

MALM18079375 / Ah Lim Motor Company -  
AMK  
ENTRY DATE & TIME: 20/06/2018 11:32  
SUBMITTED BY: Zila

**Your NCD will be affected due to late reporting**  
**Actual e-Filing Submission Date & Time: 20/06/2018**  
**14:40**

## 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	20/06/2018 11:32
Date Of Accident	06/06/2018 18:00
Exact Location Of Accident	ALONG YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW8882Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PACIFIC ORION MARKETING
Co Reg No	52869422k
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96268262
Alternative Phone No	Office-96268262

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.3 IMA (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	REPORTING ONLY
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-MH001938
Cover Note Number	02/01/2018 - 01/01/2019

### Driver

Name of Driver	OH PEK SEE
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NRIC No	S2555095A
Date Of Birth	22/12/1965
Occupation	INDOOR
Date Of Driving Pass	17/01/1987
Driving Experience	31 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96268262
Fax Number	
Contact Number	OTHERS-96268262
EMail Address	CALLY_OH@YAHOO.COM
Address	BLK 542 SERANGOON NORTH AVE 4 #06-19
Postcode	550542
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO 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 SHC7846U

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)

## Sketch Plan

SKETCH PLANIMPORTANT 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:

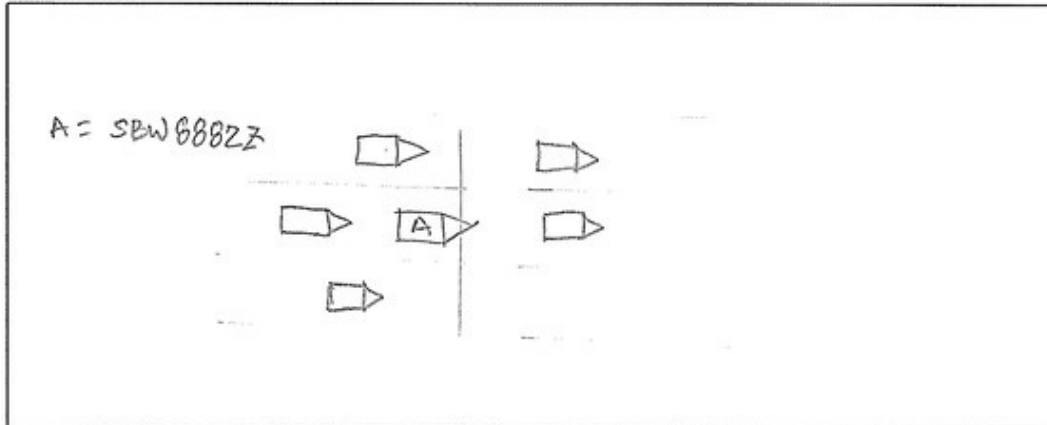
*Carly*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19th June 2018



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

Date of accident: 6th June Time: 6.00pm Location: Along Yio Chu Kang Link  
 My Vehicle A: SBW882Z Vehicle B: SH C 7946 U Vehicle C: —  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the lane next to bus lane towards Yio Chu Kang road. No jerk of the car and no abnormality was noticed.

☐ 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 : Cally - oh@yehio.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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19th June 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

IN TALEN TION COMPANY

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 089046

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 GroupTOKIO MARINE  
INSURANCE GROUP

## RENEWAL NOTICE - MOTOR INSURANCE

Your Policy insuring with Tokio Marine Insurance Singapore Ltd. is expiring on the date shown. To renew, please review, update the information and return a duly signed copy of this notice together with your remittance before the expiry of this Policy, if applicable.

