





## 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	18/11/2019 17:25
Date Of Accident	16/11/2019 13:25
Exact Location Of Accident	PIE TOWARDS KPE BEFORE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4382D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO SHAN SHAN, ARINA
NRIC No	S9227968E
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-93227571
Alternative Phone No	OTHERS-93227571

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 CVT (A)
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	MS006087
Cover Note Number	

### Driver

Name of Driver	LIM WEI LUN, JEFFREY
NRIC No	S9317731B
Date Of Birth	20/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93227571
Fax Number	
Contact Number	OTHERS-93227571
Email Address	SALES@MIA.COM.SG

Address	BLK 366 YISHUN RING ROAD #02-1508
Postcode	760366
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Foreign Vehicle Registration Number	BLM2101 (PRIVATE CAR)
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?	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)	2
Passenger 1	NAME: : HO SHAN SHAN ARINA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY NPC
Police Station Address	ROAD: 70 MARINA VIEW , POSTCODE: 018962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191116/2090

#### 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	BLM2101
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LER YONG CHUAN
NRIC/Passport Number	A38327711
Contact Number	93705297

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

*aima*

Policyholder's Signature  
Date & Time:

*Jill*

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

*18/11/2019*  
*Roshan Kumar*

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



✓ SML 4382D

✓ BLM 2101

AS per Police Report T/20/9/11/6/2090

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

Arbo-

Telling

Reporting Centre Personnel's Signature  
Name: Rebecca

NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20191116/2090

1 of 4

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

Report No. T/20191116/2090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2019 15:23		Vide Report No.: A/20191116/0097		Station Diary No.: 39	
<b>Informant's Particulars</b>					
Name of Informant: LIM WEI LUN, JEFFREY			Address: APT BLK 366 YISHUN RING ROAD #02-1508 SINGAPORE 760366		
ID Type / ID No.: NRIC NO / S9317731B			Contact No.: Home/Office: Mobile: 93227571		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 20/05/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SAF NAVY REGULAR			Driving Licence Information: Class: 3A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2019 13:25	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Towards KPE before tunnel				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BLM2101	Car	TOYOTA		White	Slightly Damaged	0
SML4382D	Car	HONDA	JAZZ 1.3 CVT	Blue	Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191116/2090

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

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Report No. T/20191116/2090

**CONTINUATION OF REPORT**

<b>Driver:</b>			
Name	LER YONG CHUAN	ID No.	A38327711
Related Vehicle	BLM2101 (Car)	Contact No.	93705297
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver:</b>			
Name	LIM WEI LUN, JEFFREY	ID No.	S9317731B
Related Vehicle	SML4382D (Car)	Contact No.	93227571
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger:</b>			
Name	HO SHAN SHAN ARINA	ID No.	S9227968E
Related Vehicle	SML4382D (Car)	Contact No.	81683140
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/11/2019 at about 1325hrs I was driving my car (SML4382D) along PIE towards KPE, before tunnel. It is a single lane one way road and the traffic was slow. The traffic in front of me then stopped. As such, I stopped my car as well. While stopping, I felt an impact from the rear. I got out of my vehicle to make a check and discovered that a Malaysian car(BLM 2101) had hit my rear and my rear bumper, rear light and boot was damaged. The driver of the Malaysian car got down as well and I called for the Police. Traffic Police arrived at scene subsequently and I was advised to lodge a traffic accident report vide A/20191116/0097. No one was injured. That is all.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999



T/20191116/2090

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Report No. T/20191116/2090

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20191116/2090

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

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Report No. T/20191116/2090

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sr Staff Sgt MUHAMMAD FADZLY BIN ABDUL  
AZIZ

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2019 15:23

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Classification Of Case:

Authentication Stamp

NP168





Date of Accident : 16 NOV 2019 Accident Time: 13:25 (24-HR-Format)  
Accident Place : PIE Towards KPE before tunnel  
Vehicle No. (Car Plate No.) : SML 4382D Make/Model: Honda Jazz 1.3L  
Insurance Company : Tokio Marine Policy No: MS006087  
Owner or Company Name / IC No. : Ho Shan Shan Arina (S9227968E)  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 81683140 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : LIM WEI LUN, JEFFREY (S9317731B)  
DRIVER'S Date Of Birth : 20/05/1993 DRIVER'S License Pass Date 27 Feb 2017  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 366 Yishun Ring Road #02-1508 (760366) <sup>SIN</sup>  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 93227571  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_ sales@mia.com.sg  
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 02  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle No: BLM 2101	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Tokio Marine Insurance Singapore Ltd.  
(Company Reg. No.: 19230001 M) (GST Reg. No.: T42 060021 1)  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: trnsg@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



Certificate of Insurance

FORM MX1

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.: MS006087 (Private Car)

1. Index Mark and Registration Number of Vehicle	-	Chassis No.: JHMGK3850/KS213676
2. Name of Policyholder	HO SHAN SHAN ARINA	
3. Effective date of the Commencement of Insurance for the purposes of the Act	14/05/2019 (15.40 55)	
4. Date of Expiry of Insurance	13/05/2020	
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 Trade.

\* Limitations rendered inoperative by Section 3 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION				Account No: E2316DDA
Insurance Plan:	Comprehensive Approved Workshop Plan			
Limit for total loss or theft:	Prevailing Market Value			
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess: SGD 600.00)	
	Additional Excess for Unnamed Driver(s)	SGD 500.00		
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00		
	WindScreen Excess	SGD 100.00		
Financial Interest:	DBS BANK LTD			

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorized Signature