

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 | 27/06/2018 15:23 |
| Date Of Accident | 24/06/2018 13:00 |
| Exact Location Of Accident | BEDOK RESERVOIR VIEW |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | EE8218B |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM AH HENG |
| NRIC No | S0153570F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82998214 |
| Alternative Phone No | OTHERS-82998214 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | HRV 1.5 DX CVT |
| 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 | 17-MU000943-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | LIM HUI CHEN (LIN HUIZHEN) |
| NRIC No | S8511645B |
| Date Of Birth | 19/04/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/05/2005 |
| Driving Experience | 13 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-82998214 |
| Fax Number | |
| Contact Number | |
| Email Address | LIMZEN19@GMAIL.COM |

| | |
|---|----------------|
| Address | 9 JANSEN CLOSE |
| Postcode | 548479 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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? | 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

VEHICLE B (GBG941Z) REVERSED WITHOUT CHECKING THAT MY CAR WAS BEHIND. I HONKED AT HIM BUT HE DIDN'T STOP & BANGED ONTO MY CAR. DRIVER TOLD US HE WILL BE FULLY RESPONSIBLE FOR THIS INCIDENT.

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 | ROYSTON LIM KOON HOW |
| Phone Number | 96466633 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBG941Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | JAHID HASAN MOTIUR RAHMAN |
| NRIC/Passport Number | G8469299P |
| 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.

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.:



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



TOKIO MARINE
INSURANCE GROUP

FORM MX1

Certificate of Insurance

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.: 17-MU000943-R00 (Private Motor Car 24 Months)

- | | | |
|---|----------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | EE8218B | Chassis No.: JHMRU1810GX201687 |
| 2. Name of Policyholder | MR LIM AH HENG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 18/01/2017 | |
| 4. Date of Expiry of Insurance | 17/01/2019 | |
| 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 inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 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: E2316DDA

| | | |
|---------------------------------------|--------------------------------------|---------|
| Insurance Plan: | Comprehensive Approved Workshop Plan | |
| Limit for total loss or theft: | Prevailing Market Value | |
| Policy Excess: | Own Damage Claims | SGD 600 |
| | Windscreen Excess | SGD 100 |
| Financial Interest: | OCBC BANK LIMITED | |


Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 20/01/2017

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8511645B



Name
LIM HUI CHEN
(LIN HUIZHEN)
林 惠 珍


Race
CHINESE

Date of birth
19-04-1985

Sex
F

Country/Place of birth
SINGAPORE

S8511645B



REPUBLIC OF SINGAPORE - DRIVING LICENCE

Licence Number: S8511645B
Name




LIM HUI CHEN
(LIN HUIZHEN)


Birth Date: 19 Apr 1985
Issue Date: 13 May 2005

001341278A

5782531



NRIC No. S8511645B



Date of Issue
24-07-2017

9 JANSEN CLOSE
SINGAPORE 548479

NRIC No: S8511645B Date: 24/08/2018

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

| | PASS DATE |
|--|-------------|
| Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg | 13 May 2005 |

NP 428A

Licence No: S8511645B

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

