

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	06/12/2018 15:28
Date Of Accident	05/12/2018 12:45
Exact Location Of Accident	JOHOR CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP5727B
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Insured/Policyholder

Name Of Registered Owner	RAJENDRAN S/O SOMU
NRIC No	S1365989C
Email Address	RAJENDRANSOMU804@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98578695
Alternative Phone No	OTHERS-98578695

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA NF-2.0 (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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT100858
Cover Note Number	

Driver

Name of Driver	RAJENDRAN S/O SOMU
NRIC No	S1365989C
Date Of Birth	31/08/1959
Occupation	INDOOR
Date Of Driving Pass	26/02/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98578695
Fax Number	
Contact Number	OTHERS-98578695
Email Address	RAJENDRANSOMU804@HOTMAIL.COM

Address	BLK 95 BEDOK NORTH AVENUE 4 #09-1413 SINGAPORE
Postcode	460095
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	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)	2
Passenger 1	NAME: : CHANDRIGA RAMAPIRAM GENDER: : FEMALE

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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SFT6776D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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.:

Sketch Plan #2

SKETCH PLAN

SKETCH PLAN

1) Johore Immigration Counter 7
Counter 8

A B

Vehicle
A - SJP5727B
B - SFT6776D

Legend

Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TAMAN PELANGI
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : TRAFIK JOHOR BAHRU(S)/029239/18
 Tarikh : 05/12/2018
 Waktu : 1556 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R164906

Butir-butir Penerima Repot

Nama : ABU BAKAR BIN YAHYA
 Butir-butir Jurubahasa (Jika Ada)
 Nama : ---
 No Paspot : ---
 Alamat : ---

No Personel : R181599

Pangkat : L/KPL

No K/P (Baru) : ---

No Polis/Tentera : ---

Bahasa Asal : ---

Butir-butir Pengadu

Nama : RAJENDRAN S/O SOMU

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : S1365989C

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 31/08/1959

Umur : 59 tahun 3 bulan

Keturunan : India

Warganegara : Singapore

Pekerjaan : CONSULTANT

Alamat Tempat Tinggal : APT BLK 95 BEDOK NORTH AVENUE #09-1413 SINGAPORE 460095, 460095

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 98578695

Emel : ---

Pengadu Menyatakan:-

ON THIS DAY 5/12/2018 ABOUT 1245 HOURS I APPROACHED JOHOR IMMIGRATION AT COUNTER 7 WHILE WAITING IN THE QUEUE ANOTHER CAR IN NEXT LINE AT COUNTER 8 SWAP MY CAR DRIVER SIDES. MY CAR HAS SMALL DAMAGED. I GO TO POLICE STATION AND LODGE THE REPORT. THATS ALL MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada) :

Tandatangan Penerima Repot:
 KETUA POLIS BALAI TMN PELANGI
 KETUA POLIS DAERAH
 JOHOR BAHRU (S)

ID Pencetak | Tarikh @ Masa Cetak : R181599 | 05/12/2018 04:21:11 PM

POLICE REPORT PAGE 2

Pol.316

Page 1 of 1

POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : RAJENDRAN S/O SOMU
 No Kad Pengenalan / Paspot : S1365989C
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/029239/18
 Tarikh @ Masa Repot Polis : 05/12/2018 @ 15:56
 Pengesahan Penerimaan Repot :

KETUA POLIS BALATIMN PELANGI
 KETUA POLIS DAERAH
 JOHOR BAHRU (S)
 Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R164906) SJN ASHIENTY BINTI ABDUL AZIM
 Tempat Tugas : JOHOR , J/BAHRU SELATAN
 No Telefon Pejabat : No Telefon Bimbit : 019-2815367
 Tarikh @ masa Perjumpaan : 5/12/18 @ 1645 hr.
 Pengesahan Penerimaan Repot :

ASHIENTY BINTI ABDUL AZIM (SJN 164906)
 Penolong Pegawai Penyiasat Trafik
 IPD Johor Bahru Selatan

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
 08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang
 Jumaat :
 08:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
 Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter
 Pembekalan Dokumen



POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) Pegawai Penyiasat : R164906
Daerah : J/BAHRU SELATAN No Repot Bersangkut : TRAFIK JOHOR BAHRU (S)/029239/18
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/029242/18
Tarikh : 05/12/2018
Waktu : 1644 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : ASLAM ISMAIL B. JAMALUDDIN No Personel : R204050 Pangkat : KONST/P
Butir-butir Jurubahasa (Jika Ada)
Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---
No Paspot : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu

Nama : RAJENDRAN S/O SOMU
No K/P (Baru) : --- No Polis/Tentera : --- No Paspot : S1365989C
No Sijil Beranak : ---
Jantina : Lelaki Tarikh Lahir : --- Umur : 59 tahun 3 bulan
Keturunan : Melayu Warganegara : Malaysia
Pekerjaan : CONSULTANT
Alamat Tempat Tinggal : APT BLOK 95 BEDOK NORTH AVENUE #09-1413, SINGAPORE, 460095
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 98578695
Emel : ---

Pengadu Menyatakan:-

ON THIS DAY 05/12/2018 1645HRS I VISITED COUNTER POLICE TRAFFIC JOHOR BAHRU SELATAN TO MAKE A ADDITIONAL REPORT REGARDING TO JBTR:029239/18. TO ADD IN THE CAR NO OF THE ACCIDENT M/CAR NO SJP5727B AND M/CAR NO SFT6776D.THATS ALL MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R204050 | 05/12/2018 04:58:48 PM

ADDITIONAL STATEMENT POLICE REPORT PAGE 2

Pol.316

Page 1 of 1

POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akaun Penerimaan Repot Polis :

Nama Pengadu : RAJENDRAN S/O SOMU
No Kad Pengenalan / Paspot : S1365989C
No Repot Polis : TRAFIK JOHOR BAHRU(S)/029242/18
Tarikh @ Masa Repot Polis : 05/12/2018 @ 16:44
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Bertanya

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R164906) SJN ASHIENTY BINTI ABDUL AZIM
Tempat Tugas : JOHOR , 1/BAHRU SELATAN
No Telefon Pejabat : No Telefon Bimbit : 019-2815367
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot :

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :
Tarikh @ Masa Gambar Diambil :
Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
08:00 Pagi - 04:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cut Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Waktu Pejabat :

Ahad - Rabu :
8.00 Pagi - 1.00 Tengah Hari
2.00 Petang - 4.00 Petang
Khamis :
8.00 Pagi - 1.00 Tengah Hari
2.00 Petang - 2.30 Petang
Rehat - 1.00 T/Hari - 2.00 Petang
Jumaat, Sabtu - Tutup
Cut Umum / Khas - Tutup

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

Tokio Marine Insurance

(Company Reg. No.: 192300014M) (GST Reg No.: R12-0000000000)
 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

Certificate of Insurance

FORM MX1

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.: MT100858 (Private Car)

- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJP5727B | Chassis No.: KMHEU41AMAA696253 |
| 2. Name of Policyholder | RAJENDRAN S/O SOMU | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/03/2018 (14:50:17) | |
| 4. Date of Expiry of Insurance | 26/03/2019 | |
| 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 No: 2799DDA

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:	COSMO AUTOMOBILES PTE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1365989C**

Name: **RAJENDRAN S/O SOMU**

Birth Date: **31 Aug 1959**
Issue Date: **29 Jul 2005**

001358771J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1365989C**

Name: **RAJENDRAN S/O SOMU**

ராஜேந்திரன் சோமு

Race: **INDIAN**

Date of birth: **31-08-1959** Sex: **M**

Country of birth: **SINGAPORE**

S1365989C

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	12 Apr 1984
Class 3	Motor cars <= 3000 kg with <= 7 passengers exclusive of the driver, and motor tractors / vehicles <= 2500 kg	26 Feb 1979
Class 4	Heavy motor cars and motor tractors > 2500 kg	09 Mar 1982
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	27 Sep 1982

MP 420A

License No: **S1365989C**

3761718

NRIC No. **S1365989C**

Date of issue: **12 APR 2005**

APT BLK 95 BEDOK NORTH AVENUE 4 #09-1413
SINGAPORE 460085

NRIC No: **S1365989C** Date: **14/10/2014 (R)**

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