<b>Insured</b> : PACIFIC ORION MARKETING  <b>Address</b> : 446 HOUGANG AVENUE 8 #B1-1635 SINGAPORE 530446	<b>Date of Issue</b> : 19/12/2017 <b>Policy Type</b> : PRIVATE MOTOR CAR <b>Policy No.</b> : 18-MH001938-R00 <b>Account No.</b> : 2324DDA <b>Expiry Date</b> : 01/01/2018 <b>Renewal Period</b> : 02/01/2018 to 01/01/2019									
<b>Registration No.</b> : SBW8882Z <b>Make/Model/Body</b> : HONDA CIVIC IMA A/Saloon <b>Cover</b> : Comprehensive Approved Workshop Plan <b>Sum Insured</b> : PREVAILING MARKET VALUE <b>Add'l Benefits</b> : NIL	<b>Excess</b> Section I: Named Drivers - SGD2,000 Section I: Unnamed Drivers (Additional Excess) - SGD500 Additional Excess for Young or Inexperienced Drivers - SGD3,500/- Windscreen Excess - SGD\$100 Excess-Third Party (Sect II) - SGD1,500 Windscreen Excess - SGD100  <b>Named Driver(s)</b> Any Authorised Employee of the Company									
<b>Financial Interest/Hire Purchase/Leasing Co.</b>										
<b>Changes to Policy</b> Please note the following changes will apply to your Policy on renewal:	<b>Renewal Premium</b>  <table> <tr> <td>Basic Premium</td> <td>SGD1,519.35</td> <td>NCD/FD 20% - SGD303.87</td> </tr> <tr> <td>Add'l Benefit/s</td> <td>-</td> <td>SDD -</td> </tr> <tr> <td>GST</td> <td>SGD85.08</td> <td></td> </tr> </table> <b>Total Premium Payable:</b> SGD1,300.56	Basic Premium	SGD1,519.35	NCD/FD 20% - SGD303.87	Add'l Benefit/s	-	SDD -	GST	SGD85.08	
Basic Premium	SGD1,519.35	NCD/FD 20% - SGD303.87								
Add'l Benefit/s	-	SDD -								
GST	SGD85.08									
<b>Renewal Instructions</b> (please tick) <input type="checkbox"/> Please renew my Policy for one year according to this Renewal Notice, if any changes is required to be made, please indicate below here and send to us or email to tmis@tokiomarine.com.sg  <input type="checkbox"/> Changes: _____										
<b>Payment Mode</b> <b>Premium Payable:</b> SGD1,300.56  <input type="checkbox"/> By VISA/MASTER Credit Card a) You can made direct online payment to us at the following website address and received the renewal document immediately: <a href="https://tmonline.tokiomarine.com.sg/aic/login/loginRenewal.jsp">https://tmonline.tokiomarine.com.sg/aic/login/loginRenewal.jsp</a> OR b) By Post to us with following information: Card Holder Name _____ Credit Card No _____ Expiry Date _____ / _____ <input type="checkbox"/> By Cheque made payable to "Tokio Marine Insurance Singapore Ltd."										
<b>IMPORTANT NOTE</b> In an accident or claimable event occurs on or before the expiry of this Policy, we reserve our right to revise the renewal terms and your No Claim Discount entitlement.										

UMUSMP

Tokio Marine Insurance Singapore Ltd.  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
T: (65) 6221 6111 / (65) 6221 4355 / (65) 6224 0895 E: tmsis@tokiomarine.com.sg / www.tokiomarine.com



TOKIO MARINE  
INSURANCE GROUP

**PRIVATE MOTOR CAR CLAIM  
ACKNOWLEDGEMENT OF CLAIM NOTIFICATION**

**REGISTERED**

07/06/2018

PACIFIC ORION MARKETING  
446 HOUGANG AVENUE 8  
#B1-1635  
SINGAPORE 530446

Our Claim No : M1802839  
Policy No : MH001938  
Date of Loss : 06/06/2018  
Your Ref :  
Description of Loss : INSD VEH; SBW8882Z ACCIDENT WITH SHC7846U ALONG  
YIO CHU KANG LINK X YIO CHU KANG ROAD. (NOT

Dear Sirs

Insured Vehicle No.: SBW8882Z. Potential Claim from: SHC7846U

1. As you have not reported this accident, please proceed to do so at one of the Reporting Centres. All accidents need to be reported within 24 hrs.
2. Enclosed copies of the Third Party's GIA report, for your perusal.

Yours faithfully,

Tokio Marine Insurance Singapore Ltd.  
This is a computer generated document. It requires no signature.

cc. Quetigo Field - Fax 63853033  
Handler FIONA GAN



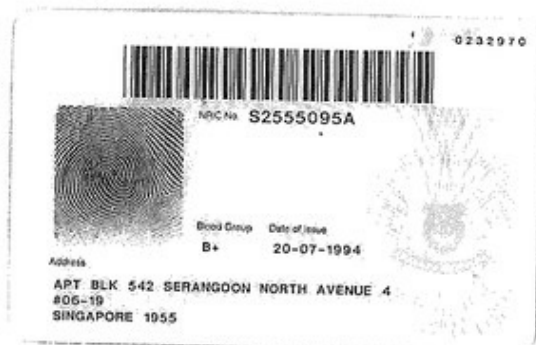
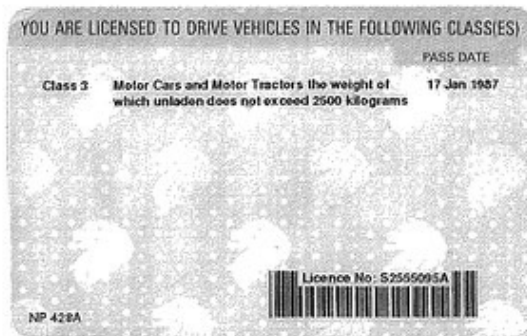
9626 8262

DL

NO injury.

NO video.

pay







**SINGAPORE  
POLICE FORCE**

Traffic Police  
Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 13 Jun 2018

Your Ref :  
Our Ref : TP/IP/34651/2018

PACIFIC ORION MARKETING  
APT BLK 446 HOUGANG AVENUE 8  
#B1-1635  
SINGAPORE 530446

000039



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT ALONG YIO CHU KANG ROAD ON 06 JUN 2018 @ 6.10 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer TAN JEOK LENG LESLIE at his / her office number: 65476144 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION

**Accident Photo**

**Accident Photo**



**Accident Photo**





Accident Photo



**Accident Photo**



**Accident Photo**

