

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	25/03/2019 20:12
Date Of Accident	20/03/2019 16:50
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7584D
Insured/Policyholder	
Name Of Registered Owner	YUEN MUN FONG HELENA
NRIC No	S0141491G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97552753
Alternative Phone No	OFFICE-97552753

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (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
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	
Cover Note Number	

Driver

Name of Driver	LUM WAN TAT RICKY
NRIC No	S8321843F
Date Of Birth	25/07/1983
Occupation	INDOOR
Date Of Driving Pass	13/06/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82006004
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	S
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER

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	GBB9339E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

Vehicle Number: _____

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.

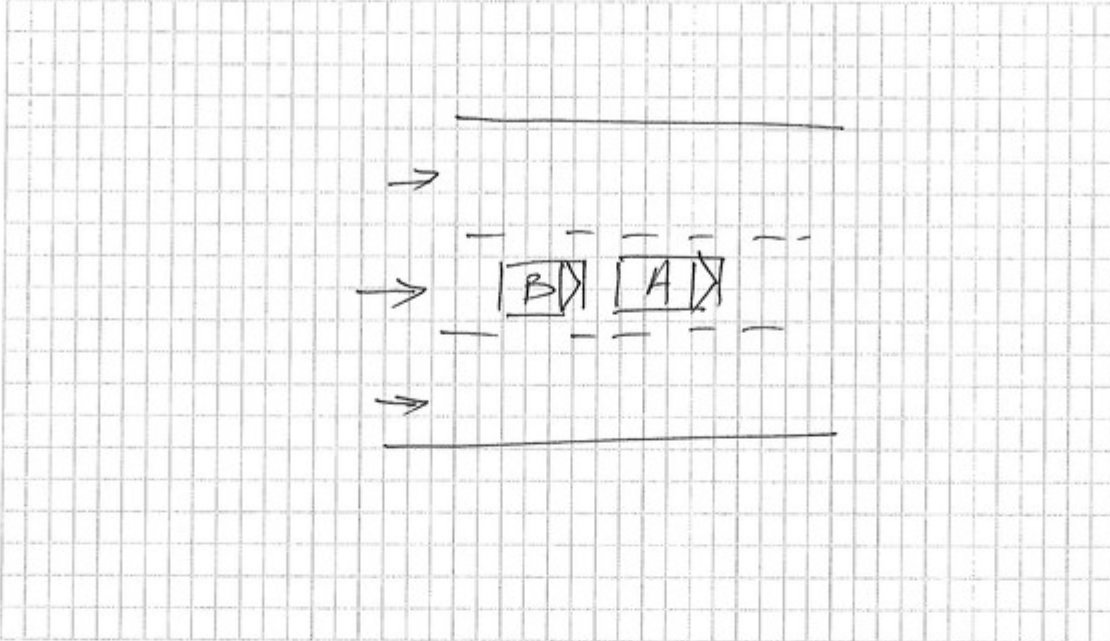
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/3/19 2:30pm

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

Vehicle Number: _____

SKETCH PLAN



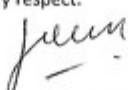
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving toward Macpherson Road, and stopped my vehicle along
Upper Serangoon Road. While waiting for traffic to turn
green, vehicle B hit onto the rear of my vehicle A.


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: 25/5/19 2:30pm



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

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
ORIGINAL

POLICY SCHEDULE

INSURED / ADDRESS	POLICY NO	: 17-MU008092-R00
YUEN MUN FONG HELENA	POLICY TYPE	: PRIVATE MOTOR CAR 24 MONTHS
	POLICY PERIOD	: 21/07/2017 TO 20/07/2019
BLK 47 LENGKOK BAHRU	DATE OF ISSUE	: 24/07/2017
#10-247	ACCEPT DATE	: 10/07/2017
SINGAPORE 151047	PREMIUM DUE	: SGD 1,766.25 (inclusive of GST)
	ACCOUNT	: E2316DDA

RISK NUMBER	: 0001 Private Motor Car 24 Months
BUSINESS/PROFESSION OF INSURED	: OTHERS INDOOR
REGISTRATION NO	: SLQ7584D
MAKE	: HONDA HRV 1.5 LX CVT
TYPE OF BODY	: Saloon
CUBIC CAPACITY	: 1496
YEAR OF MANUFACTURE	: 2017
YEAR OF REGISTRATION	: 2017
SEATING CAPACITY (INCLUDING DRIVER)	: 5
ENGINE NUMBER	: L15B4532640
CHASSIS NUMBER	: JHMRU1830GX202640
TYPE OF COVER	: Comprehensive Approved Workshop Plan
SUM INSURED	: Prevailing Market Value
FINANCIAL INTEREST	: OCBC BANK LIMITED

EXCESS

Own Damage Claims	: SGD 600
Windscreen Excess	: SGD 100

ANNUAL PREMIUM (SGD)

Basic Premium	1,241.12
Less NCD (30.00%)	372.34
Less Safe Driver Discount	43.43
NCD Protector	0.00
TOTAL PREMIUM BEFORE GST	825.35

DRIVER'S PARTICULARS

NAME	NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
YUEN MUN FONG HELENA	S0141491G	63	M	38 YEARS
LUM WAN WAH ERIC	S7931446C	37	M	11 YEARS

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8321843F**

Name: **LUM WAN TAT, RICKY**
(LIN YUNDA, RICKY)

Birth Date: **25 Jul 1983**

Issue Date: **12 Jun 2003**

000561873D




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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	14 Dec 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Jun 2002

S8321843F S / No. 9000045726

Licence No: S8321843F




NP 428A



Immigration & Checkpoints Authority

ADVISORY ON LOSS OF IC

NAME: _____	NRIC: _____
You have reported the loss of your identity card (IC) to IC Unit. If you recover your lost IC within the grace period, you are to bring it to this office by <u>11-MAR 2019</u> (Mondays to Fridays from 8.00 am to 4.30 pm) for the refund of your IC replacement fee.	
Please come in person with the following documents:	
<ul style="list-style-type: none">1) Original IC which was recovered; ✓2) Original IC collection slip; and ✓3) Copy of Bank Statement with your particulars (Full Name and Account No.). ✓	
Losing an IC is a serious matter. Please be extra careful with your IC.	
I acknowledge that any request for refund of the IC replacement fee for IC recovered after grace period will not be acceded to. The recovered IC which has been rendered as invalid has to be returned to this office for cancellation.	
Signature of IC Holder 	Date: <u>22 FEB 2019</u>



Immigration & Checkpoints Authority

ADVISORY ON LOSS OF IC

NETS

* icg counter



IC COLLECTION SLIP

S8321843F (PINK IC)

FEES

\$100.00

NRIC NO

LUM WAN TAT, RICKY

NAME

Please visit (<https://appointment.ica.gov.sg>) for our mobile app, eAPPT@ICA, to make an appointment.

COLLECTION COUNTER

22/03/2019

COLLECTION DATE

22/02/2019

REGISTRATION OFFICER

LOO SIEW KUAN

COLLECTION HOURS : 8.00 am - 4.30 pm (Mon-Fri)

8.00 am - 12.30 pm (Sat)

Your IC will be destroyed if you do not collect it within 3 months from the collection date and you will have to pay the fee of \$100.00 to re-apply for a new IC.

wear Colored/Patterned contact lenses during collection.

You may authorise a Singapore Citizen or Singapore Permanent Resident to collect the IC on your behalf. Please inform this proxy to produce the IC and the collection slip duly completed on the reverse side of the collection slip. Proxy collection is not allowed at SingPost and Outlets.

us matter. Please be extra careful with your IC.

my request for refund of the IC replacement fee for IC recovered
I not be acceded to. The recovered IC which has been rendered as
invalid has to be returned to this office for cancellation.

[Signature]

Signature of IC Holder

22 FEB 2019

Date:

Accident Photo



Accident Photo

