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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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.
- 5. 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

aloresaid.	
COLUMN TO THE REAL PROPERTY.	ACCIDENT STATEMENT
Date Of Report	19/06/2020 17:00
Date Of Accident	19/06/2020 08:10
Exact Location Of Accident	JALAN ANAK BUKIT TOWARDS UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP2218Z
Insured/Policyholder	
Name Of Registered Owner	TEGUH HANDOKO SANTOSO
NRIC No	SXXXX072E
Email Address	HANLI43@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83181247
Alternative Phone No	OTHERS-93880172
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
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	20-MU005488-R02
Cover Note Number	
Driver	
Name of Driver	CICILIJA HERLINA
NRIC No	SXXXX191E
Date Of Birth	22/09/1972
Occupation	INDOOR
Date Of Driving Pass	18/11/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83181247
	CONTRACTOR

OTHERS-93880172

HANLI43@YAHOO.COM

Address

52 BUKIT BATOK EAST AVENUE 5

#05-02

Postcode

659802

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

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 1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

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

PA1911U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CICILIJA HERLINA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY PAIN

SJP2218Z

YES

NO

SKETCH PLAN

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. 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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

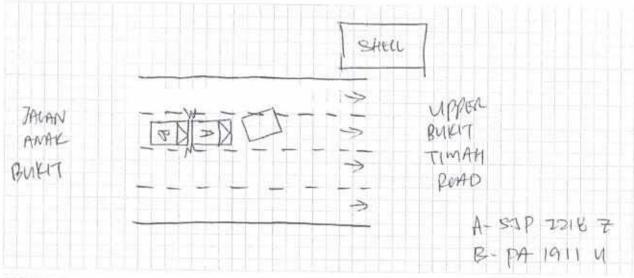
(If driver is not the policyholder)

Date & Time:

Reporting Centre Be

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG THLAN ANAK BUKIT TUMARD UPPER BUKIT
TIMAH RUAD ON THE 3RD LANE OF A 4 LANE, ROAD SOMEMERE
BEFORE SHELL PETEUL STATION, I SLOWED DOWN AND STOPPED DUE
TO AVIOD COLLISION WITH FRONT VEHICLE, DUT OF SUDDEN, I FELT A
STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE AFTER THE
ACCIDENT, I ALIGINIED AND PEALISE THAT VEHICLE (B) DROVE FROM
THE REAR AND COMDED DIRECTLY ONTO THE REAR PORTION OF MY
VENTOUE. A- SJP ZZIB Z
B- PA 1911 U.

DECLARATION

I/We decire the foregoing particulars are true in gvery respect.

Policyholder's Signature

Date & Time:

Driver's Signature.

(If driver is not the policyholder)

tote

Date & Time:

Beforting Centre Perzonnel's Signature ASS

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19 JUN 20 20 TIME: OB: (N HRS (HH:MM) 24 hrs Format
LOCATION: JALAN GNAK BUKLT THURADO MPRIER BUKLT TIMALI RIAD
VEHICLE NUMBER: STP 2218 2
VEHICLE NUMBER: STP 2218 2
INSURED NAME: TEGUH HAPDOKO SANTOTO
NRIC/FIN: 5 7489072E CONTACT: 83181247
MAKE: HOMDA MONDEL: CITY
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes, if No, Pls Seject : ()Third Party ()Reporting Only
INSURANCE COMPANY: TO KIU MARINE
TYPE OF POLICY (COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: 20-MU DOS + DB - FOZ
NAME DRIVER: CICILIZA HERLINA ()SAME AS INSURED
NRIC/FIN: \$7288191E CONTACT: 93880172
DATE OF BIRTH: 22 SEP 1992
DRIVING PASS DATE: 18 NOV 2011
OCCUPATION: () INDOOR () OUTDGOR
GENDER: () MALE () FEMALE
EMAIL ADDRESS: Hanli 436 Jahoo COM ADDRESS OF DRIVER: 52 BY E17 BATOK EAST AVES #05-01 8 659802)
ADDRESS OF DRIVER: 52 BYETT BATOK EAST ALLS #05-02 S(659802)
N.O. 450 011
Number OF Passenger Include Driver: DRIVER owy.
Was driver an employee of the Insured's Company? () YES () NO
If No, Relationship Of The Driver With The Insured
()Owner ()Spouse ()Friend ()Relative ()Children ()Sibling ()Others
Does The Driver Own Any Other Vehicle?: () YES (NO
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
Insurance Company Of Driver's Own Vehicle
Westher Conditions: (Clear () Raining () Drizzling () Others
Road Surface: () Dry () Wet () Others
Was Any Foreign Vehicle Involved In This Accident? () YES () NO
Was Anybody Injured In The Accident? () YES () NO
If YES, Injured details: CICIUM HEFLINA (BODY)
Convey By Ambulance: () YES (V) NO
Was There Any Video Capture By Car Camera? () YES () NO
Was There Any Accident Reported To The Police? ()YES ()NO If Yes Attach Police Report
Police Report Number (if any)
Details Of 3rd Party Name NRIC Contact No. of Paxs (Incl'driver)
Veh B PA 1911 U ()/Not Sure ()
Veh C ()/Not Sure ()
Veh D ()/Not Sure ()
Veh E ()/Not Sure ()
Veh F ()/Not Sure ()

Tokio Marine Insurance Singapore Ltd.

(Campany Reg. No. 192309014M) (GST Reg. No. MZ 0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

1 (65) 6221 6111 1 (65) 6221 4355 / (65) 6224 0895 € 1mis 4 tokiomarine.com.sg W www.tokiomarine.com

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Certificate of Insurance

FORM VIXI

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-MU005488-R02 (Private Motor Car)

1. Index Mark and Registration Number

S1022187

Chassis No.: MRHGM666011T000116

of Vehicle

2. Name of Policyholder

MR TEGUH HANDOKO SANTOSO

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

4. Date of Expiry of Insurance

07/05/2021

08/05/2020

- 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, tacing, page- 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 inogerative by Section 8 of the Motor Vehicles (Third-Park Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport 311-1987 (Malacsus, 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 fusing necessing apore 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: E2316DDA

Insurance Plan: Comprehensive Approved Workshop Plan

Prevailing Market Value Limit for total loss or theft:

SGD 600 SGD 100 Polley Excess: Own Damage Claims Windscreen Excess

UNITED OVERSEAS BANK LIMITED Financial Interest:

Tokio Marine Insurance Singapore Ltd.

Authorised Signature