

## 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	30/07/2018 22:04
Date Of Accident	30/07/2018 14:40
Exact Location Of Accident	PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC1122M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA BOON LING
NRIC No	S7212392A
Email Address	CHUA_BOON_LING@MOE.EDU.SG
Mobile Phone No	(LOCAL) +65-97836323
Alternative Phone No	OFFICE-97836323

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	ZSU600050151
Cover Note Number	

### Driver

Name of Driver	CHUA BOON LING
NRIC No	S7212392A
Date Of Birth	05/04/1972
Occupation	INDOOR
Date Of Driving Pass	27/11/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97836323
Fax Number	
Contact Number	OFFICE-97836323
EEmail Address	CHUA_BOON_LING@MOE.EDU.SG

Address	BLK 259A PUNGGOL FIELD #15-29
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8682T
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)	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

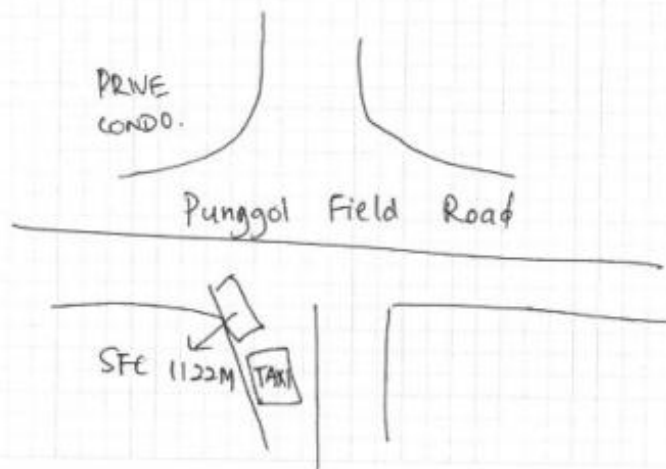
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving from the direction towards Punggol along Punggol road. At the junction near COVE LRT station, while I was waiting to turn left at the free corner, TAXI number (SHC 8682T, Driver Info Lee Yew Leong S1306146 G) hit the back of my car. He claimed that he saw the bus turned right and assumed that I would turn left, however a lorry was speeding towards Punggol Field direction, thus I was waiting for the lorry to ~~pass~~ pass through before I make the turn.

## DECLARATION

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

Policyholder's Signature

Date & Time: 30 July 2018

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Common Statement

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

30 July 2018

Punggol Road (Junction towards Punggol direction)

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

SFC 1122M

Chua Boon Ling

ST212392A

BLK 254A Punggol Field #15-29 S(821259)

Tel: 64834247

Hp: 97836323

Indoor

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident

Are you claiming under your own insurance policy?

Vehicle category

TOYOTA HARRIER

Saloon, MPV, CRV, Van, Lorry, Bus, M/cycle, Others: SUV

PRIVATE USE -

☐ Yes

☒ No

Remarks: THIRD PARTY.

☐ Private

☐ Commercial

☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

TOKIO MARINE

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

☐ Yes

☒ No

26060050151

### DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

Road Surface

Damage Area

AS ABOVE

AS ABOVE  
05/04/1992.

☐ Male

☒ Female

Tel

Hp

☐ Yes

☐ No

1 pov  
HEAD TO REAR.

☒ Clear

☐ Raining

☐ Others

☐ Wet

☒ Dry

☐ Others

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No

☐ Yes

☒ No

☐ Yes

☐ No

☒ Yes

☐ No

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

chua-boon-ling@moe.edu.sg

## Common Statement

OWN VEHICLE REGISTRATION NUMBER

SFL1122M.

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHC 8682T

Vehicle Make/ Model/ Colour

COMFORT TAXI.

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

YEW LEE YEW LEONG

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

# INSURANCE

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: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

## Certificate of Insurance

FORM MX1

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: MT104486 (Private Car)

- |                                                                                |                                                                                                                  |                           |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SFC1122M                                                                                                         | Chassis No.: Z5U600050151 |
| 2. Name of Policyholder                                                        | CHUA BOON LING                                                                                                   |                           |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 21/07/2018 (00:00:00)                                                                                            |                           |
| 4. Date of Expiry of Insurance                                                 | 20/07/2019                                                                                                       |                           |
| 5. Persons or Class of Persons entitled to drive*                              | (a) The Policyholder,<br>(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 whatever 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: 2712DDA
Insurance Plan:	Comprehensive Approved Workshop Plan			
Limit for total loss or theft:	Prevailing Market Value			
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)	
	Additional Excess for Unnamed Driver(s)	SGD 500.00		
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00		
	WindScreen Excess	SGD 100.00		
Financial Interest:	TOKYO CENTURY LEASING (S) PTE LTD			

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Residence Number: **S 7212392A**  
Native

**CHUA BOON LING (CAI WENLING)**

Birth Date: **05 Apr 1972**  
Issue Date: **23 Jan 2003**



1000157026J



# Identification Card

