

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	02/01/2020 17:23
Date Of Accident	31/12/2019 15:15
Exact Location Of Accident	JALAN EUNOS AFTER EXIT FROM PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY3982G
Insured/Policyholder	
Name Of Registered Owner	IDRIS BIN AHMAD
NRIC No	SXXXX039A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96497195
Alternative Phone No	OFFICE-96497195

Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO-1.4 (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	19-MT107621-R01
Cover Note Number	

Driver

Name of Driver	IDRIS BIN AHMAD
NRIC No	SXXXX039A
Date Of Birth	08/01/1953
Occupation	INDOOR
Date Of Driving Pass	29/09/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96497195
Fax Number	
Contact Number	OFFICE-96497195
Email Address	NOEMAIL

Address	BLK 767 BEDOK RESERVOIR VIEW #13-221
Postcode	470767
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?	YES
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: : NOOR ASNAH BTE A RAHMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED SKETCHPLAN & POLICE REPORT (T/20200101/2020) - TAMPINES N.P.C

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	GR7327J
Vehicle Make/Model/Colour	NISSAN NV350
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH HENG LENG
NRIC/Passport Number	SXXXX230C
Contact Number	
Address	
Postcode	

No. Of Passenger (Including Driver)

Injuries Sustain

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGY3982G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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:

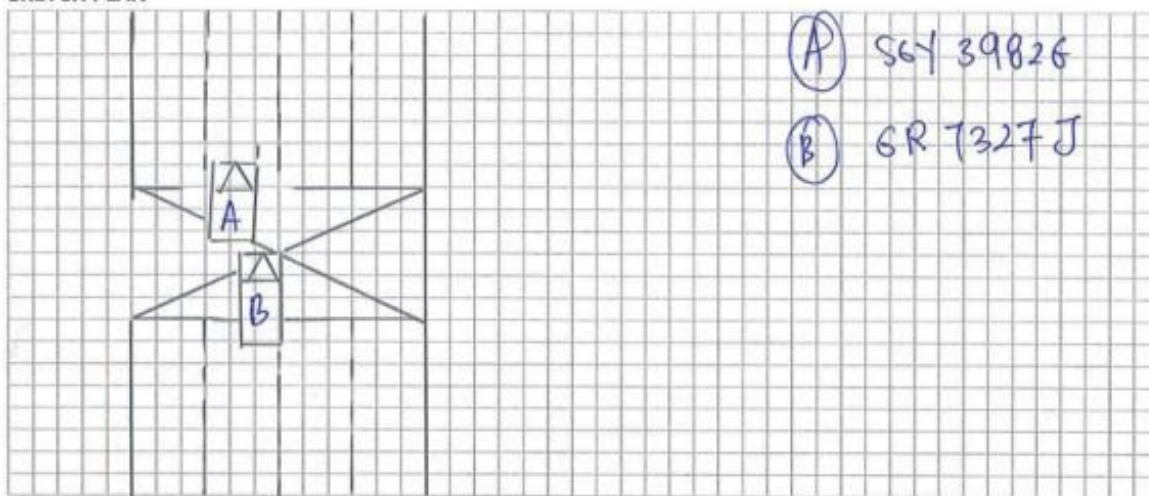
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Number: T/20200101/2020

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200101/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200101/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2020 10:19		Vide Report No.:		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: IDRIS BIN AHMAD			Address: APT BLK 767 BEDOK RESERVOIR VIEW #13-221 SINGAPORE 470767		
ID Type / ID No.: NRIC NO / S0078039A			Contact No.: Home/Office: Mobile: 96497195		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 08/01/1953	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 JALAN EUNOS				
AFTER EXIT FROM PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GR7327J	Lorry				Slightly Damaged	0
SGY3982G	Car	CHEVROLET	AVEO 1.4L AT	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGY3982G	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT107621	25/09/2018	24/09/2020

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200101/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200101/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH HENG LENG	ID No.	S7344230C
Related Vehicle	GR7327J (Lorry)	Contact No.	92720188
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
Driver			
Name	IDRIS BIN AHMAD	ID No.	S0078039A
Related Vehicle	SGY3982G (Car)	Contact No.	96497195
Hospital/Clinic	MEDINA MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/01/2020	Date Discharge	01/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NOOR ASNAH BTE A RAHMAN	ID No.	S1276606H
Related Vehicle	SGY3982G (Car)	Contact No.	91290939
Hospital/Clinic	MEDINA MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/01/2020	Date Discharge	01/01/2020
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

