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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/01/2020 18:40
Date Of Accident	24/01/2020 09:50
Exact Location Of Accident	HOUGANG AVE 7
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML9062U
Insured/Policyholder	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87781765
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS PLUS-1.8 (A)
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000822-R00
Cover Note Number	

Driver

Name of Driver

LIM KIM HENG

NRIC No

S7011574C

Date Of Birth

13/04/1970

Occupation

INDOOR

Date Of Driving Pass

28/04/1988

Driving Experience 31 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98582266

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 954 HOUGANG AVE 9 #14-526 S530954

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

NO

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

on 24/01/20 AROUND 9.50HRS, I WAS DRIVING ALONG HOUGANG AVE 7 & STOPPED AT THE TRAFFIC LIGHT JUNCTION OF HOUGANG AVE 5 AND aVE 7. SUDDENLY I FELT AN IMPACT FROM THE REAR AND DISCOVERED VEH B SHC3757U HAD HIT ME. A 3RD VEHICLE C SHB4300C WAS ALSO INVOLVED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO TOO LARGE Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3757U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **TAXI**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB4300C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 25

Sketch Plan

				A-SML9062W
				13-SHC37571
				C-SHB4300C
	Hongue Dre 5	A	H	
			3	
		147	2	
		B	25	
		A	3	
		C		
SCRIBE CIRCUM	STANCES OF THE ACC	CIDENT		
On 24/01/2	WZO wound osit	DW T ENG	distance alone	Hongong Due 7 &
Stonged	at me tre	AL licht imo	par of Honor	We Are I & Dre 7.
('adda la	T felt co	asuch from +	to the li	ing Are T & Are 7. dirrovered Vehicle B-
146 27 CZ	14 1 1 1 1	7 4 3 d	100 L	icle C SHR4300C
		ME 17 249	verious - Ver	THE C SHE4300C
who pilos lu	wheel.			
				W
AFEL ABATION				
	egoing particulars are tru	e in every respect.		
	egoing particulars are tru	e in every respect.		
	egoing particulars are tru	e in every respect.		
DECLARATION /We declare the for Policyholder & Signisti	Drive	e in every respect. r's Signature		orting Centre Personnel's Signature

CAME SHEEPING CO., 23

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:
 - (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.:

Identification Card



Identification Card



This card is not handbrashe and is the property of the Land Tomogram Authority (LTA), it must be currendered to the CTA on request. If Source, please return to LTA, 13 Sin Ming Drive, Singapore S757(1).

Тури	Description	Terne Date
1.5	PREVATE HERE CAR VI.	04/09/2017
		100000000000000000000000000000000000000





Police Report





Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. 1/20200124/1019

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 24/01/20	Date/Time Report Made: 24/01/2020 15:41		Vide Report No.:	Station D ary No.:
Informa	nt's Partici	ulars		
Name of Informant: Address: LIM KIM HENG: APT BLK 954 HOUGANG AVENU 500954			ENUE 9 #14-526 SINGAPORE	
ID Type / ID No.; NRIC NO / \$7011574C		74C	Contact No.: Home/Office: Mobile: 98582266	
National SINGAP	ity: ORE CITIZ	EN	Email: glenlimkh@yahoo.com.sg	
Sex: Male	Age: 49	Date of 8 inth: 13/04/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry

Type of Accident	Injury Others	Dirink Dirive: No	Date/Time of Accident: 24/01/2020 09:	Type of Location T-Junction
Location: HOUGANG A	VENUE 7			
CB Control to source		District Contents of		Don't Count Limit
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
C. E. Contract Contract			rking	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passerger
SHB4300C	Car					0
SHC3757U	Car					0
SML9062U	Car			_		0

Details of Person Involved		
Any Pedestrian Involved: No	THE PARTY OF THE P	
No. of Pedestrians Injured; NL.	Use of Pedestrian Crossing: NA	

Police Report



T-20,200 (74/70) 9

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200124/7019

CONTINUATION OF REPORT

Driver			1000			CONTRACTOR CONTRACTOR
Name	LIM KIM HENG			ID No	51	S7011574C
Related Vehicle	SML9062U (Car)			Conte	ict No.	98582266
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licen Expire	0	Class: 3 Date of Expiry: NIL	
Date Treatment	24/01/2020		Date Disc	harge	24/01	/2020
No, of Days gran	ted Medical Leave	0.5	Degree of	Injury	Shah	

Brief Details.

On the stated time and date I was traveling along Hougang Ave 7 Juction of Hougang ave 5. When I was stationary I felt an impact from my rear vehicle bearing SHC3757U hit the rear of my car. There is another vehicle involve SHB4300C. Both car was taxi. I felt back pain and when the hospital.

Police Report





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/202001/24/7019

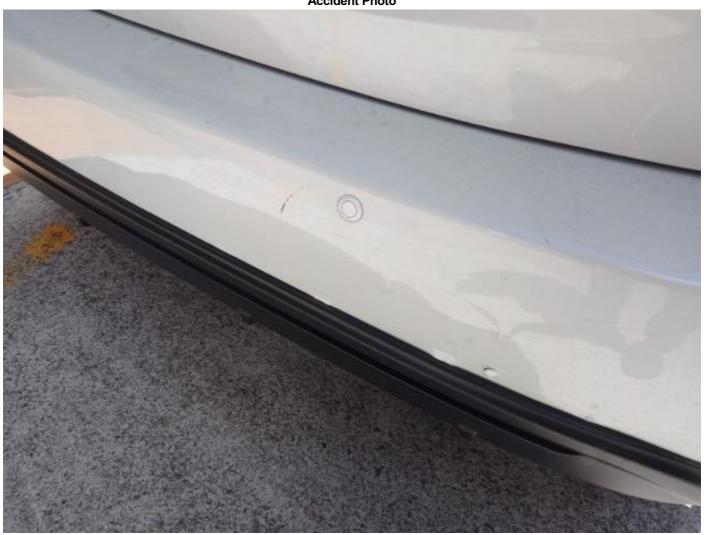
CONTINUATION OF REPORT

Sketch	Plan.				
Informa	of list and	while to	provide:	skeetah	riller

NF 160.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is recurred.
Signature Of Interpreter; Not applicable	Date/Time: 24/01/2020 15:41
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZOLI BIN ABDULLAH Contact No : 55476204	Classification Of Case:
Authentication Stamp	1 1





























Takio Marine Insurance Singapore Ltd.

(Company Reg. No.: 112300014M) (SST Reg No.: M2-0000021-0)

20 McCa form Street, #05 07 Textre Marine Centre Singapore 089048

1: 659 6331 6111 F (65) 6221 4355 / 65) 6224 0666 F misdeoxiomethyscensy in executivities despera

Totals Marine 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, 1989 (MALAYSIA)

Policy No.: 19-MK 000822-R00 (Private Motor Carl.)

1. Index Mark and Registration Number

SMI-9062U

Chassis No.: JTDZS3EU00J039406

of Volkiele

2. Name of Policyholder

LUMIENS AUTO PTE LTD.

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

30/09/2019

4. Date of Expiry of Insurance

29/09/2020

Persons or Class of Persons entitled to drive

Any person who is drawing on the Policyholder's order or with their permission.

Any other person who is driving on the hiser's order or with his their pennission.

* Provided that the Person distring is permitted in accordance with the Breasting or other laws or mentations to drive the Monor Vahiolis or has been so permitted and is not disqualified by order of a Court of Law or by conson of any constances or sogulation in that behalf from driving the Motor Vehicle. And provided further than the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been parcelled at the time of the accident loss of damage.

6. Limitations as to use"

Use for the carriage of passengers or goods in connection with the Polleyholder's business or the birer's business. Use for social domestic and pleasure compass and business purposes of the Policyholder or of any person to whom the voted our friend.

The Policy does not cover -

- 1) Use for racing, pace-making, rehability trial or speed-tasting.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of my one disabled mechanically propelled
- Unitations randered imperative by Section 6 of the Money Vehicles (Dilvei-Perry Risks and Compensation) Act (Chapter 195) and Section 25 of the Road Transport Act, 1987 (Malaysta), are not to be professed under these headings.

We hereby countly that the Policy to which this Cartiflows roletts is instead in accordance with the provision of the Mator Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the case succe.

IMPORTANT NOTICE

This Certificate is not smarfornible. During its contracy, if the insurance is careafied for whatecover mason, you must return the Certificate to Tolor-Marine traumage Singapore Ltd. within 7 days thereof as 17 the Certificate has been last destroyed, you must make a statutory declaration to that effect. Feiture to comply with this day is an offerce under Motor Vehicle (Third-Party Richs and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION Account: 2910DDA

Insurance Plane Third Party Cover Only:

Excess - All Claims DBS BANK LTD Policy Excess: SGD 3,600 Financial Interest:

Tokin Marine Insurance Singapore Ltd.

Authorised Signature

Com Numer - Plea Boyen has JTDs Printed 17709-2009