

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 liability.
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	03/11/2018 14:49
Date Of Accident	01/11/2018 14:00
Exact Location Of Accident	AT ANG MO KIO AVE 8 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS5130U
Insured/Policyholder	
Name Of Registered Owner	PEK CHIK LAY (BAI ZHILI)
NRIC No	S7715805G
Email Address	XAVIER.PEK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91876839
Alternative Phone No	OTHERS-91876839

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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	18-MV002940-R02
Cover Note Number	

Driver

Name of Driver	PEK CHIK LAY (BAI ZHILI)
NRIC No	S7715805G
Date Of Birth	09/06/1977
Occupation	INDOOR
Date Of Driving Pass	08/10/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91876839
Fax Number	
Contact Number	OTHERS-91876839
EEmail Address	XAVIER.PEK@GMAIL.COM

Address	12C HOUGANG STREET 11 #13-65
Postcode	534072
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	SIDE SWIPE
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

PLEASE REFER TO STATEMENT

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	SKX9891D
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIP MENG FAI (YE MINGHUI)
NRIC/Passport Number	S7219017C
Contact Number	9843 0125
Address	14 CHOA CHU KANG GROVE #13-38 S(688209)
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was queuing to exit of the carpark. After some time, I wanted to park at carpark as the queue was long.

I checked to my right, saw it was clear from front and back before shifting my car to the right slowly.

As my car is moving out, I saw the white car (SKX 9891D) move at fast speed past my car and I feel my car make contact with the ~~contact~~ white car, I step on my brakes. The white car continue forward before stopping, he was travelling illegally in reverse direction. It was not ~~driving~~ parking.

we were in carpark (open public) at ang mo kio Ave 8
I was queuing up to exit (in direction of Ditsun Mall)

DECLARATION

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

Policyholder's Signature
Date & Time: 03/11/2018
1430 hrs.

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

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

Individual Statement

<input checked="" type="radio"/> Owner
<input type="radio"/> Driver

ACCIDENT STATEMENT

Date of Accident Time Location of Accident
 01/11/2018 14:00pm At Av of Mo Kio Ave 8 Open Carpark.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number SK55130U
 Name of Policyholder Pek Chik Lay (Bri Shi Li)
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S7715805G
 Address 12C Hougang Street 11 #13-65 S1534072
 Contact Number Tel Hp 9187 6839
 Occupation indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model Mazda 5 5-DOOR WAGON 2.0L SP6EAT SUNROOF
 Type of Vehicle Saloon, MPV, CRV, Van, Lorry, Bus/M/cycle, Others. PII
 Exact Purpose for which vehicle was being used at the time of accident private use
 Are you claiming under your own insurance policy?
 Yes No Remarks TP
 Private Commercial Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company Tokio Marine
 Type of Policy Comprehensive TP Fire & Theft Third party
 Fleet Policy Yes No
 Policy Number 18-MV002940-RO2

DRIVER

Name of Driver -/-
 NRIC/ FIN/ Passport -/-
 Date of Birth 09-06-1977
 Occupation -/-
 Driving Pass Date 08-10-2004
 Gender Male Female
 Contact Number -/-
 Address -/-
 Email Address -/-

Was driver an employee of the insured's Company? Yes No

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.) 1 por side swipe
 Weather Conditions Clear Raining Others
 Road Surface Wet Dry Others
 Damage Area

OTHER INFORMATION

Was there any foreign vehicle(s) involved? No Yes
 Was anybody injured in the accident? (including Witness) No Yes
 Was any other vehicle(s) or property damaged? No Yes
 Was there any camera video footage (in car)? No Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? No Yes
 If Yes, please state which police station & Report No.
 Was notice of intended Prosecution given? No Yes
 If Yes, against whom?

XAVIER.PEK @ GMAIL.COM

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

S/S5130U

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

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

S/SX9891D
Honda Vezel

Yip Meng Fai (Ye Ailinghui)

S7219017C
9843 0125

14 Choo Chu Kang Grove #13-28 S7688209

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?
Was Injured conveyed to hospital by ambulance?

Yes No
 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?
Was Injured conveyed to Hospital by Ambulance?

Yes No
 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)

03/11/2018 1430hrs.

Date & Time

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

Individual Statement

SKETCH PLAN

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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)**

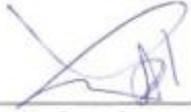
I understand, acknowledge, agree and consent that:

- (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: 03/11/2018
1430hrs.


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


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

IDENTITY CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7715805G**

Name
PEK CHIK LAY (BAI ZHILU)

Birth Date: **09 Jun 1977**
Issue Date: **08 Oct 2004**

001291873K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7715805G**



Name
PEK CHIK LAY (BAI ZHILU)
白植礼

Race
CHINESE

Date of birth
09-06-1977

Country/Place of birth
SINGAPORE

Sex
M

S7715805G




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg	08 Oct 2004

NP 428A

Licence No: **S7715805G**



550029



NRIC No: **S7715805G**



Date of issue
21-07-2015

Address
**12C HOUGANG STREET 11
#13-65
SINGAPORE 534072**

CERTIFICATE OF 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: tmls@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.: 18-MV002940-R02 (Private Motor Car)

- | | | |
|--|-----------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SKS5130U | Chassis No.: JM6CW1071F0121223 |
| 2. Name of Policyholder | MR PEK CHIK LAY | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 21/04/2018 | |
| 4. Date of Expiry of Insurance | 20/04/2019 | |

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: 0755DDB

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:	HONG LEONG FINANCE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 11/04/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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