ON 31.12.2019 T ABOUT 1500HRS, I WAS DRIVING ALONG FILTER LANE ALONG JALAN EUNOS AFTER EXITING FROM PIE TOWARDS TUAS. AFTER EXITING FROM FILTER LANE, I DROVE MY VEHICLE INTO THE YELLOW BOX. WHILE MY VEHICLE WAS IN THE YELLOW BOX, SUDDENLY MY REAR RIGHT BUMPER WAS HIT BY ANOTHER VEHICLE, GR7327J.

E BOTH GOT OUT OF OUR VEHICLE AND EXCHANGED PARTICULARS. I HAD A PASSENGER, WHO IS MY WIFE WHEN THE INCIDENT HAPPENED. MY REAR RIGHT BUMPER AND TAIL LIGHT IS DAMAGED. THE OTHER VEHICLE'S FRONT LEFT HEADLIGHT WAS ALSO DAMAGED. NO

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200101/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200101/2020

CONTINUATION OF REPORT

GOVERNMENT PROPERTY WAS DAMAGED. NO AMBULANCE WAS AT SCENE.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200101/2020

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Tel No: 1800-5871999

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Report No. T/20200101/2020

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:

G /

Sgt 3 NUR' HAFIDAH BINTE KAMURIDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/01/2020 10:19

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Classification Of Case:

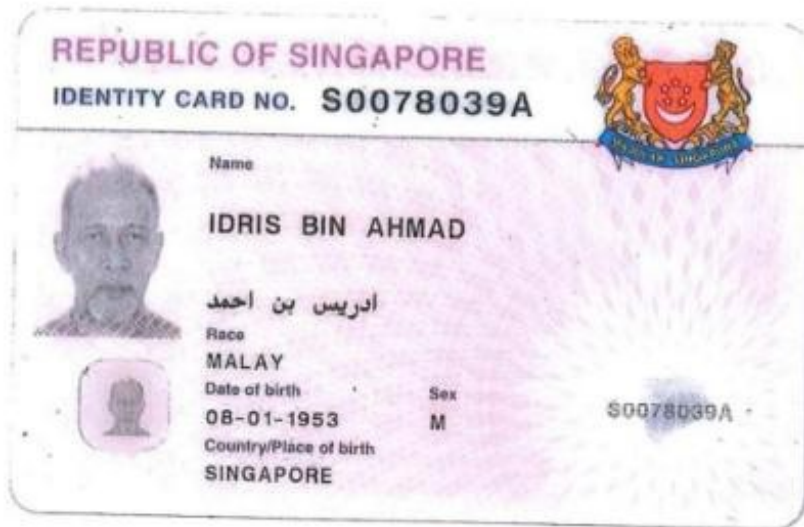
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Authentication Stamp

