



## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG9475J
<b>Insured/Policyholder</b>	
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	TOYOTA
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	S1689293I
Date Of Birth	05/06/1965
Occupation	INDOOR
Date Of Driving Pass	07/06/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96512090
Fax Number	
Contact Number	OTHERS-96512090
Email Address	NOEMAIL



Address	BLK 21 BEDOK SOUTH ROAD #06-37
Postcode	460021
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 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

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

Name	MOHD YUSOFF BIN SALIM
------	-----------------------

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


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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:

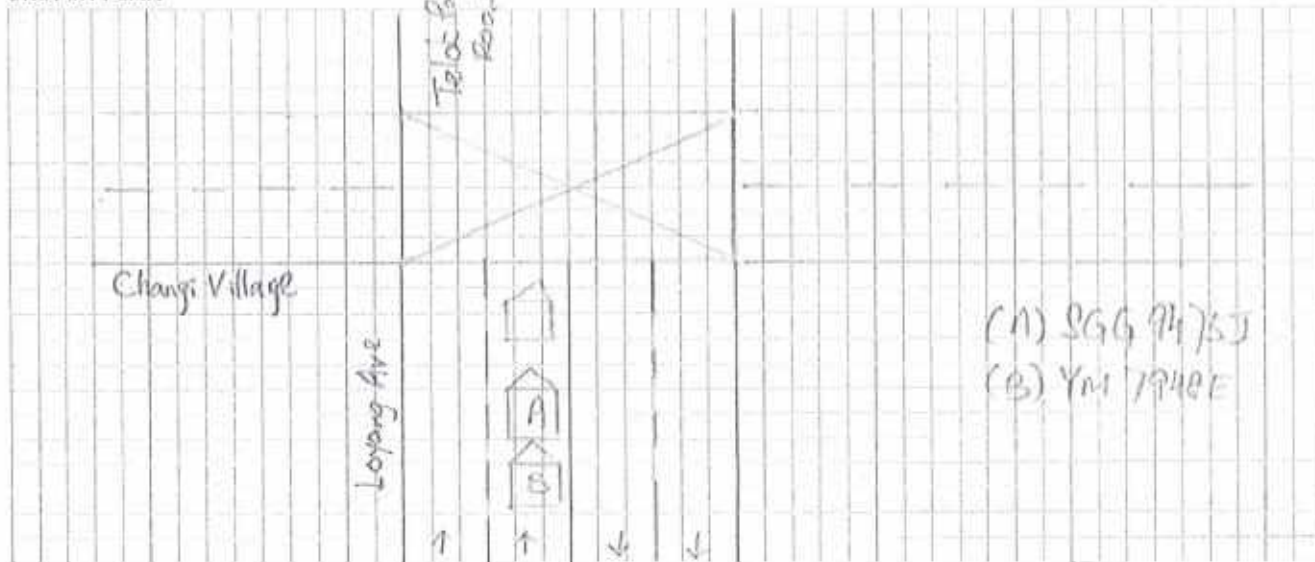
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/05/2018 at around 15:15 hrs. I was driving along Loyang Ave towards Telok Paku Road. I stopped at the traffic light. When the traffic light turn green, vehicle B (Ym 7948E) suddenly collided into my rear.

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

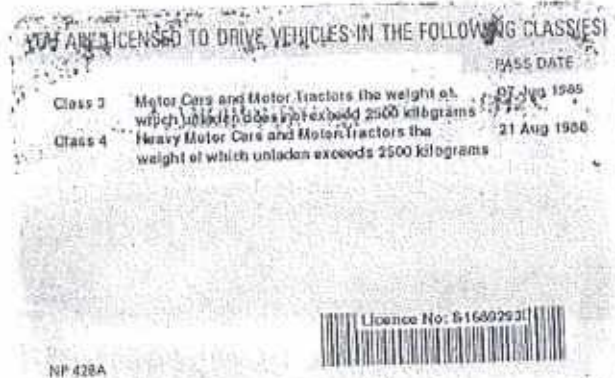
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

