

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	14/03/2020 17:05
Date Of Accident	14/03/2020 15:05
Exact Location Of Accident	PUNGGOL WAY (AFTER SOON TECK LRT STATION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD4227Y
Insured/Policyholder	
Name Of Registered Owner	LEE TECK SENG
NRIC No	SXXXX548Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98922835
Alternative Phone No	OFFICE-98922835

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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-MT106342-R01
Cover Note Number	

Driver

Name of Driver	LEE WEI HUANG
NRIC No	SXXXX781J
Date Of Birth	15/04/1981
Occupation	INDOOR
Date Of Driving Pass	15/04/2003
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94887180
Fax Number	
Contact Number	
EMail Address	MICHAELLEE_112_98@YAHOO.COM

Address	BLK 313C SUMANG LINK #13-143
Postcode	823313
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	3
Passenger 1	NAME: : KOH FEI CHUAN GENDER: : FEMALE
Passenger 2	NAME: : LEE SHAN LING GENDER: : FEMALE

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

REFER TO SKETCH PLAN ATTACHED

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	XE3606Y
Vehicle Make/Model/Colour	TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG HOCK KEE
NRIC/Passport Number	SXXXX515Z
Contact Number	97635506
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE WEI HUANG
Approximate Age	
Injuries Sustain	UNEASY
Injured person in which vehicle?	SJD4227Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

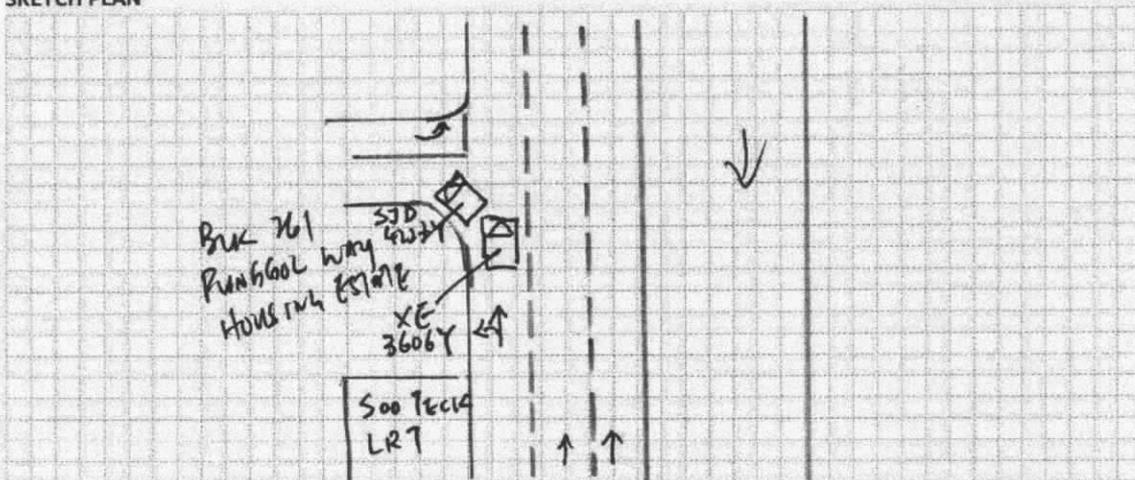


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 14/3

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14-3-2020 AT 3.05 p.m, I WAS DRIVING ON THE LEFT MOST LANE AND WANTED TO TURN INTO THE HOUSING ESTATE. I PUT ON MY LEFT TURN SIGNAL, WHEN I AM IN MIDDLE OF TURNING, VEHICLE XE-3606Y FROM BEHIND COLLIDED ONTO THE REAR OF MY VEHICLE. AFTER THE ACCIDENT BOTH US SHIFT OUR VEHICLE TO THE SIDE AND EXCHANGE PARTICULARS FOR INSURANCE CLAIM, I NEED TO CONSULT DOCTOR FOR MY BACK WAS UNCOMFORTABLE AFTER THE IMPACT

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.:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-000023-4)
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO 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-MT106342-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJD4227Y **Chassis No.:** ZNE100390844
2. **Name of Policyholder** LEE TECK SENG
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 20/09/2019
4. **Date of Expiry of Insurance** 19/09/2020
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.

* 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 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: 0755DDB

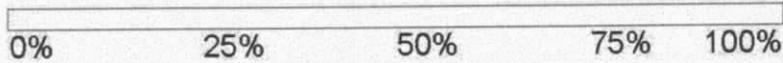
Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 500
	Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Alilwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

Text size + -



Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

Vehicle No.:	SJD4227Y	Vehicle Scheme:	Normal
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover	Vehicle Model:	WISH 1.8 A
Vehicle Make:	TOYOTA	Engine No.:	1ZZ3011184
Chassis No.:	ZNE100390844	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	6
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	1794 cc	Maximum Laden Weight:	1685 kg
Unladen Weight:	1300 kg	Secondary Colour:	-
Primary Colour:	Silver	Maximum Power Output:	97.0 kW (130 bhp)
IU Label No.:	1124767021	Original Registration Date:	20 Mar 2008
First Registration Date:	20 Mar 2008	Open Market Value:	\$17,822.00
Manufacturing Year:	2007	Minimum PARF Benefit:	\$8,911.00
PARF Eligibility:	Yes	Actual ARF Paid:	\$17,822.00
No. of Transfer:	1		

Owner Particulars

Owner Name:	LEE TECK SENG
Owner ID Type:	Singapore NRIC
Owner ID:	S1845548Z
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	112
Registered Street Name:	BISHAN STREET 12
Registered Unit No.:	# 06 - 16
Registered Building Name:	-
Registered Postal Code:	570112
COE No./Expiry Date:	2008040103001606C / 19 Mar 2018
COE Bid Category:	B - Car (1601cc & above)
QP Paid:	\$10,926.00

Transaction Details

Business Transaction Ref. No.:	20170929154114962356
Business Transaction Date:	29 Sep 2017
Business Transaction Time:	15:41:14

Message

Vehicle has been successfully transferred to LEE TECK SENG (S1845548Z).

Please note that \$11.00 will be deducted from your GIRO account.