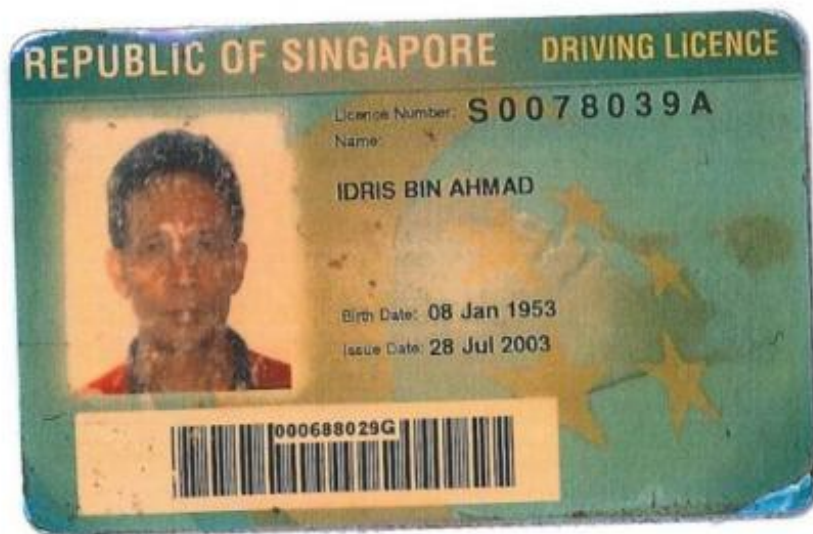
NP168

SIGNATURE

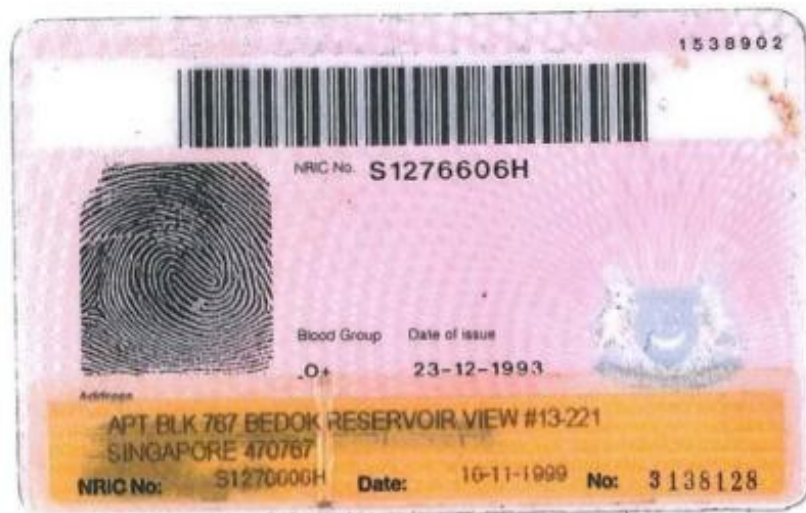
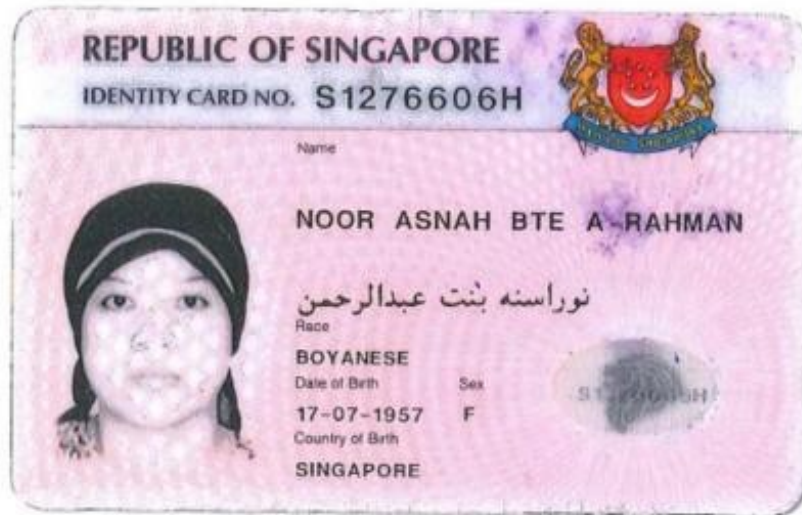
Identification Card



Driving License



Identification Card



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (GST Reg No: MZ-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP
FORM MX1

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-MT107621-R01 (Private Motor Car)

- | | | |
|---|-----------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SGY3982G | Chassis No.: KLISA69717H207747 |
| 2. Name of Policyholder | IDRIS BIN AHMAD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 25/09/2019 | |
| 4. Date of Expiry of Insurance | 24/09/2020 | |
| 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. | | |

PAID
16 SEP 2019
 BY: Cash \$892

* 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 93 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: 2388DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
	Windscreens Excess	SGD 100
Financial Interest:	HONG LEONG FINANCE LTD	

Tokio Marine Insurance Singapore Ltd.

LQ SERVICES PTE LTD
 180B BENCOOLEN STREET
 #08-04 THE BENCOOLEN
 SINGAPORE 189648
 TEL: 6-333-4115 FAX: 6-333-4108
 Co. Reg. No: 201227819H

Authorised Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

