

## 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	05/03/2019 15:54
Date Of Accident	04/03/2019 18:30
Exact Location Of Accident	JALAN SULTAN JUNCTION MINTO ROAD YELLOW BOX
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7702L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DS MOTOR & LEASING PTE. LTD
Co Reg No	201628527G
Email Address	DICKMOND@DSMOTOR.SG
Mobile Phone No	(LOCAL) +65-84998892
Alternative Phone No	OFFICE-97605007

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L HB
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 HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MH001911-R02
Cover Note Number	

### Driver

Name of Driver	TAN ZHI XIAN
NRIC No	S9245103H
Date Of Birth	26/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84998892
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 624 BUKIT BATOK CENTRAL #08-670
Postcode	650624
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLOUDY
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : KARTHIK GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to Police Report T/20190304/2164.

#### 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	SJE8145T
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)

## Accident Sketch Plan

### SKETCH PLAN

#### 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. 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:



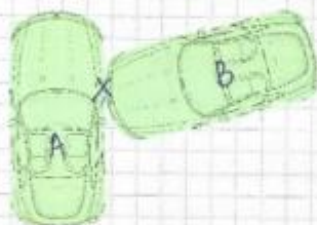
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

## Accident Sketch Plan

### SKETCH PLAN

Date of Accident: 04/03/2019



A : SJY7702L

B : SJE8145T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report T/20190304/2164

- ☐ Own Damage Claim  
☐ Third Party Claim  
☒ OD & TP Claim at another workshop :  
☐ Reporting Only

## 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 Center Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

# Certificate of Insurance

Tokio Marine Insurance Singapore Ltd.

(Company Reg No: 192300014M) (GST Reg No: M2-0000023-6)  
 20 Market Street # 09-01 Tokio Marine Centre Singapore 050106  
 T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6221 0805 E: info@tokiomarine.com.sg W: www.tokiomarine.com.sg

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP  
FORM MX1H

## 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-MH001911-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle: SJY7702L Chassis No.: JM6BL10Z1A0128260  
 2. Name of Policyholder: DS MOTOR & LEASING PTE LTD.  
 3. Effective date of the Commencement of Insurance for the purposes of the Act: 17/02/2019  
 4. Date of Expiry of Insurance: 16/02/2020

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.

\* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 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 a offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

### ADDITIONAL INFORMATION

Insurance Plan: Third Party Cover Only  
 Policy Excess: Excess-Two Party (Set II)

Account: 18321DD1

Tokio Marine Insurance Singapore Ltd.

Authorized Signature

User Name: Toy Pui Long, Kacharine -

Printed: 01/01/2019



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190304/2164

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 4

Report No. T/20190304/2164

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 20:11	Vide Report No.:	Station Diary No.: 184
--	------------------	---------------------------

### Informant's Particulars

Name of Informant: TAN ZHI XIAN			Address: APT BLK 624 BUKIT BATOK CENTRAL #08-670 SINGAPORE 650624		
ID Type / ID No.: NRIC NO / S9245103H			Contact No.: Home/Office: Mobile: 84998892		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 26/11/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 04/03/2019 18:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 JALAN SULTAN BEACH ROAD junction Minto Road yellow box			
Weather: Cloudy	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE8145T	Car	TOYOTA	LEXUS	Blue	Slightly Damaged	1
SJY7702L	Car	MAZDA	3	Grey	Slightly Damaged	2

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190304/2164

2 of 4

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20190304/2164

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	YE HONG		ID No. S2619808I
Related Vehicle	SJE8145T (Car)		Contact No. NIL
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
<b>Driver</b>			
Name	TAN ZHI XIAN		ID No. S9245103H
Related Vehicle	SJY7702L (Car)		Contact No. 84998892
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	KARTHIK YUGIOH		ID No. NIL
Related Vehicle	SJY7702L (Car)		Contact No. 97118768
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

### Brief Details.

I am a grab driver (SJY7702L) together with 2 passengers, 1 sitting in front while another (Karthik) sat at the back seat. Earlier at about 6.30pm, I was driving along lane 3 of Jln Sultan towards Beach Rd. At the junction of Minto Road, the traffic was heavy, the traffic at lane 1 and 2 came to a stop, no one stop at the yellow box and lane 3 traffic was still moving.

When I reached the middle of the yellow box, suddenly one vehicle (SJE8145T) front area knocked onto my right driver door. Both vehicles then drove into Minto Road to check on each other and exchanged particulars. No one was injured. There's no in car camera in my vehicle. I am lodging this report for insurance purposes.

That's all.



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190304/2164

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 4

Report No. T/20190304/2164

CONTINUATION OF REPORT

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190304/2164

4 of 4

Report No. T/20190304/2164

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

### 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:

A /

Sgt 2 LEE ZHENG BIAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/03/2019 20:11

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force