

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	30/08/2019 16:09
Date Of Accident	28/08/2019 15:00
Exact Location Of Accident	ALONG SIN MING DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY6651S
Insured/Policyholder	
Name Of Registered Owner	BH AUTO SERVICES PTE LTD
Co Reg No	200917512K
Email Address	INFO@BHAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-91013232
Alternative Phone No	OFFICE-65598944

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (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	18-MW010799-R03
Cover Note Number	

Driver

Name of Driver	ONG ZIXIAN
NRIC No	S8830052A
Date Of Birth	16/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-91523545
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 547 ANG MO KIO AVENUE 10 #11-2234
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	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)	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 TO STATEMENT

Attachment(s)

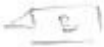
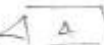
Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

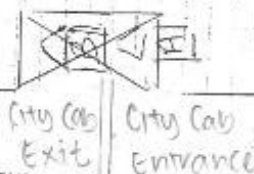
Vehicle Registration Number	SHC2543B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

Legend :  = TAXI SHC2543B
 = MY CAR SCN66515

SIN MING DRIVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/8/2019 at 3PM, I was driving along Sin Min Drive. Outside City cab building entrance, the taxi in front of me overshot the entrance and jam brake.

I hit his taxi because I cannot stop in time.

I alighted my car to check on the accident.

In the taxi, there are 2 passengers. 1 of them, Belinda mobile number 8869 4800 mentioned that the taxi driver overshot their destination entrance after she informed him he has past the entrance. The driver then jammed brake.

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:

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

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

08/08/2009 3:00 pm Along Sin Ming Drive.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident.

Are you claiming under your own insurance policy?

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured.

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g Chain Collision/ Head-On, etc)

Weather Conditions

Road Surface

Damage Area

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (Including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

If Yes, against whom?

SGY 6651S
B4 AUTO SERVICES Pte Ltd
2009/17512K

Tel:

Hp:

Honda Stream

Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others.

☐ Yes

☒ No

Remarks

3rd party

☐ Private

☒ Commercial

☐ Motorcycle

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

☐ Yes

☐ No

1P - MWT 2/0799 - R03

CNG LIXIAN 68060052A
16/08/1988
N000K
06/09/2011

☒ Male

☐ Female

Tel:

Hp:

7152 3545

☐ Yes

☐ No

☐ Clear

☐ Raining

☐ Others

☐ Wet

☐ Dry

☐ Others

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHC 2543 B

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Common Statement

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.:

CERTIFICATE OF INSURANCE

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

FORM MX4

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-MW010799-R03 (Private Motor Car)

- | | | |
|--|--------------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SGY6651S | Chassis No.: JHMRN68407S200849 |
| 2. Name of Policyholder | BH AUTO SERVICES PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 03/10/2018 | |
| 4. Date of Expiry of Insurance | 02/10/2019 | |

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with 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 only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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		Account: 0755DDB
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
	Windscreen Excess	SGD 100
Financial Interest:	CREDIT LINK PTE LTD	

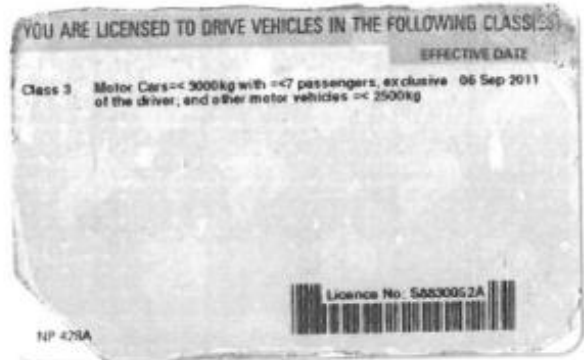
Tokio Marine Insurance Singapore Ltd.

Authorised Signature

陸保險經紀有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Alwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6768 Fax: (65) 6742 6668

User Name: Intermediaries from TM O

Printed 02/10/2018

DRIVER IC & DRIVING LICENSE

Accident Photo



Accident Photo



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: S66500206 / 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 : MBHA19114782 Vehicle Registration No: SGY6651S
Name (as shown in NRIC) : BH AUTO SERVICES PTE LTD NRIC/FIN/Passport No : 200917512K
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 1 SECTOR C, SIN MING INDUSTRIAL ESTATE #01-111/113/115/117 (S) 575636. Singapore()
Contact (Tel) : 65598944 Mobile No. : 91013232
Email Address : info@bhauto.com.sg
Date of Accident : 28/08/2019 Time of Accident : 15:00pm
Place of Accident : ALONG SIN MING DRIVE
Insurance Company: TOKIO MARINE INSURANCE SINGAPORE LTD

(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:

ADD ACCIDENT PHOTO

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: CHAN KUN SAT
NRIC/FIN No.: G76710180
Date: 06/09/19

