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# SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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.
- 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.

ACCID	ENT	STAT	EΜ	ENT
	_			

18/11/2019 17:25 Date Of Report 16/11/2019 13:25 Date Of Accident

PIE TOWARDS KPE BEFORE TUNNEL Exact Location Of Accident

SINGAPORE Country/State of Loss

# **DETAILS OF OWN VEHICLE**

SML4382D Vehicle Registration Number

Insured/Policyholder

HO SHAN SHAN, ARINA Name Of Registered Owner

S9227968E NRIC No

SALES@MIA.COM.SG Email Address (LOCAL) +65-93227571 Mobile Phone No OTHERS-93227571 Alternative Phone No.

Vehicle Particulars

HONDA Manufacturer

JAZZ-1.3 CVT (A) Model

Exact Purpose for which vehicle was being used at PRIVATE USE

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 Vehicle Category

THIRD PARTY PRIVATE CAR

Insurance Company

TOKIO MARINE INSURANCE SINGAPORE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

MS006087 Policy Number

Cover Note Number

LIM WEI LUN, JEFFREY Name of Driver

S9317731B NRIC No 20/05/1993 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 27/02/2017

2 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93227571 Mobile Number

Fax Number

OTHERS-93227571 Contact Number EMail Address SALES@MIA.COM.SG

Page 1 of 17

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

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

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)

YES

Are accident photos available for attachment? 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

- 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.
- 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)

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 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:
  - (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

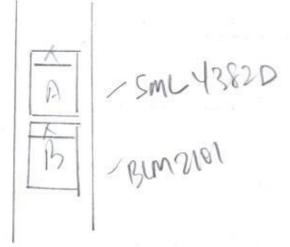
(If driver is not the policyholder)

Date & Time

Repende Centre Personal's Signifure ASS

NRIC/FIN No.:

Pin Journess Kolt



As Per Pa	lice Report	7/20191116	12090	
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T/20191116/2090

1 of 4 Report No. T/20191116/2090

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

REPORT OF A TRAFFIC ACCIDENT

			Vide Report No.: A/20191116/0097	Station Diary No.: 39
Informa	nt's Particu	ulars		
	Informant: LUN, JEFF		Address: APT BLK 366 YISHUN F 760366	RING ROAD #02-1508 SINGAPORE
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 Informa Class: 3A	tion: Date of Expiry:	

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
	EXPRESSWAY before tunnel			
Weather: Clear	/eather: Road			Road Speed Limit:
Traffic Flow: Traffic Control: Not Controlled			Traffic Volume: Moderate	
	Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by

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

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20191116/2090

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999 2 of 4 Report No. T/20191116/2090

# CONTINUATION OF REPORT

Driver					
Name	LER YONG CHUAN		ID No.		A38327711
Related Vehicle	BLM2101 (Car)		Conta	ct No.	93705297
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
	ted Medical Leave NIL	Degree of		NIL	
Driver				NAME OF	
Name	LIM WEI LUN, JEFFREY		ID No.		S9317731B
Related Vehicle	SML4382D (Car)		Contact No.		93227571
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	UIII, ANY SALVA TIDOGRAFIA
	nted Medical Leave NIL Degree o			NIL	Alter des Rectas (In temple of the particular designation)
Passenger	ondate constitution and a second				
Name	HO SHAN SHAN ARINA		ID No.		S9227968E
Related Vehicle	SML4382D (Car)		Contact No.		81683140
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree o		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.



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



3 of 4 Report No. T/20191116/2090

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20191116/2090

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

SINGAPORE POLICE FURCE

SIGNATURE

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:
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	

Date of Accident	: 16 NOV 2019 Accident Time: 13-25 (24-HR-Format)
Accident Place	: PIE Towards KPI before tunnel
Vehicle, No. (Car Plate No.)	:SML 4382D Make Model: Honda Jazz 1-3L
Insurace Company	: Talio Marine Policy No: MS006087
Owner or Company Name 1C No.	
Owner or Company Contact No.	Owner's Hp 81683140 Company Tel
DRIVER'S Name / IC No.	:LIM WELLUN, JEFFREY (59317731B)
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 (760316)
DRIVER'S Contact No./ Alt No.	2) 9322757
DRIVER'S Occupation	: INDOOR (QUTDOOR (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 D	
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, PIs state):	r camera; YES \ NO
Other P	arty Driver's Particular (if any)
Vehicle. No: BLM2101	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. 19233001 MM (GST Reg No. M2 000002 ). If 20 McCallum Street #09-01 Tokio Maine Centre Singapore 069046 1. (65) 8221 6111 F. (65) 6221 43557 (65) 6224 0895 F. tmist/Ptokiomarine.com.sg. W. www.tokiomarine.com.





#### 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

Chassis No.: JHMGK3850KS213676

2. Name of Policyholder

HO SHAN SHAN ARINA

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 officing is permitted in accordance with the Receiving or other laws or regulations to ching the Metal Vehicle or has been so permitted and is not disquasited by order of a Court of Law or by reason of any anachism or regulation in that behalf from disking the Metal 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 inapprative by Socian 3 of the Motor Vehicles (Third-Purry Ricks and Compensation) Act (Chapter 153) and Section 55 of the Read Transport Act, 1987 (Malaysia) are not to be included under these headings.

We have by 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 Read Transport Act, 1957 (Malaysia).

Please refer to the Policy Schedule for full details, letters and conditions of the insurance

IMPORTANT NOTICE

This Certificate is not introduced by the incurrency, if the incurrence is concelled for whatsoever reason, you must return the Certificate to TekjeMarine Insurance Singapore Ltd. within I days thereof or if the Certificate has been lost destroyed you must make a statutory declaration to thatefleet. Failure to compty with this duty is an effence under Motor Vehicle (Third-Party Risks and Compensation).

All (Chapter 185)

ADDITIONAL INFORMATION

Account No: E2316DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

(Original Excess SGD 600 00)

Policy Excess:

Own Damage Claims Additional Excess for Unnamed Driver(s) Additional Excess for Young or

SGD 500 00 SGD 500 00

Inexperience Driver(s) WindScreen Excess

SGD 3,500 00 SGD 100.00

Financial Interest:

DBS BANK LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

Uper ID: 2316004-003

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