

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	14/02/2019 15:54
Date Of Accident	13/02/2019 17:30
Exact Location Of Accident	CLEMENTI AVE 6 SLIP RD INTO AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL7627P
Insured/Policyholder	
Name Of Registered Owner	SIM DING WEI LEONARD
NRIC No	S8629697G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92205690
Alternative Phone No	OFFICE-92205690
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	MV011809
Cover Note Number	-
Driver	
Name of Driver	SIM DING WEI LEONARD
NRIC No	S8629697G
Date Of Birth	09/10/1986
Occupation	INDOOR
Date Of Driving Pass	27/05/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92205690
Fax Number	
Contact Number	OFFICE-92205690
EMail Address	NOEMAIL

Address	BLK 590B MONTREAL LINK #03-45
Postcode	752590
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?	YES
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: : SOH XI JING
	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

PLEASE REFER TO ATTACHED 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	GBG7216M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH TENG BOO
NRIC/Passport Number	
Contact Number	97495851
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SIM DING WEI LEONARD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJL7627P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SOH XI JING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJL7627P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

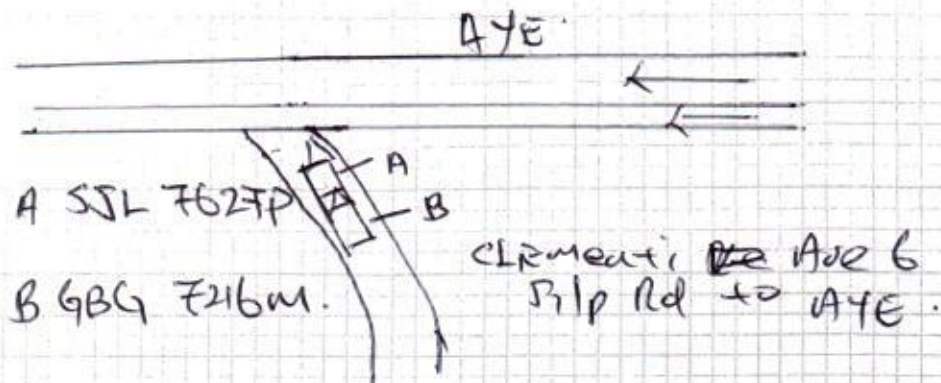
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/02/19 at around 5.30pm I was driving my vehicle SJL 762FP along the SILP Rd of CLEMENTI Ave 6 SILP Rd into AYE. Front vehicle stop I follow to stop, But vehicle GBG 7216M hit onto my rear of my vehicle.



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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE NO: SIL 7627 P MAKE & MODEL: TOYOTA Vios

DATE OF ACCIDENT	<u>13 / 02 / 19</u>	
TIME OF ACCIDENT	<u>5:30 AM</u> <u>(PM)</u>	
LOCATION OF ACCIDENT	<u>THE Clementi Ave 6 Fly Rd into AYE</u>	
Exact Purpose use during accident		
NAME OF OWNER	<u>SIM DING WEI LEONARD</u>	
TELP NO	<u>92205690</u>	
NRIC	<u>S8629697G</u>	
CLAIM TYPE	<u>OD / THIRD PARTY / Reporting Only</u>	
PRIVATE HIRE	<u>YES / NO?</u>	
INSURANCE CO.	<u>TOKIO MARINE</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>18-MV011809-R02</u>	
NAME OF DRIVER	<u>(As above) / If No:</u>	
NRIC	<u>as above</u> Any passengers: <u>ONE</u> . F	
DATE OF BIRTH	<u>09 / 10 / 1986</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>27 / 05 / 2010</u>	
GENDER	<u>(Male) / Female</u>	
CONTACT NO.	<u>92205690</u> Office: Home: <u>752590</u>	
ADDRESS	<u>Blk 590B Montreal Link #03-45 (752590)</u>	
DRIVER HAVE ANY OWN Vehicle	<u>No</u> / If yes : Reg No:	
RELATIONSHIP	<u>Employee / If No:</u>	
WEATHER CONDITION	<u>(Clear) / Raining / Other:</u>	
ROAD SURFACE	<u>(Dry) / Wet / Other:</u>	
ANY INJURIES	<u>No</u> / If yes : Who? <u>Sim Dingwei & MS SOH Xi Jing</u>	
CONTACT NO.	<u>92205690</u> <u>98576279</u>	
POLICE REPORT	<u>(No) / If yes : Where?</u>	
VEHICLE B NO.	<u>GBG F216 M</u> Any Passenger : <u>NO</u>	
NAME	<u>TOH TENG BOO</u>	
CONTACT NO.	<u>97495851</u>	
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES</u> <u>(NO)</u>	
PARTICULAR WORKSHOP	<u>Sme Motor Pte Ltd</u>	
TELP NO	<u>1 Kaki Bukit ave 6 #02-15</u>	
CONTACT PERSON	<u>Autobay @ kaki bukit</u>	
FAX NO.	<u>Singapore 417883</u>	
	<u>Tel: 67476106 (6 lines)</u>	
	<u>6 Speed Autowerkz Pte Ltd</u>	
	<u>68 Kaki Bukit Avenue 6</u>	
	<u>#02-05 ARK @ KB, Singapore 417896</u>	
	<u>Tel: 6384 7037 Fax: 6384 7039</u>	
	<u>Email: 6speedautowerkz@gmail.com</u>	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8629697G**



Name
SIM DING WEI, LEONARD

沈鼎崐

Race
CHINESE

Date of birth
09-10-1986

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8629697G**

Name
SIM DING WEI, LEONARD

Birth Date: **09 Oct 1986**

Issue Date: **27 May 2010**



001860746D

5808139



NRIC No. **S8629697G**




Date of issue
02-10-2017

Address
**APT BLK 590B MONTREAL LINK
#03-45
SINGAPORE 752590**

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **27 May 2010**



Licence No: **S8629697G**

NP 428A

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****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.: MV011809 (Private Car)

- | | | |
|-----------------------------------------------------------------------------------------|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJL7627P | Chassis No.: MR053HY9305091115 |
| 2. Name of Policyholder | SIM DING WEI LEONARD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 15/12/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 14/12/2019 | |
| 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 No: 2693DDA

Insurance Plan:	Comprehensive		
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:	HONG LEONG FINANCE LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature