIONALINFORMATION AMENDMENTS				
(B)	I have made a report on the above mentioned accident and would like to include additional information or				
	make the following amendments:				
	INCURACE STROUGH BE TOKIB MARINER & MOT OFFINA TOT PING				
	Mad of the same of				
1					
	1				
	/m				
	Reporting Centre Personnel's Signature				
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FINNo.: FORL WINDS Date:				
	Date: 01/06/2018				