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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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 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

	ACCIDENT STATEMENT
Date Of Report	21/04/2020 14:56
Date Of Accident	21/04/2020 12:05
Exact Location Of Accident	ALONG BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE
<b>建筑建筑和北州市</b> 建筑地址地址。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM5768M
Insured/Policyholder	
Name Of Registered Owner	EDMUND PANG TAH WEI (EDMUND FENG DAWEI)
NRIC No	SXXXX274H
Email Address	PANG.EDMUND888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97628781
Alternative Phone No	OTHERS-97628781
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.6 L VTI (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 CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MS007728-R00
Cover Note Number	
Driver	
Name of Driver	EDMUND PANG TAH WEI (EDMUND FENG DAWEI)
NRIC No	SXXXX274H
Date Of Birth	15/02/1976
Occupation	INDOOR
Date Of Driving Pass	16/08/2001
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97628781
Fax Number	W /III TERRORS
Contact Number	OTHERS-97628781

PANG.EDMUND888@GMAIL.COM

Address

BLK 229 BUKIT BATOK EAST AVENUE 3

#06-108

Postcode

650229

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

٠

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

NO

ambulance?

V.C

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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 PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

PA9207S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ONG TENG PHENG

NRIC/Passport Number

SXXXX852H

Contact Number

96438052

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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:
  - 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Rold

NRIC/FIN No .:

# BUKIN BOTOK CHAMPEN

	03	
A) SMM S768W		田(图
A) SYMM 5768W  B) PA 9207S  DESCRIBE CIRCUMSTANCES OF  On 21/04/20  Central K St  mini by PF	(Tres) @ 12.05 pm,	
crash to t	w back of my	vehicle.
accident	ictures & voide	is to evident the
DECLARATION  I/We declare the foregoing particular	s are true in every respect.	
By reloter	s are true in every respect.	Ladadoor
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Applications Name: NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 21 04 3029 (DD/MM/YYY), TIME: 1 105 )(HH:MM)
LOCATION: Bukit Betok Central
DETAILS OF VEHICLE  GIVEHICLE NUMBER: SMM5768M  DINSURANCE COMPANY: TOKIO MARINE  CIPOLICY NUMBER: 19-MS 802728-800
B)MAKE & MODEL: HONDA CIVIC 1.6 L
INSURED / POLICY HOLDER  9 VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE / OTHERS)  10 ARE YOU CLAIMING AT ACCIDENT TIME: LAY LANCH  11 ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  12. INSURED / POLICY HOLDER
A)NAME: AS RECOW (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  Chicloding driver) DINAME: EDMUND PANG THY WET (MALEY FEMALE)  DINAME: STONY 274H CONTACT: 9762 8981
*d)DATE OF BIRTH: [ IS/OL/ 1976](DD/MM/YYYY) e)OCCUPATION: (MDOOR/ OUTDOOR)
## DOTTE OF DRIVING PACE 14 OCT 20( 9)  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (150)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE
White of passing ar a) VEHICLE NUMBER: PA92075 MODEL:  (Inducting driver) b) DRIVER'S NAME: ONG TENG PHENG  (_) PRIC/FIN/PASSPORT: \$1608852H CONTACT: 9L43805 9643805
( Induding deliver)   NRIC/FIN/PASSPORT: CONTACT:

Moso pang. edmund 888@ gmil. com.

### okio 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

Tokic 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, 1959 (MALAYSIA)

Policy No.: 19-MS007728-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle

SMM5768M

Chassis No.: MRHFC5650KT000608

2. Name of Policyholder

EDMUND PANG TAH WEI (EDMUND FENG DAWEI)

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

04/07/2019

4. Date of Expiry of Insurance

03/07/2021

- 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 (noperative 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

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Own Damage Claims

SGD 600

Policy Excess:

Windscreen Excess

SGD 100

Financial Interest:

Insurance Plan:

OCBC BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Account: E2316DDA

Authorised Signature

User Name: Tay Pur Leng Katherine -

Printed 05/07/2019