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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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

Gladinia in the Control of the Contr	ACCIDENT STATEMENT	
Date Of Report	09/09/2019 17:10	
Date Of Accident	07/09/2019 17:30	
Exact Location Of Accident	TOA PAYOH LOR 6 TWDS KIM KEAT LINK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDA3300L	
Insured/Policyholder		
Name Of Registered Owner	MS LEE LILY	
NRIC No	S6915071C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96868004	
Alternative Phone No	OFFICE-96868004	
Vehicle Particulars		
Manufacturer	HONDA	
Model	JAZZ	
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	NO	
Policy Number	18-MU012917-R00	
Cover Note Number	•	
Driver		
Name of Driver	MS LEE LILY	
NRIC No	S6915071C	
Date Of Birth	03/05/1969	
Occupation	INDOOR	
Date Of Driving Pass	06/01/2007	
Driving Experience	12 YEARS AND 8 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-96868004	
ax Number	20 30	
Contact Number	OFFICE-96868004	
Mail Address	NOEMAIL	

Address

BLK 101 PASIR RIS ST 12 #10-15

Postcode

510101

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

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)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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?

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

SFF7073R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Contact Number

HUANG YITING HAZEL

Name of Driver

S8829268E

NRIC/Passport Number

96902364

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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:

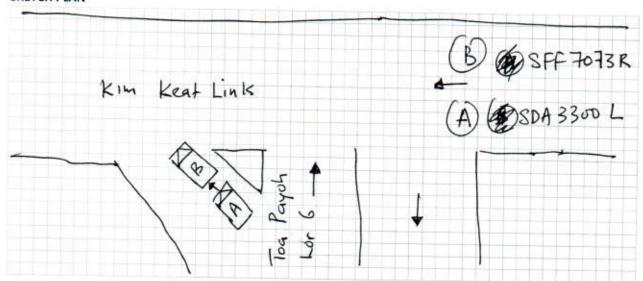
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/9/2019 at about 17:30 hrs I was travelling along Tog Payoh Lor 6 toward Kim Keat Link. Infront of me SFF 70732 8top so I follow suit. Vehicle
Tog Payoh Lor 6 toward kim Keat Link . Infront
of me SFF 70732 Stop so I follow suit. Vehicle
SFF 7073 R started move on, so I proceed move on, suddenly vehicle SFF 7073 R mas brake, I couldny stop in time, so my vehicle Front no. plate hit onto SFF 7073 R rear bumper.
on, suddenly vehicle SFF 7073R mobrake, I couldny
Stop in time, so my vehicle Front no. plate hit
onto SFF FOT3 R rear bumper.

DECLARATION

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

Policyholder's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 7 / 9 / 2019 (DD/MM/	YYYY), TIME:(17:30)(HH:MM)
	vard Kim Keat Links
1. DETAILS OF VEHICLE SDA 330	
b)INSURANCE COMPANY:	TOKIO MARINE
C)POLICY NUMBER: 18 - MUOI	2917 - ROO
d)POLICY TYPE: COMPREHENSIVE THIRD	a Jaz7
F)TYPE (SALOON / COUPE / MPV /V AN / LO	ORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) COMME h) PURPOSE OF USING AT ACCIDENT TIME:	the lice
I) ARE YOU CLAIMING UNDER YOUR OWN I	NSURANCE (YES NOT)
IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER	REPORTING ONLY
AINAME: Lee Lily	
DINRIC/FIN/PASSPORT: S 69 15071-C	(MALE (FEMALE))
CIADDRESS: BIK LOI Pasir Ri	CONTACT. 100 000
5' 570101	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER	HOLDER
(Including driver) DINPIC/FIN/PASSPORT	
(1) bINRIC/FIN/PASSPORT:	(MALE / FEMALE) CONTACT;
c)ADDRESS:	CONTACT
No. passenger -d) Date OF BIRTH: 13/5/1969)(D	
e)OCCUPATION (INDOOR) OUTDOOR)	D/MM/YYYY)
F) YEARS OF DRIVING EXPRERIENCE: 6 / 1	12007
 WAS DRIVER AN EMPLOYEE OF THE INSU 	JRED'S COMPANY? (VES (NO)
INO, RELATIONSHIP OF THE DRIVER W	ITH INSURED. OWNER
3. GIWEATHER CONDITION: (CLEAR) RAINING	/ OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
A) REPORTED TO POLICE (YES (NO)	14 150 (1714)
IF YES, PLEASE STATE WHICH POLICE STATIC	NIC-
8. THIRD PARTY VEHICLE A) VEHICLE NUMBER: SFF 7073 &	17. 1
그리고 마시 그리고 그 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그리고 그	MODEL: Honda
c) NRIC/FIN/PASSPORT: 5 8829268	Hazel 2/2022
7 THIRD PARTY VEHICLE	E_CONTACT: 96902364
d) VEHICLE NUMBER:	MODEL:
A DDIVED'S MANE	MODEL:
Industry deliver) NRIC/FIN/PASSPORT:	CONTACT:

email =

fax = 68442641

VIDEO =

McCallum Street #09-01 Tokio Marine Centre Singapore 069046

(65) 6221 6111 □ (65) 6221 4355 / (65) 6224 0895 □ tmis@tokiomarine.com.sg ∨/ www.tokiomarine.com



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-MU012917-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle

SDA3300L

Chassis No.: JHMGK5850JX201856

2. Name of Policyholder

MS LEE LILY

3. Effective date of the Commencement of Insurance for the purposes of the Act

09/01/2018

4. Date of Expiry of Insurance

08/01/2020

- 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.
- * 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.
- 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: E2316DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Prevailing Market Value

Policy Excess:

Own Damage Claims

SGD 600

Windscreen Excess

SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature