

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	05/02/2020 10:24
Date Of Accident	03/02/2020 10:05
Exact Location Of Accident	CROSS-JUNCTION OF PASIR RIS DRIVE 3/LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8869S
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	2XXXXX828K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90692517
Alternative Phone No	OFFICE-90692517

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MJ000693-R01
Cover Note Number	

Driver

Name of Driver	CHEE CHEN KEONG
NRIC No	SXXXX156G
Date Of Birth	02/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90692517
Fax Number	
Contact Number	OTHERS-90692517
Email Address	NOEMAIL

Address	BLK 484C CHOA CHU KANG AVENUE 5 #16-54
Postcode	683484
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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

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	EU9955R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 if desired.
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 the 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 S.A.C. to their third party service providers or agents (including their lawyers/law firms), which may be cited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used as compliance information for the purpose of fraud prevention, investigations and management, reporting and all other uses;
- (e) the information collected under this Form will be kept for 10 years.

I am all insured and I hereby agree to the collection, use, disclosure and processing of my Personal Information for the above Purposes.

WITNESSED BY THE POLICE OFFICER PRESENT AT THE SCENE OF THE ACCIDENT ON THE DATE OF THE ACCIDENT.



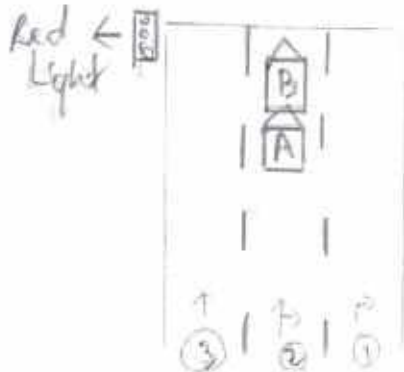
CHIEF, POLICE OFFICER
CHIEF, POLICE



CHIEF, POLICE OFFICER
CHIEF, POLICE

25/03/2020
POLICE OFFICER
CHIEF, POLICE

SKETCH PLAN



A - SMG 8869S

B - EU 9955R

Cross Junction of
Basil Ris Drive 3
and Layang Avenue

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

I hereby declare that the information provided is true and correct.

[Signature]
Investigative Officer

[Signature]
Witness

[Signature]
Investigative Officer

[Signature]
Witness

On 03.02.2020 at about 10:05 hours at Cross Junction of Pasir Ris Drive 3 and Loyang Avenue. I was travelling straight on lane 2 (along Pasir Ris Drive 3 towards New Loyang Link), suddenly the vehicle (B) stopped and the next moment my vehicle (A) front portion contacted with rear portion of vehicle (B).

Vehicle (A): SMG 8869S

Vehicle (B): EU 9955R



Rashid
03/02/2020
Pasir Ris

SINGAPORE ACCIDENT STATEMENT

Accident Date: 03/02/20		Time: 10:05		(hh:mm) 24 hr format	
Location: Cross Junction of Pasir Ris Drive 3 and Loyang Avenue					
Vehicle Number: SMG 8869S					
Insured Name: Vincar Leasing and Rental Pte Ltd					
NRIC/FIN: 201414 B28K		Contact Number:			
Make: Toyota		Model: Prius Alpha			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: () Third Party (<input checked="" type="checkbox"/>) Reporting					
Insurance Company: Tokio Marine					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number: 19-MJ000693-RC1					
Name of Driver: Chee Chen Keong				() Same as Insured	
NRIC/FIN: S25661569		Contact Number: 9069 2517			
Date of Birth: 02/05/1960					
Driving Pass Date: 20/06/1978					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address: NO E-MAIL				() NO EMAIL	
Address of Driver: B1K 484C Choa Chu Kang Avenue 5					
# 16-54 S(683484)					
Was driver an employee of the Insured's Company? () Yes () No H-028					
If No, Relationship of the Driver with the Insured					
() Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B: EU 995SR					
Veh C:					
Veh D:					
Veh E:					
Veh F:					

Driver Only

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

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP
FORM MX1H

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-MJ000693-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMG8869S Chassis No.: ZVW400029113
2. Name of Policyholder VINCAR LEASING AND RENTAL PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 21/05/2019
4. Date of Expiry of Insurance 20/05/2020
5. Persons or Class of Persons entitled to drive*
Any person who is driving on the Policyholder's order or with their permission.
The hirer.
Any other person who is driving on the hirer's order or with his/ their 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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: 2783DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 2,000
	Excess-Third Party (Sect II) SGD 2,000
	Windscreen Excess SGD 100
Financial Interest:	VINCAR PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Tay Pui Leng Katherine -

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