

## 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	12/02/2019 18:58
Date Of Accident	11/02/2019 19:00
Exact Location Of Accident	OUTSIDE HOUGANG POLYCLINIC HOUGANG AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1281H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH ZHEN QUAN
NRIC No	S8523387D
Email Address	PAUL.85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91734005
Alternative Phone No	OFFICE-86611878

### Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO-1.5 RS BASIC (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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-MU004687-R00
Cover Note Number	

### Driver

Name of Driver	GOH ZHEN QUAN
NRIC No	S8523387D
Date Of Birth	20/07/1985
Occupation	INDOOR
Date Of Driving Pass	04/03/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91734005
Fax Number	
Contact Number	OFFICE-86611878
EEmail Address	PAUL.85@HOTMAIL.COM

Address	BLK 278A COMPASSVALE BOW #13-549
Postcode	S541278
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 (including own vehicle) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

NOBODY INJURY DURING THE ACCIDENT

#### 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	SHC8917S
Vehicle Make/Model/Colour	HYUNDAI/I40/BLUE/TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE HOW GUAN
NRIC/Passport Number	S1506900G
Contact Number	96705100
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

Vehicle Number: SLN1281H


**SKETCH PLAN**

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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.

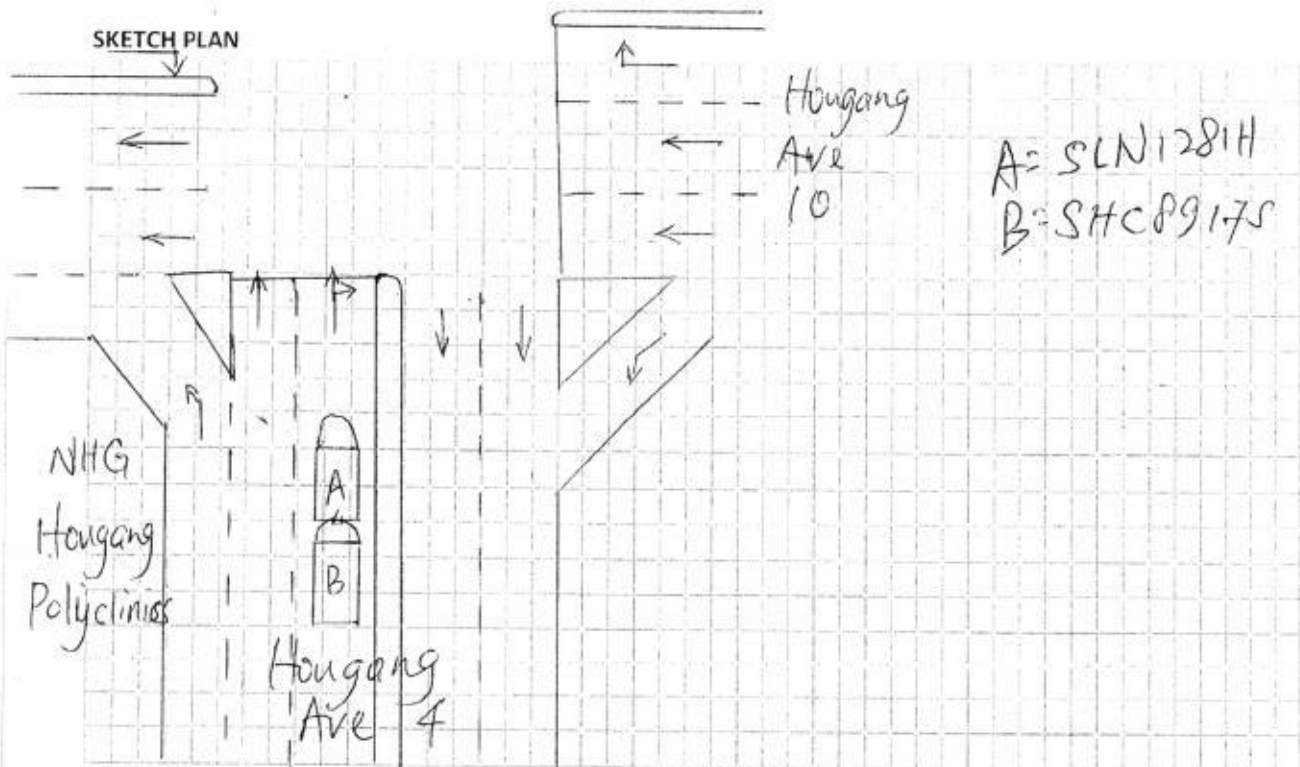
  
 Policyholder's Signature  
 Date & Time:

