

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	21/05/2019 14:32
Date Of Accident	10/05/2019 17:45
Exact Location Of Accident	AYE EXIT LOWER DELTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9911E
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97877114

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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-MJ001016-R00
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD HAIRUL BIN ABDUL HALIL
NRIC No	S9346265C
Date Of Birth	09/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91704999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 434 BUKIT PANJANG RING RD #07-645
Postcode	670434
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 - 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?	
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: : UNKNOWN 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

I WAS TRAVELLING ALONG AYE EXITING TO LOWER DELTA RD, SUDDENLY VEH INFRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH REAR PORTION.

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	SJT8650Y
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

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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.

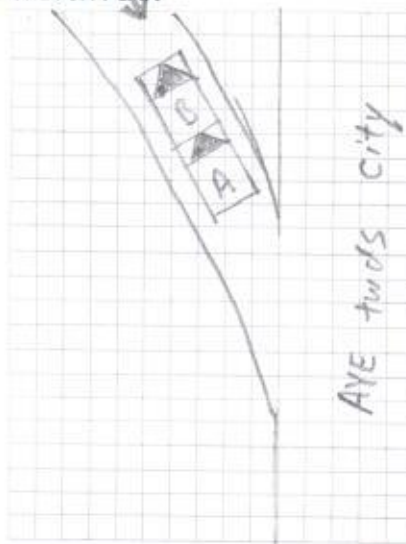


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



B = SJT8650Y

Please Refer to Statement

I/We declare the foregoing particulars are true in every respect.



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SINGAPORE ACCIDENT STATEMENT

Accident Date: 10/05/19			Time: 1746pm			(hh:mm) 24 hr format		
Location AYE EXIT LOWER DELTA								
Vehicle Number SJL 9911E								
Insured Name KEM AYTO								
NRIC/FIN 5330921J			Contact Number 9787 7114					
Make			Model HONDA CIVIC					
Are you claiming under your own insurance policy for repair to your vehicle?								
() Yes If No, Pls select: () Third Party (<input checked="" type="checkbox"/>) Reporting								
Insurance Company TOKIO MARINE								
Type of Policy () Comprehensive () Third Party Fire & Theft (<input checked="" type="checkbox"/>) TP Only								
Policy Number 18-MJ001016-ROO (PRIVATE MOTOR CAR)								
Name of Driver () Same as Insured								
MUHAMMAD HAIRUL BIN ADBUL HALIL								
NRIC/FIN 5934626SC			Contact Number 9170 4999					
Date of Birth 09/12/1993								
Driving Pass Date 29/07/2014								
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor								
Gender (<input checked="" type="checkbox"/>) Male () Female								
Email Address HAIRUL2XC @ GMAIL.COM () NO EMAIL								
Address of Driver								
434 BUKIT PANJANG RING ROAD #07-B4S 670434								
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No								
If No, Relationship of the Driver with the Insured								
() Owner () Spouse () Friend () Relative () Children () Sibling								
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No								
If Yes, Vehicle Registration Number of Driver's Own Vehicle								
Insurance Company of Driver's Own Vehicle								
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others								
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others								
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No								
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No								
If yes, injured detail								
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No								
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report								
DETAILS OF 3 rd party			Name / Nric			Contact		
Veh B								
Veh C								
Veh D								
Veh E								
Veh F								

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9346265C



Name
MUHAMMAD HAIRUL BIN
ABDUL HALIL

Race
JAVANESE

Date of birth
09-12-1993

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9346265C

Name
MUHAMMAD HAIRUL BIN
ABDUL HALIL

Birth Date 09 Dec 1993

Issue Date 29 Jul 2014



4323986



NRIC No. S9346265C



Date of issue
18-12-2008

APT BLK 434 BUKIT PANJANG RING ROAD #07-646
SINGAPORE 670434

NRIC No: S9346265C Date: 27/08/2018


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 29 Jul 2014

NP 428A

Licence No: S9346265C





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-MJ001016-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJL9911E **Chassis No.:** JHMF26409S200100
2. **Name of Policyholder** KEM AUTO
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 24/07/2018
4. **Date of Expiry of Insurance** 23/07/2019
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 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

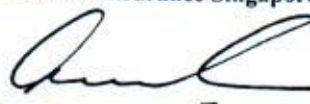
This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan: Third Party Cover Only
Policy Excess: Excess-Third Party (Sect II) SGD 2,000

Account: 2397DDA

Tokio Marine Insurance Singapore Ltd.


Authorised Signature