 01/06/2018  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 31/05/18	TIME: 15:15/18	(hh:mm) 24 hrs Format
LOCATION: Loyang Ave towards Telok Paku Road		
VEHICLE NUMBER: SGG 9475J		
INSURED NAME: Mohd Yusoff Bin Salim		
NRIC / FIN: S1689293J	CONTACT: 96512090	
MAKE: Toyota	MODEL: Wish	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only		
INSURANCE COMPANY: Tokio Marine Insurance Singapore Ltd		
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PARTY ( / ) TPFT		
POLICY NUMBER: 18-MU006209-RO1		
NAME DRIVER: Mohd Yusoff Bin Salim		( / ) SAME AS INSURED
NRIC / FIN: S1689293J	CONTACT:	
DATE OF BIRTH: 05/06/1965		
DRIVING PASS DATE: 01/06/1985		
OCCUPATION: ( ) INDOOR ( ) OUTDOOR		
GENDER: ( / ) MALE ( ) FEMALE		
EMAIL ADDRESS:		( / ) NO EMAIL
ADDRESS OF DRIVER: Blk 21 Bedok South Road #06-37 S ( 460021 )		
Number Of Passenger Include Driver: Driver Only		
Was driver an employee of the Insured's Company? ( ) YES ( / ) NO		
If No, Relationship Of The Driver With The Insured		
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) YES ( / ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( / ) Clear ( ) Raining ( ) Drizzling ( ) Others		
Road Surface : ( / ) Dry ( ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( / ) NO		
Was Anybody Injured In The Accident? ( / ) YES ( ) NO		
If YES, Injured details : Mohd Yusoff Bin Salim S1689293J		
Convey By Ambulance: ( ) YES ( / ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( / ) NO		
Was There Accident Reported To The Police? ( ) YES ( / ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		Contact
Veh B Ym 7048E	Aruna Gini Rajkumar G3153736L	
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		





**Tokio Marine Insurance Singapore Ltd.**

100 Raffles Place, 10th Floor, Raffles Place, Singapore 048623  
 20 Raffles Place, 20th Floor, Raffles Place, Singapore 048623  
 T: (65) 6211 8111 F: (65) 6211 4315 / (65) 6211 4545 E: [tokio@tokiomarine.com.sg](mailto:tokio@tokiomarine.com.sg) W: [www.tokiomarine.com.sg](http://www.tokiomarine.com.sg)

Authorized Officer  
 Tokio Marine Group

**Certificate of Insurance**

FORM MXI

**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.: 18-MU006209-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle: SGG9475J Chassis No.: ZNE100298343  
 2. Name of Policyholder: MR MOHD YUSOFF BIN SALIM  
 3. Effective date of the Commencement of Insurance for the purposes of the Act: 23/05/2018  
 4. Date of Expiry of Insurance: 24/05/2019

**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 superfluous by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 25 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 whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost or 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**

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

Account: 1861D1A

Tokio Marine Insurance Singapore Ltd.

Authorized Signature

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 9293I

#### Vehicle Details

Vehicle No.: SGG9475J  
Vehicle to be Exported: Yes  
Intended De-registration Date: 31 May 2018  
Vehicle Make: TOYOTA  
Vehicle Model: WISH 1.8 A  
Primary Colour: Blue  
Manufacturing Year: 2006  
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: 1  
Actual ARF Paid: \$20,975.00

#### Intended PARF Rebate Details

PARF Eligibility: Forfeited  
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): 5  
PQP Paid: \$23,024.00  
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

**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: MA11071186 Vehicle Registration No: SG69475J  
Name (as shown in NRIC): MOHD YUSOFF BIN SAUM NRIC/FIN/Passport No: S16892931  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96512090  
Email Address: \_\_\_\_\_  
Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_  
Place of Accident: COYNE AVENUE TOWARDS TANGKAP ROAD  
Insurance Company: TOKIO MARINE INSURANCE

**(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:

Insurance should be TOKIO MARINE & NOT OTHER INSURANCE

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rashid Wadood  
NRIC/FIN No.: 01/06/2018  
Date: