

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	01/06/2020 17:03
Date Of Accident	14/05/2020 13:45
Exact Location Of Accident	PARAGON BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2268T
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	JAMES.NG@SNAPON.COM
Mobile Phone No	(LOCAL) +65-81801808
Alternative Phone No	OFFICE-81801808

Vehicle Particulars

Manufacturer	LEXUS
Model	NX200
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	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	20-ML000257-R00
Cover Note Number	

Driver

Name of Driver	NG WING YIU, JAMES
NRIC No	SXXXX186Z
Date Of Birth	16/07/1956
Occupation	INDOOR
Date Of Driving Pass	26/02/1990
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81801808
Fax Number	
Contact Number	OTHERS-81801808
Email Address	JAMES.NG@SNAPON.COM

Address	BLK 317 CLEMENTI AVENUE 4 #11-109
Postcode	120317
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DARK
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 PLAN

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	SLR6654L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEZEF
NRIC/Passport Number	
Contact Number	93366817
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

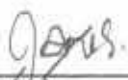
IMPORTANT NOTICE

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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. 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.
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:

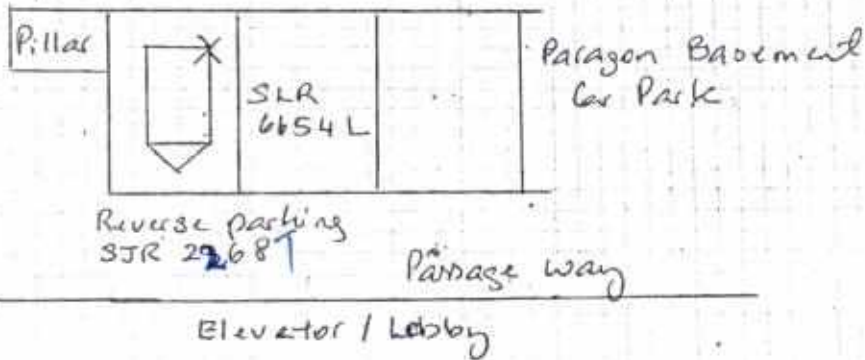
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While trying to park car, reverse park and scratch the other car SLR 6654L without realizing

POLICE REPORT D/20200521/7007

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 08/06/2024

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the Insured's Insurance Company ("AIC") for advice.
- Please report accurately the facts of the accident as agreed up to the claims process.
- This form must be submitted to the Traffic Police and the Insurance Company.
- 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 insurance and settlement of this form by Insurance Company is taken admission of not being liable as the part of the insurance company.
- All data submitted may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 14/1/2020	Time: 1:45 PM
Exact Location of Accident	PARKING GARAGE CAR PARK	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	STG 2268 T	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Card)		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer	Model
Type of Vehicle	<input type="radio"/> Sedan <input type="radio"/> MPV <input type="radio"/> CNV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/Cycle <input type="radio"/> Others	
Exact Purpose for which vehicle was being used at time of accident	PARKING REVERSE PARKING	
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Please select <input type="radio"/> Third Party <input type="radio"/> Reimbursement)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Is it Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Is it		
Is it	<input type="radio"/> Same as Insured above	
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Date of Birth	/dd /mm /yy	
Valid Date Pass	/dd /mm /yy	
Driving Experience	Year(s) Month(s)	Month(s)
Gender	<input type="radio"/> Male <input type="radio"/> Female	
Location	<input type="radio"/> Indoor <input type="radio"/> Outdoor	
Number / Mobile Phone / Fax No.		

10: admin
Pub: Ateam 1920

Address of Driver		* ART 24-317 CENOT/ MC 4	
Email Address		* JAMES NG @ ATEAM.COM	
Was Driver An Employee of the Insured's Company?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (If applicable)			
Insurance Category of Driver's Own Vehicle (If applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (e.g. Chain Collision, Head-On Collision, Side Impact, Front to Rear)	* Sign: SENCOR		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Rainy <input checked="" type="radio"/> Other: DDDK		
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Other		
OTHER INFORMATION			
a. Was anybody injured in the accident?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (including Witness)		<input type="radio"/> Yes <input checked="" type="radio"/> No	
DETAILS OF POLICE ACTION			
Was the Accident Reported to the Police?		<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station)	
Police Station Name		* TANJONG POLICE STATION	
Police Station Address			
Police Station Contact		Tel No. MR NG @ CENOT, Mobile: MP 9634 4873	
Was notice of Intended Prosecution given?		<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number		* SLR66V4L	
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver		* JOSEF	
Personal Identification - NRIC (Singaporean/PR)			
- PM/Passport Number			
Contact Number		* 93361817	
Vehicle Make/ Model/ Colour			
Address of Driver			
Name of Insurance Company			
No. of Passenger (including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			



**SINGAPORE
POLICE FORCE**



D/20200521/7007

1 of 2

POLICE REPORT (NP299)

Report No. D/20200521/7007

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Date/Time Report Made 21/05/2020 13:08	Vide Report No.	Station Diary No.
Name Of Informant NG WING YIU, JAMES	Address APT BLK 317 CLEMENTI AVENUE 4 #11-109 SINGAPORE 120317	
ID Type / ID No. NRIC NO / S2579186Z	Contact No. Home/Office: Mobile: 81801808	
Nationality SINGAPORE CITIZEN	Email Address James.ng@snapon.com	
Occupation Administration manager	Sex Male	Age 63
Institution/School Name	Date of Birth 16/07/1956	Race Chinese
Date/Time Of Incident 14/05/2020 13:35	Location Of Incident APT BLK 317 CLEMENTI AVENUE 4 #11-109 SINGAPORE 120317	

Brief details.

I went down the basement car park of Paragon at 14 May 2020 around 13:30. i tried to reverse park my car (SJR2268T) at near the entrance area. it was kind of dark. there were cars behind me. i parked the car then i tried to open the door and the space was too narrow to open the door so i changed to another car park without getting out. then i rushed to my medical appointment. i came back out and went home around 14:30. at home car park, i noticed there were some minor scratches on left hand back side of the car when i took things out of my back seat. i went out again at 3:30pm and then i received a call from

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 required.
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2020 13:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200521/7007

officer Ivan Chng ask me to go to police station at Tanglin as there was a report of potential hit and run. i went to see Mr Ivan Chng at around 4:30pm. i realized then i have hit someone's car during the reverse parking. i recorded a statement capturing the incident and it was not intentional as i did not notice at time of incident. Owner also contacted me afterwards and reported a cost of around \$700 for touch up on his Porsche and i promised him i will pay for it through insurance of my car rental company and commit fully pay, told him not to worry. i filled in form to car rental company for insurance filings. then i got another email from insurance company on officer Leslie Tan (Ms) request and that's why i am filing this report.

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 required.
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2020 13:08
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Tokio Marine Insurance Singapore Ltd.

(Company Reg No: 19230001458 (GST Reg No: M2-0000023-4))

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

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

Member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MZ406

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.: 20-ML000257-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJR2268T **Chassis No.:** JTJBARBZ902091969
2. **Name of Policyholder** GOLDBELL CAR RENTAL PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 01/04/2020
4. **Date of Expiry of Insurance** 31/03/2021
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.
- 3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.

* 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: 3092DDZ

Insurance Plan: Comprehensive Approved Workshop Plan
Limit for total loss or theft: Prevailing Market Value

Tokio Marine Insurance Singapore Ltd.

Authorised Signature