

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	23/08/2018 10:27
Date Of Accident	21/08/2018 15:05
Exact Location Of Accident	ANG MO KIO AVE 1 NEAR LOR CHUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8806E
Insured/Policyholder	
Name Of Registered Owner	SECTION LIMOUSINE SERVICES PTE LTD
Co Reg No	201620964M
Email Address	NURUL@PRIMECAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67770666

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
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	17-MH001249-R01
Cover Note Number	

Driver

Name of Driver	KARINA CARMIA SALERNO
NRIC No	G3361899P
Date Of Birth	09/06/1985
Occupation	INDOOR
Date Of Driving Pass	03/06/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97872075
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1 HULLET ROAD #19-02 URBAN SUITES
Postcode	229157
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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

I was driving along Ang mo kio at 3.05pm (near lor Chuan) when I was hit from behind by Ms Cheryl Seow's car who was driving behind me. That impact/hit caused my car to move forward and slightly touch/tap the back bumper of the car in front of me.

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	SJU9138Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KAM LOON KENNY
NRIC/Passport Number	S1802185D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS7496B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHERYL SEOW SZE MING

NRIC/Passport Number

S9170296G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

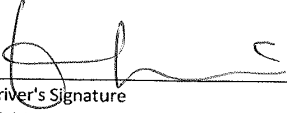
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8. Consent under the Personal Data Protection Act (PDPA)

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.

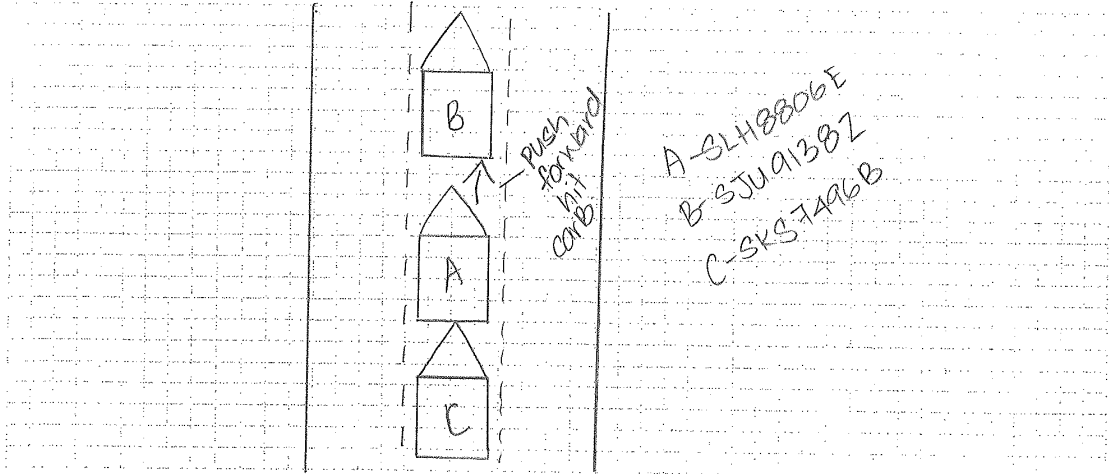

Policyholder's Signature
Date & Time:


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

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

Aug 21, 2018
6:40pm

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Ang Mo Kio at 3:05 pm (near Lor Chuan) when I was hit from behind by Ms Cheryl Seaw's car who was driving behind me. That impact/hit caused my car to move forward and slightly touch/tap the back bumper of the car in front of me.

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:
Aug. 21, 2018
6:40pm

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

SEE OBSERVATIONS BEGINNING ON
PAGE 5 (IF APPLICABLE)

MENTIONS ET RESTRICTIONS

ATTENTION ET RESTRICTIONS
Ce passeport est valable pour tous les pays
sauf indication contraire. Le titulaire doit
se conformer aux formalités relatives aux
visas ou aux autres formalités d'entrée
des pays où il a l'intention de se rendre.

