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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 witholding 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.

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	26/07/2019 11:14			
Date Of Accident	25/07/2019 23:00			
Exact Location Of Accident	JUNC OF BAYFRONT AVE & BAYFRONT LINK			
Country/State of Loss	SINGAPORE			
The state of the s	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJX9011P			
Insured/Policyholder				
Name Of Registered Owner	CHEN KWEE HONG			
NRIC No	S2628368Z			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-83542808			
Alternative Phone No	OFFICE-83542808			
Vehicle Particulars				
Manufacturer	HONDA			
Model	STREAM			
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	MT106281			
Cover Note Number				
Driver				
Name of Driver	LIM SENG CHOY			
NRIC No	S2627850C			

NRIC No S2627850C Date Of Birth 04/05/1964 Occupation OUTDOOR Date Of Driving Pass 25/09/1997

Driving Experience 21 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83542808

Fax Number Contact Number

EMail Address NOEMAIL Address

BLK 53 SIMS PLACE #03-174

Postcode

380053

SPOUSE

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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

I STOP AT THE TRAFFIC JUNC OF BAYFRONT AVE & BAYFRONT LINK DUE TO RED LIGHT, SUDDENLY I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND HIT ONTO MY VEH LEFT 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

SMK975A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SEOW YIH CHERNG

NRIC/Passport Number

S7137623J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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's not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN			
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DECLARATION			
DECLARATION I/We declare the foregoing part	iculars are true in every re	snect	11
Annual State of the Parish Parish	Y		11
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Policyholder's Signature	Driver's Signature		Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the	policyholder)	Name:

7101

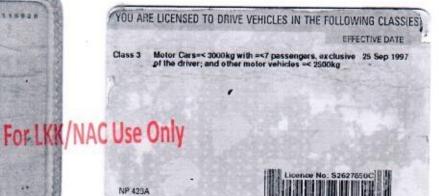
Date & Time:

NRIC/FIN No.:









Tokio Marine Insurance Singapore Ltd. # Management Reg. No. 1127-100011 EUS (U.S.) Reg. No. M2-0000023-40
20 McCollean School #09-01 Trake Maurie Centra Singapore 069048
1 (6.5) 6221 6111 1 (66) 6221 4355 / 65) 6224 0895 E. transistoscomarine cortung 19 www.traken



Certificate of Insurance

FORM MX1

Chassis No.: JHMRN68609C200406

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.: MT106281 (Private Car)

Index Mark and Registration Number of Vehicle

2. Name of Policyholder

Effective date of the Commencement of 23/08/2018 (12:27:19) Insurance for the purposes of the Act

4. Date of Expiry of Insurance

22/06/2019

SJX9011P.

CHEN KWEE HONG

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

through the free human group is permitted in accordance with the location from the regulations to drive the Mutor Vehicle in high been an permitted and is most facilities by cream of any endotreed or regulation in that becard from group the Mutor Vehicle. And provided Author that the Motor Vehicle is regulated under the Road Traffic Act and its regulation for the Mutor Vehicle in regulation for the most feet flower or the second of the most feet accorded to the contract.

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 of reward, racing, pace- making, reliability trial, speed-testing or the carriage of goods (other than samp connection with any trade or business or use for any purpose in connection with the Motor Trade.

instance for several inspersions by Section 8 of the Motor Ventices (Trust Party Reas and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (Malayses), are na country have freelings

We haven't carrily that the Photogram areas that Certificate relates in record in accordance with the provision of the Mistar Verticine (Third-Party Ricks and Companisation) Act (Chapter 189) and Party Ricks (Chapter 189) and Party Ricks (Chapter 189) and Companisation (Chapter 189) and Party Ricks (Chapter 189) and Companisation (Chapter 189) and Party Ricks (Chapter 189) and Companisation (Chapter 189) and Chapter 189) and Chapter (Chapter 189) and Chapt

Please refer to the Pulicy Schedule for full details, series and specificity of the insurance

MPORTANT NOTICE

a Confidence a not transferable. During the contence, if the insurance is cancelled for enumerous reason, you must return the Certificate to Tokop Manne insurance Singapore Ltd. settin 7 days of the Certificate has been too been topic of certificate has been too been topic you must make a statutory declaration to that affect. Failure to comply are this duty to an affecting under Notice Vehicle (Tring-Party Risks and Comp

ADDITIONAL INFORMATION			Account No: 14570DA
Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess	Own Damage Claims Additional Excess for Unnamed Driver(s)	SGD 1,000 00 SGD 500 00	(Original Excess : SGD 1,000.00)
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500 00	
	WindScreen Excess	SGD 100,00	
Financial Interest:	HENLY ENTERPRISES CO. PTE	LTD	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

W ID: 145700A