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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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	07/11/2019 17:39
Date Of Accident	05/11/2019 15:00
Exact Location Of Accident	KM3 JLN JOHOR BHARU GELANG PATAH(MALAYSIA)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS3137P
Insured/Policyholder	
Name Of Registered Owner	MR K SASI
NRIC No	S1501253F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97491854
Alternative Phone No	OFFICE-97491854
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
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	19-MW003001-R04
Cover Note Number	
Driver	
Name of Driver	MR K SASI
NRIC No	S1501253F
Date Of Birth	19/01/1961
Occupation	INDOOR
Date Of Driving Pass	24/03/1993
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97491854
Fax Number	
Contact Number	OFFICE-97491854

NOEMAIL

Address BLK 505 CHOA CHU KANG ST 51 #08-183

Postcode 680505

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number BJX6042 (COMMERCIAL VEHICLE)

2

NO

NO

YES

NO

YES

NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFIK ISKANDAR PUTERI POLICE STATION NAME [OTHER]

Was notice of intended Prosecution given?

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

BJX6042

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

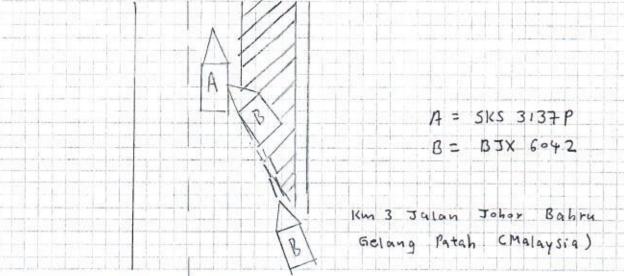
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 inionatory 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 Data & Time: Oriver's Signature (If driver is not the policyholder) Oate & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	05.11.	2019	at ab	tuc	3 pm		2CM	travelling	along	KM3
Jalan Johon	Bharu	Gelan	g Patal	) (	Malays	ia)	1 Was	travelling	Straight	
Suddenly	Yehide	B h	it my	right	side	Yehi	clp .		112	
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# 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)

Reporting Centre Personnel's Signature Name:

Date & Time: NRIC/FIN No.:

Date of Accident	: 05.11 2019 Accident Time: 15.00 (24-HR-Format)
Accident Place	: KM3 Jalan Johor Bharu Gelang Patah (Malaysia)
Vehicle, No. (Car Plate No.)	: SKS 3137P Make/Model: Hondo City
Insurace Company	: Tokio Maring . Policy No: 19 - MY100 3001 - ROY.
Owner or Company Name /IC No.	: K Basi (B1501253F)
Owner or Company Contact No.	: 9749 1854 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: as above :
DRIVER'S Date Of Birth	: 19.01.1961 DRIVER'S License Pass Date 24.03.1993
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 505 choop dru long Stippt 51 # 08.183 (s) 680505
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: MOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WE'T
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	rivery: 1 Driver Only
Was there any video Captured by oa	r camera: YES (CO) s being used at the time of accident: (rivate u)e \ Work purpose
Other I	arty Driver's Particular (if any)
Vehicle, No: BJX 6042	Vahicle, No:
Vehicle Meke Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

" NEW - Passenger's name & gender:





# POLIS DIRAJA MALAYSIA REPOT POLIS

ва	21
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: TRAFIK ISKANDAR PUTERI

Pegawai Penylasat

: R141971

Daerah

: ISKANDAR PUTERI

Kontinjen

: JOHOR

No. Repot

: TRAFIK IPUTERI/012186/19

Tarikh

: 06/11/2019

Waktu

: 1146 AM

Bahasa Diterima

: B. Malaysia

Butir-butir Penerima Repot :

Nama

: MOHAMAD AIZAT BIN

No. Badan

: R197181

Pangkat

: KONST/P

MOHAMAD NAYAN

Nama

Butir-butir Jurubahasa (Jika Ada) :

No. K/P (Baru) : ---Bahasa Asal : ---

No. Polis/Tentera

No. Pasport : ---

Alamat 3 ....

Butir-butir Pengadu:

Nama

: K SASI

No. K/P (Baru)

No. Polis/Tentera

No. Pasport

: K1625277A

No. Sijil Beranak : ---

Jantina

: Lelaki

Tarikh Lahir

: 19/01/1961

Umur

: 58 Tahun 10 Bulan Keturunan

: India

Warganegara

: SINGAPORE

Pekerjaan

: JURUTEKNIK

Alamat Tinggal

: APT BLK 505 CHOA CHU KANG STREET 51 #08-183 SINGAPORE, SINGAPORE, 680505

Alamat IbuBapa

Alamat Pejabat

No. Tel (Rumah)

No. Tel (Pejabat) : ---

No. Tel (Bimbit) : 6597491854

Emel

### Pengadu Menyatakan :

PADA 05/11/2019 JAM LEBIH KURANG 1500 HRS SAYA MEMANDU M/KAR NO SKS3137P DARI STESEN MINYAK GELANG PATAH HENDAK BALIK KE TEMPAT KERJA DI SETIA BISNES PARK.APABILA SAMPAI DI KM 3 JALAN JOHOR BHARU GELANG PATAH ULU CHOH SEMASA SAYA SEDANG BERGERAK LURUS DAN BERADA DI LORONG TENGAH SERTA KEADAAN JALAN YANG SESAK TIBA-TIBA SEBUAH M/LORI NO BJX6042 YANG DARI ARAH KANAN SAYA TELAH MELANGGAR M/KAR SAYA.SAYA TIDAK CEDERA.KEROSAKAN M/KAR SAYA PINTU DEPAN/BELAKANG KANAN,BUMPER BELAKANG KANAN,MUDGUARD BELAKANG KANAN DAN LAIN-LAIN KEROSAKAN BELUM PASTI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurwbahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R197181 | d6/11/2019 11:57:55 AM

IJ. SALIMAN REPOT PD ISKANO R PUTE

PUTERL JOHOR

https://iprs.rmp.gov.my/iprsweb/Modules/CARS/CARS\_Pol55\_RepotNo.aspx?sprs\_repotid=iPRS/021999/20191106/114640/R197181&repotid=02...

## 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) 5221 6111 F: (65) 5221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

Totalo Mantile Group



### 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.: 19-MW003001-R04 (Private Motor Car)

 Index Mark and Registration Number of Vehicle

SKS3137P

Chassis No.: MRHGM6660EP000341

2. Name of Policyholder

MR K SASI

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

06/04/2019

4. Date of Expiry of Insurance

05/04/2020

- 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.
- 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

\* 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:

Limit for total loss or theft: Policy Excess:

Comprehensive Approved Workshop Plan Prevailing Market Value

Own Damage Claims Windscreen Excess

SGD 600 SGD 100

Financial Interest:

MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 02/03/2019