**VOIR LES OBSERVATIONS DÉBUTANT À
LA PAGE 5 (LE CAS ÉCHÉANT)**

Signature of bearer - Signature du titulaire

E
 F
 V
 9
 9
 3
 7
 9

PASSPORT
PASSEPORT

CANADA

Passport No./N° de passeport
HK952411

Type/Type
P

Issuing Country/Pays émetteur
CAN

Surname/Name

SALERNO

Given names/Prénoms

KARINA CARMIA

Nationality: Nationalité

CANADIAN/CANADIENNE

Date of birth/Date de naissance

09 JUNE/JUIN 85

Sex/ Sexe Place of birth/Lieu de naissance

F MONTRÉAL CAN

Date of Issue/Date de délivrance

10 JUNE/JUIN 16

Date of expiry/Date d'expiration

10 JUNE/JUIN 26

Issuing Authority/Autorité de délivrance

TORONTO

ANSALERNO<<KARINA<CARMIA<<<<<<<<<<<<<<<<<<

HR952411<3CAN8506092F2606107<<<<<<<<<<<<<<<<04



Ministry
of
Transportation

Ministère
des
Transports

Ministry No./No. du ministère
V66-2-2328

Search Date/Date de recherche (Y/A M D/J)
2017/09/05

3 YEARS DRIVER RECORD SEARCH/
RECHERCHE DANS LE DOSSIER DU CONDUCTEUR DES 3 DERNIÈRES ANNÉES

PAGE 01

DRIVER INFORMATION/RENSEIGNEMENTS SUR LE CONDUCTEUR

Name/NomSALERNO,KARINA
Address/Adresse

Reference No. or Driver's Licence No./

No de référence ou du permis de conduire..... S0271-42508-55609

Date of Birth/Date de naissance (Y/A M D/J)..... 1985/06/09

Sex/Sexe FEMALE/FEMME

Height/Taille 163

Class/Catégorie G***

Condition/Restriction */N

Earliest Licence Date Available/

Date d'obtention du premier permis de conduire 2002/06/03

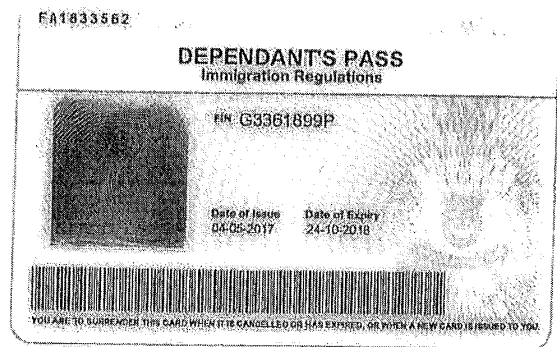
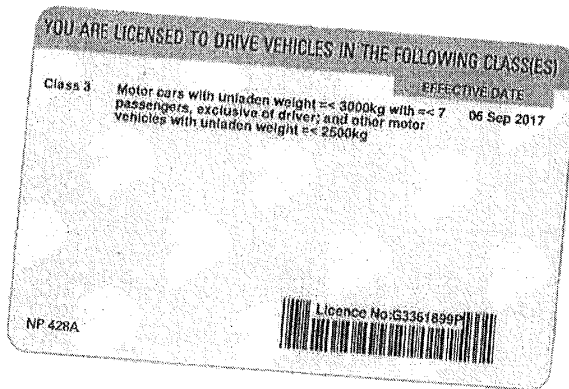
Expiry Date/Date d'expiration (Y/A M D/J) 2020/03/20

Status/Statut LICENCED/TITULAIRE D'UN PERMIS DE CONDUIRE

Date	CONVICTIONS, DISCHARGES, AND OTHER ACTIONS
Y/A M D/J	CONDAMNATIONS, LIBÉRATIONS ET AUTRES ACTIONS

NO PUBLIC RECORD
AUCUN DOSSIER PUBLIC

All content contained in this abstract has been transmitted electronically by the Ontario Ministry of Transportation and the information contained herein has not been certified.
Tout le contenu de ce résumé a été transmis électroniquement par le ministère des Transports de l'Ontario et les renseignements qui y sont compris n'ont pas été certifiés.



Insurance Pg. 1

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: TMIS@TOKIOMARINE.COM.SG W: WWW.TOKIOMARINE.COM

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MZ406

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-MH001249-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLH8806E **Chassis No.:** RU11114295

2. Name of Policyholder SECTION LIMOUSINE SERVICES PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act 09/04/2018

4. Date of Expiry of Insurance 14/10/2018

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

The hirer.

Any other person who is driving on the hirer's order or with his/ 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 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.

* 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: 2500DDA

Insurance Plan:

Limit for total loss or theft:

Policy Excess:

Financial Interest:

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 10/04/2018

Common Statement Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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 : MPRI18108808 Vehicle Registration No: SLH 8806 E
Name (as shown in NRIC) : SECTION LIMOUSINE SVCS PTE LTD NRIC/FIN/Passport No : 201620964m
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 6, BENOI PLACE Singapore 629927
Contact (Tel) : 67770666 Mobile No. : _____
Email Address : _____
Date of Accident : 21/08/18 Time of Accident : 1505h
Place of Accident : ANG MO KIO AVE 1 NEAR LOR CHUAN
Insurance Company : TOKIO MARINE INSURANCE S'PORE LTD

(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:

+ To amend/change registered owner




Policyholder / Driver's Signature
Date:

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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