

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	27/06/2019 13:23
Date Of Accident	27/06/2019 09:00
Exact Location Of Accident	MANDAI SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9191T
Insured/Policyholder	
Name Of Registered Owner	LIM SOON HO
NRIC No	S1380813I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91349191
Alternative Phone No	OFFICE-91349191

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	19-MV012974-R01
Cover Note Number	

Driver

Name of Driver	LIM SOON HO
NRIC No	S1380813I
Date Of Birth	23/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1981
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-91349191
Fax Number	
Contact Number	OFFICE-91349191
EEmail Address	NOEMAIL

Address	APT BLK 202 MARSILING DRIVE #14-148 S(730202)
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	5
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

PLEASE REFER TO THE SKETCH PLAN

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	SJV1178Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DERRICK GOH JUN KIAT
NRIC/Passport Number	S9329042I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFA585C
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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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLP1681B

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLR2896G

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

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:

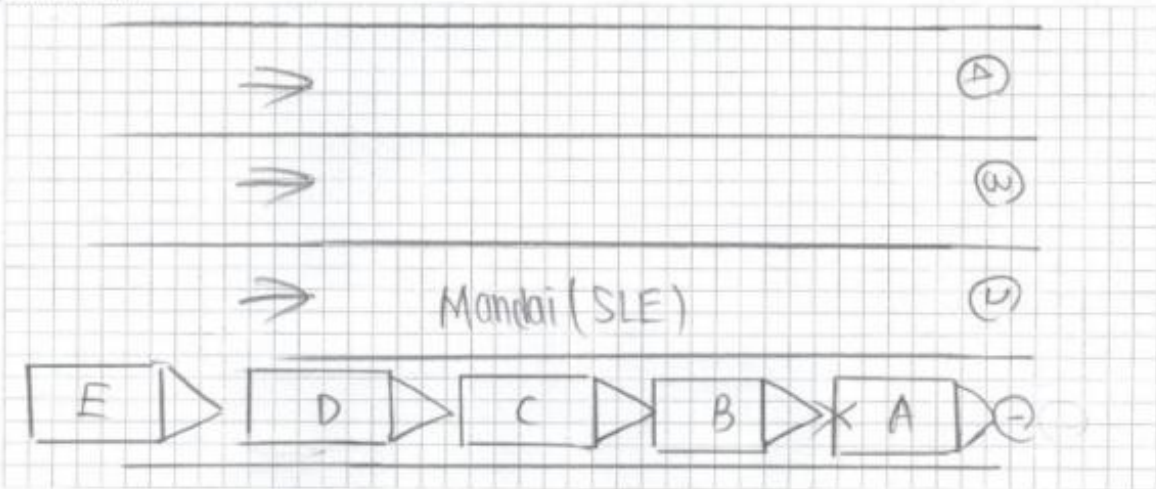
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

李光華 摩嘜燒焊
LEE KUAN HWA MOTOR SERVICE
39, Westwood Avenue, Singapore 648719
TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 1442

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the date 27/06/2019 at about 0900 hrs I was travelling my vehicle A (SLG 9191 T) along Mandai (SLE). A car in front suddenly stopped. I braked my vehicle A (SLG 9191 T) at the stationary position. Suddenly, A vehicle B (SVJ 1178 Y) from my behind hit onto the rear of my vehicle A (SLG 9191 T). A vehicle C (SFA 585 C) hit onto the vehicle B (SVJ 1178 P) rear. The vehicle D (SLP 1681 B) hit onto the vehicle C (SFA 585 C). A vehicle E (SLR 2896 G) hit onto the vehicle D (SLP 1681 B).

I have the scene photo on the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

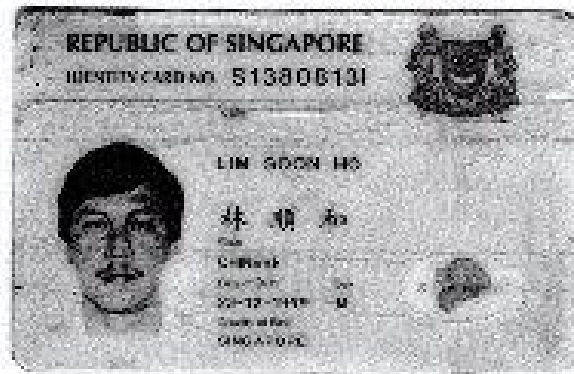
Driver's Signature
(if driver is not the policyholder)
Date & Time:

李光華 廖曉輝

LEE KUAN HWA MOTOR SERVICE
39, Westwood Avenue, Singapore 648719
TEL: 6269 9192 FAX: 6269 2239 H/P: 9631 171

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

Driving License



INSURANCE CERT & LOG CARD

Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 192500014M (GST Reg. No. M2-0000073-4)

27 MacArthur Street #04-01 Tokyo Marine Centre Singapore 064046

Tel: (65) 6701 4111 F: (65) 6221 1566 / (65) 6224 0886 E: tokio@tokiomarine.com.sg W: www.tokiomarine.com.sg

Attachment of the

Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

ORIGINAL

POLICY SCHEDULE

RENEWAL

INSURED / ADDRESS
LIM SUOH BO

806 002 MARSHALLS DRIVE
#10-140
SINGAPORE 730002

POLICY NO : 19-MV012574-R01
POLICY TYPE : PRIVATE MOTOR CAR
POLICY PERIOD : 10/01/2019 to 09/01/2020
DATE OF ISSUE : 17/12/2018
ACCEPT DATE : 17/12/2018
PREMIUM DUE : SGD 1,446.19
(inclusive of GST)

AMOUNT : S\$31,000.00

RISK NUMBER : 0002 Private Motor Car
BUSINESS/PROFESSION OF INSURED : OTHERS OUTDOOR
REGISTRATION NO : SLC9197Y
MAKE : HONDA CIVIC
TYPE OF BODY : Saloon
CUBIC CAPACITY : 1498
YEAR OF MANUFACTURE : 2016
YEAR OF REGISTRATION : 2019
SEATING CAPACITY (INCLUDING DRIVER) : 5
ENGINE NUMBER : 115HT1628330
CHASSIS NUMBER : HCHFC16001000395
TYPE OF COVER : Comprehensive Approved Workshop Plan
SUM INSURED : Prevailing Market Value

EXCESS

Own Damage Excess : SGD 500
Windscreen Excess : SGD 100

ANNUAL PREMIUM (SGD)

Basic Premium	1,446.19
Less NCD (10.00%)	440.24
Less Safe Driver Discount	51.36
NCD Protector	0.00
TOTAL PREMIUM BEFORE GST	954.59

DRIVER'S PARTICULARS

NAME	NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
LIM SUOH BO	S1808121	59	M	37 YEARS

The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-

Policy No: 19-MV012574-R01 PRIVATE MOTOR CAR

Page 1 of 3
Ticket: TMIS/MCI/1219

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S64550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 27/06/2019 Vehicle Registration No: SLG 9191T
Name(as shown in NRIC) : Lim Soon HO NRIC/FIN/Passport No : S13808131
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 9134 9191 Mobile No.: _____
Email Address : _____
Date of Accident : 27/06/19 Time of Accident : 0900 hrs
Place of Accident : Mandai highway (SLE)
Insurance Company: Tokio Marine Insurance company

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

SJV 1178 P Change to SJV 1178 Y

Policyholder / Driver's Signature
Date:



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