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

  
 12 FEB 2019  
 Reporting Centre Personnel's Signature  
 Name: **ARY CHUA**  
 NRIC/FIN No.:

## Sketch Plan Pg. 2

Vehicle Number: SLN 1281H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20190212/3049

## 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:

12 FEB 2019

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



**SINGAPORE  
POLICE FORCE**



T/20190212/2049

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190212/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2019 12:07	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GOH ZHEN QUAN			Address: APT BLK 278A COMPASSVALE BOW #13-549 COMPASSVALE HELM SINGAPORE 541278		
ID Type / ID No.: NRIC NO / S8523387D			Contact No.: Home/Office: Mobile: 91734005		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 20/07/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 4 HOUGANG AVENUE 10 Outside Hougang Polyclinic				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8917S	Car	HYUNDAI				0
SLN1281H	Car	HONDA	MOBILIO SV 1.5 CVT	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN1281H	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU004687	24/04/2017	23/04/2019



**SINGAPORE  
POLICE FORCE**



T/20190212/2049

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190212/2049

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE HOW GUAN	ID No.	S1506900G
Related Vehicle	SHC8917S (Car)	Contact No.	96705100
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GOH ZHEN QUAN	ID No.	S8523387D
Related Vehicle	SLN1281H (Car)	Contact No.	91734005
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/02/2019	Date Discharge	11/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING THE VEHICLE SLN1281H ALONG HOUGANG AVENUE 4 AND HAD STOPPED BEFORE THE JUNCTION WITH AVENUE 10, WAITING TO TURN RIGHT ON THE EXTREME RIGHT LANE. THE CAR, SHC8917S, BEHIND ME ALSO CAME TO A COMPLETE STOPPED WHILE WE WAITED FOR THE LIGHT TO TURN GREEN. SUDDENLY, SHC8917S COLLIDED ONTO MY REAR.

MY VIDEO FOOTAGE CAPTURED THAT THE DRIVER TOOK OFF HIS SEATBELT WHILE HIS CAR WAS STATIONARY AND TURNED HIS BACK TO PICK UP SOMETHING AND HIS CAR MOVED FORWARD, COLLIDING ONTO MY REAR.

I ONLY HAD SLIGHT PAIN ON MY BACK DURING THE ACCIDENT BUT I WAS FOCUSED ON THE INCIDENT SO I PAID NO HEED TO IT. AT NIGHT, I FELT LIKE MY LEGS WERE GETTING NUMB SO I WENT TO SEE THE DOCTOR AT SENG KANG GENERAL HOSPITAL AND WAS GRANTED 4 DAYS OF MEDICAL LEAVE.



**SINGAPORE  
POLICE FORCE**



T/20190212/2049

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190212/2049

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190212/2049

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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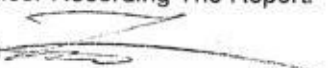
Report No. T/20190212/2049

## CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
ZENG ZI CONG 

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476204



Authentication Stamp  
NP168

Signature Of Informant:



Date/Time:  
12/02/2019 12:07

Classification Of Case:

  
  
Signature:

## 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 GroupTOKIO MARINE  
INSURANCE GROUP

FORM MXI

## 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-MU004687-R00 (Private Motor Car 24 Months)

- |   |                                |                                |
|---|--------------------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SLN1281H                       | Chassis No.: MRHDD4870GP000458 |
| 2. Name of Policyholder   | MR GOH ZHEN QUAN (WU ZHENQUAN) |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 24/04/2017                     |                                |
| 4. Date of Expiry of Insurance  | 23/04/2019                     |                                |
| 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 or 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:	UNITED OVERSEAS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature