

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	18/06/2018 15:36
Date Of Accident	17/06/2018 13:00
Exact Location Of Accident	36 CHAI CHEE AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE344H
Insured/Policyholder	
Name Of Registered Owner	TAN BOON SENG INTERIOR DECORATION
Co Reg No	30717000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-91119677

Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU009281
Cover Note Number	

Driver	
Name of Driver	TANG BOON HOCK
NRIC No	S1251360G
Date Of Birth	18/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1981
Driving Experience	36 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91119677
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 113 BEDOK RESERVOIR ROAD #03-254
Postcode	470113
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 ON 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

AFTER CHECKING THAT THE TRAFFIC WAS CLEAR. I PROCEED TO REVERSE INTO CARPARK LOT 352. SUDDENLY, I FELT AN IMPACT. VEHICLE B HAD SQUEEZED THROUGH ONE WAY LANE AND HIT ONTO THE FRONT PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, I HEARD FROM 2 WITNESS THAT THE DRIVER B HAD STOPPED TO WAIT FOR ME TO REVERSE. HOWEVER, SUDDENLY VEHICLE B DRIVER DECIDED TO MOVE FORWARD AND TRIED TO SQUEEZE THROUGH WHERE HE COLLIDED ONTO MY VEHICLE. DRIVER B WISH TO COMPENSATE ME AT FIRST BUT EVENTUALLY ASKED ME TO CLAIM HIM INSTEAD.

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 Witness 1

Name	LOW HIANG KOK
Phone Number	
Email Address	

Details of Witness 2

Name	SOH LEONG KIAT
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5334D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 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.

ALL DOWN SEND IN

Policyholder's Signature
Date & Time:

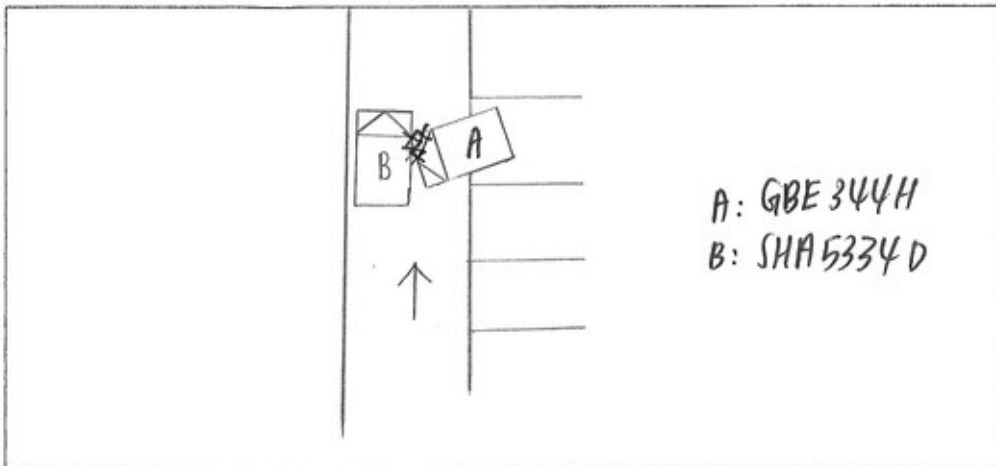
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

STARBU SketchPlanForm_V2

NEW HORIZON

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After checking that the traffic was clear, I proceed to reverse into carpark lot 352.

Suddenly, I felt an impact, vehicle "B" had squeezed through the one way lane and hit onto the front portion of my vehicle and caused damages.

After the accident, I heard from two witnesses that the driver "B" had stopped to wait for me to reverse, however suddenly, driver "B" decided to move forward and tried to squeeze through where he collided onto my vehicle.


Driver "B" wished to compensate me at first but eventually asked me to claim him instead.

NAME OF WITNESSES: ① Low Hiang Kok (S1314470B)
② Soh Leong Kiat (S1475017G).

DECLARATION

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

GET BOON SENG  & DEBORAH
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.:

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1251360G



Name

TANG BOON HOCK



Race

CHINESE

Date of Birth

18-03-1957

Sex

M

Country of Birth

SINGAPORE



0458614

NRIC No. S1251360G



Blood Group

A+

Date of issue

03-08-1992

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: S1251360G

Name: TANG BOON HOCK

Birth Date: 18 Mar 1957

Issue Date: 17 Mar 2003

000230305D



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	05 Apr 1978
Class 2A	Motorcycles between 201 cc and 400 cc	05 Apr 1978
Class 2	Motorcycles exceeding 400 cc	05 Apr 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Aug 1981

NP 428A



INSURANCE

15-08-18:11:13 : Dickson Automobile

+65 6

1 / 1

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (GST Reg No: M2-0000023-9)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0885 E: enquiry@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MZ300

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.: MU009281 (Commercial Vehicle)	
1. Index Mark and Registration Number of Vehicle	GBE344H Chassis No.: JTFAT35Y00K204532
2. Name of Policyholder	TAN BOON SENG INTERIOR & DECORATION
3. Effective date of the Commencement of Insurance for the purposes of the Act	21/08/2017 (00:00:00)
4. Date of Expiry of Insurance	20/08/2018
5. Persons or Class of Persons entitled to drive*	Any person who is driving on the policyholder's order or with their 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 release of any enactment or regulation in relation to 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*

- 1) Use in connection with the policyholder's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle's.

* Limitations referred inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 65 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 whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost 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		Account No: 2538DDA
Insurance Plan:	Comprehensive Other Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 750.00 (Original Excess : SGD 750.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00 (All Claims)
	WindScreen Excess	SGD 100.00
Financial Interest:	UNITED OVERSEAS BANK LIMITED	
Additional Terms:	(1) Policy excesses are amended as follow:- (a) Additional Excess All Claims for non-employee \$1,500 (b) Additional Excess All Claims for Young, Elderly or Inexperience Drivers (YEID) \$3,000	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

