

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	07/05/2019 16:18
Date Of Accident	07/05/2019 12:15
Exact Location Of Accident	MARINE PARADE RD (OPP P/PARADE SHOPPING MALL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2803R
Insured/Policyholder	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	MERVYN@LUMENS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67146614

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	FERRYING PASSENGERS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MJ001357-R00
Cover Note Number	

Driver

Name of Driver	TAN PHEK TAT
NRIC No	S7123325A
Date Of Birth	30/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83517238
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 165 HOUGANG AVENUE 1 #06-1612 SINGAPORE 530165
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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

ON 07/MAY/2019@1215HRS, I WAS FERRYING 2 PASSENGERS TO PARKWAY PARADE. MY CAR (VEHICLE A) WAS WAITING FOR THE CAR IN FRONT TO MOVE FORWARD. ALL OF A SUDDEN, I FELT A HUGE IMPACT TO THE REAR OF MY CAR. I GOT DOWN TO CHECK, I FOUND OUT A VAN (VEHICLE B) HAD HIT THE REAR OF MY CAR

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2762B
Vehicle Make/Model/Colour	NISSAN NV350 PANEL VAN / BROWN
Details Of Properties	FRONT PORTION
Vehicle Category	GOODS VEHICLE
Name of Driver	SA'AD BIN ENDEE
NRIC/Passport Number	S1351012A
Contact Number	67443678 / 91992301
Address	60A LORONG 19 GEYLANG

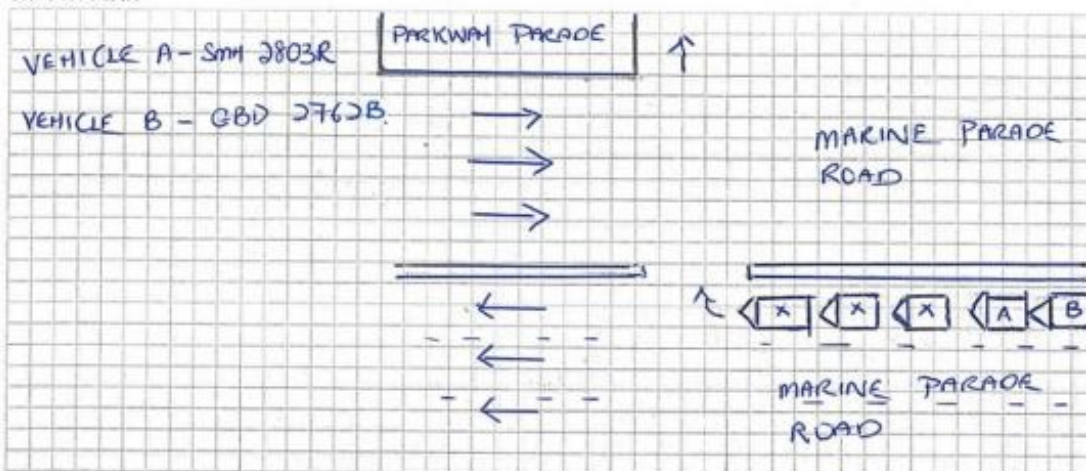
Postcode	388507
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TAN PHEK TAT
Approximate Age	48
Injuries Sustain	NECK, SHOULDERS & BACK
Injured person in which vehicle?	SMH2803R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	165 HOUGANG AVE 1 #06-1612
Postcode	530165

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07/MAY/2019 @ 1215HRS, I WAS FERRYING 2 PASSENGERS TO PARKWAY PARADE. MY CAR (VEHICLE A) WAS WAITING FOR THE CAR IN FRONT TO MOVE FORWARD. ALL OF A SUDDEN, I FELT A HUGE IMPACT TO THE REAR OF MY CAR. I GOT DOWN TO CHECK, I FOUND OUT A VAN (VEHICLE B) HAD HIT THE REAR OF MY CAR.

DECLARATION

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

Policyholder's Signature

Date & Time:

- 7 MAY 2019

Q:\ARMAC\Sign\Sign\Sign_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

- 7 MAY 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

- 7 MAY 2019

Sketch Plan #2

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: - 7 MAY 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: - 7 MAY 2019



Report to the Insurers' Personnel's Signature

Name:

NRIC/FIN No.: - 7 MAY 2019



SMH 2803R





SMH 2803R



SMH 2803R



SMH 2803R



SMH 2803R



SMH 2803R







SMH 2803R



SMH 2803R



SMH 2803R



SMH 2803R







SMH 2803R Accident Photo



SMH 2803R Accident Photo



SMH 2803R Accident Photo



SMH 2803R Accident Photo



GBD 2762B Accident Photo



GBD 2762B Accident Photo





Accident Photo



SMH 2803R Accident Photo



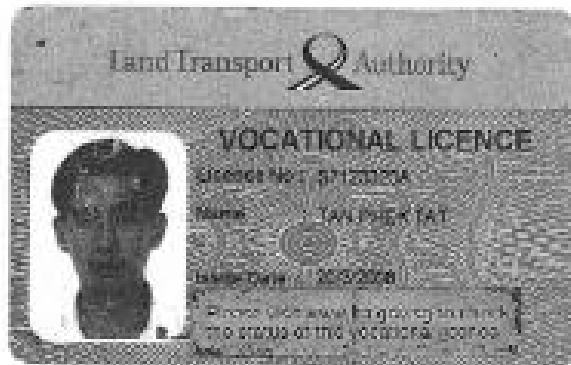
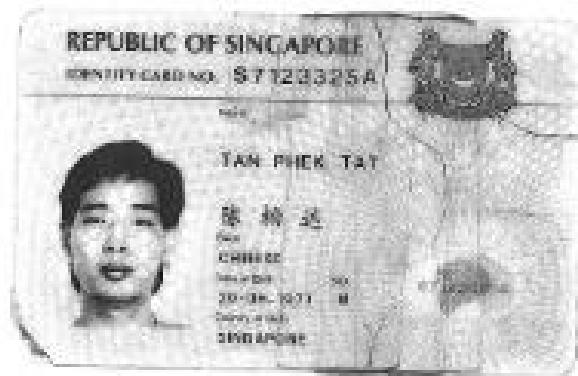
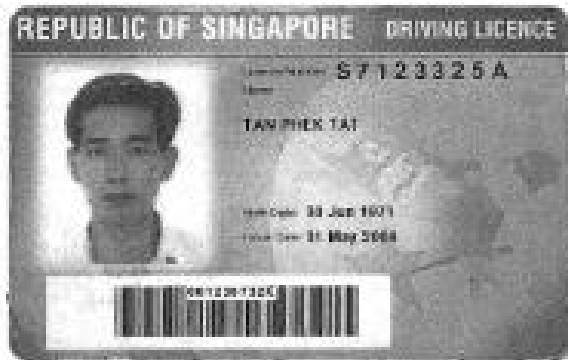
SMH 2803R Accident Photo





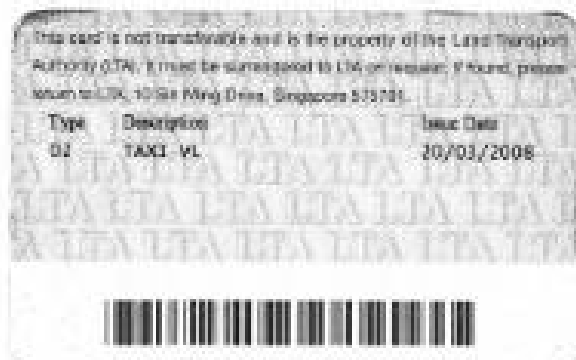
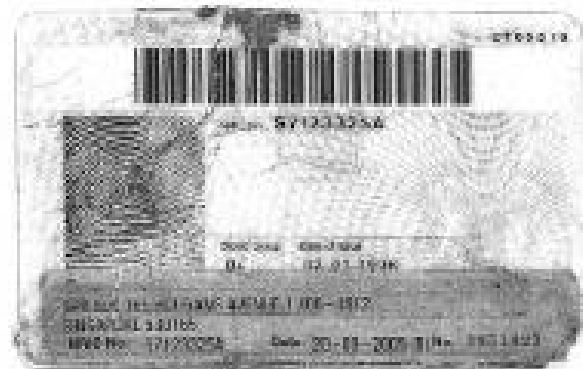
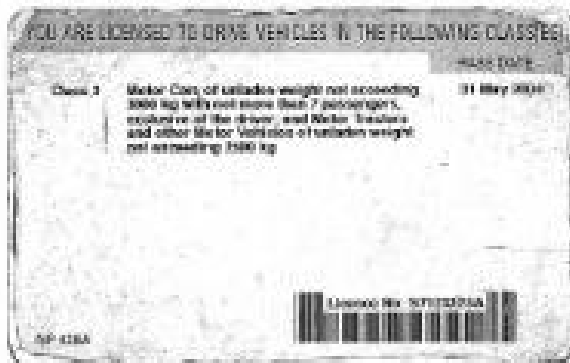


SMH 2803 NRIC&Driving License



HP 8351 7238

SMH 2803R



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 19230001448) (GST Reg. No.: M2-0000031-4)

25 McCallum Street #09-01 Tokio Marine Centre Singapore 068048

T: (65) 6221 8111 F: (65) 6221 4355 / (65) 6224 9895 E: info@tokiomarine.com.sg W: www.tokiomarine.comA member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP
FORM - MXI B

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

Policy No.: 18-MJ001357-R00 (Private Motor Car)

- | | | |
|--|--|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMH2803R | Chassis No.: ZWR800351944 |
| 2. Name of Policyholder | LUMENS AUTO PTE. LTD. | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 17/01/2019 | |
| 4. Date of Expiry of Insurance | 29/09/2019 | |
| 5. Persons or Class of Persons entitled to drive* | Any person who is driving on the Policyholder's order or with their permission.
The hiree.
Any other person who is driving on the hiree'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 hiree'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 91 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby verify 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2910DDA

Insurance Plan:	Third Party Cover Only	
Policy Excess:	Excess - All Claims	SGD 1,000
Financial Interest:	INIS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorized Signature

User Name: Cheong Yi Shan Modeline

Printed: 17/01/2019