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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form most be completed by the Policyholder and/or the Authorised Driver.
- 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.

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.
- By the loggement 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	ACC	DEN'	T STA	TEM	ENT
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Date Of Report 29/06/2020 09:37

Date Of Accident 26/06/2020 16:35

Exact Location Of Accident TAMPINES CTRL 5(BESIDE TAMPINES MALL C/P ENTRANCE)

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLU9666S

Insured/Policyholder

Name Of Registered Owner TAN KHEAN HONG PETER

NRIC No SXXXX302D

Email Address PETERTAN1816@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-90091816

 Alternative Phone No
 OTHERS-90091816

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA AXIO

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 MR0000249

Cover Note Number

Driver

Name of Driver TAN KHEAN HONG PETER

 NRIC No
 SXXXX302D

 Date Of Birth
 18/09/1950

 Occupation
 INDOOR

 Date Of Driving Pass
 27/02/1978

Driving Experience 42 YEARS AND 3 MONTHS

Gender MALE

Mobile Number +65-90091816

Fax Number

Contact Number OTHERS-90091816

EMail Address PETERTAN1816@GMAIL.COM

Address BLK 508 JELAPANG ROAD

#09-28

Postcode 670506

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 Registration Number of Britar's Own

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) 2

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKQ5708P

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)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 19

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN KHEAN HONG PETER

BODY PAIN

SLU9666S

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.
- 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.
- 5. 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.
- 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:
  - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

SKETCH PLAN	
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	€35 10 1 B = SKQ 5708P
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	A J Tempines Central 5
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	TA A A CON PORE ENTRONCE
DECEMBER CIRCUMSTANCE	A I D I D
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT
	Refer to attached
/	
DECLARATION	
	articulars are true in every respect.
M.	Al 29/06/2022
Policyholder's Signature	Driver's Signature Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Chame: Date & Time: NEIC/FIN No.

On 26.06.20 at about 16:35 hours at along Tampines Central 5 (Beside Tampines Mall Car Park Entrance) . While I was travelling straight on the lane 2 and my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): SLU9666S

Vehicle (B): SKQ5708P

an sqlow soro parties

### SINGAPORE ACCIDENT STATEMENT

Accident Date: 26/06/26 Time: 16 35 (hh:mm) 24 hr format
Location Tempines Central 5 (Beside Tempines Mill Car park Entrance)
Entrance)
Vehicle Number SLU 96665
Insured Name Jan Chean Hora Poter
Insured Name Jan Chean Horg Poter  NRIC/FIN 5ZOX 302) Contact Number 9009 1816
Make Toyota Model Curona Axic
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes If No,Pls select: ( / ) Third Party ( ) Reporting
Insurance Company Tokio Merina
Type of Policy ( ✓ ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Policy Number MR 000249
Name of Driver ( )Same as Insured
7,000
NRIC / FIN Contact Number
Date of Birth 18/01/1950
Driving Pass Date 27 62 17778
Occupation ( \( \sqrt{)} \) Indoor ( \( \) Outdoor
Gender ( /) Male ( ) Female
Email Address petertan/8/6@gmail. Com ()NO EMAIL
Address of Driver BIK 506 Delayang Road
#U9-2A 586+0506)
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
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
Weather Conditions ( ) Clear ( ) Raining ( ) Others
Road Surface ( V) Dry ( ) Wet ( ) Others
Was any foreign vehicle involved in this accident? ( ) Yes ( ) No
Was anybody injured in the accident? (/) Yes () No  If yes, injured detail for them How Puter ( body fair)
Was there any video captured by Car Carnesa? ( ) Yes ( ) No
Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report
DETAILS OF 3rd party Name / Nric Contact
Veh B SFQ 5708 F
Veh C
Veh D
Veh E
Veh F

Driver Ouly

#### 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 0695 E: tmis@tokiomanna.com.sg W; www.tokiomanne.com

Tokio Marino Group



#### Certificate of Insurance

FORM MX1 H

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.: MR000249 (Private Car)

1. Index Mark and Registration Number of Vehicle

SLU9666S

Chassis No.: NKE 1657143052

2. Name of Policyholder

TANKHEAN HONG PETER

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

11/01/2020 (11:04:36)

4. Date of Expiry of Insurance

10/01/2021

Persons or Class of Persons entitled to prive\*

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.

Provided that the Pierson thinking is particular to commonize with the licensing or other lows or regulations to drive the Motor Vehicle or has been, an permitted and is not dequalified by order of a Court of Law or by reason of any enactment or regulation in that behalf from otherig 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 demage.

#### 6. Limitations as to use\*

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Ricca Transport Act, 1987 (Majaynia), are not to be included under these headings.

We hereby certify that the Poscy to which this Certificate relates in lessed in accordance with the prevision of the Motor Various (Third-Party Risks and Computeration) Act (Chapter 189) and Part for of the Road Transport Act, 1987 (Malaysin).

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 carcelled for whethever reason, you must return the Certificate to Certificate to Certificate these been test destroyed, you must make a statutory decaration to that leffect, Failure to camply with this duty is an offence uniter Motor Verside (Third-Party Risks and Compensation Act (Chapter 189))

THE RESERVE OF THE PROPERTY OF THE PARTY OF			A STATE OF THE PARTY OF THE PAR		
ADDITIONAL INFORMATION			Account No: 2898DDA		
Insurance Plan:	Comprehensive				
Limit for total loss or theft:	Prevailing Market Value				
Policy Excess:	Own Damage Claims Additional Excess for Unnamed Onverts)	SGD 2,500.00 SGD 500.00	(Original Excess: SGD 2,500.00)		
	Additional Excess for Young or	SGD 1,500:00			
	Inexperience Driver(s) WindScreen Excess Excess-Third Parly (Sect II)	SGD 100.00 SGD 2,500.00			
Financial Interest:	SHUN HENG CREDIT PTE LTD  1. Unnamed Drivar Excess is not applicable 2. Vehicle is licensed for private hire by LTA and can be used for private hire limousine services. 3. Only named drivers with private hire loances can use car for private hire. 4. YID excess applied on Section 1 & Section 2 separately. 5. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable. 6. Private Hire Usage Vehicle Endorsement is applicable. 7. Approved workshop plan only.				
Additional Terms:					

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

trear ID: 2998000A

Page 1

Printed: 11-01-2020 11-04-50

# GENERAL INSURANCE

RECORDS MANAGEMENT CENTRE

## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66990000 / G\$T neg: No.: N/400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

#### ADDENDUM

	1.5	ADD	ENDOM	
A)	PARTICULARS OF	PERSONMAKINGTHEAMEND	MENTS:	
	Original Report N	· IKIMBI XOVSKOSL	Vehicle Registration	1NO: SLU 96665
	Name(as shown in NR		PANK NRIC/FIN/Passport	No: SXXXX 3026
	(*Vehicle Driver/	Vehicle Owner) (*) Please delet	e as appropriate	1
	Address	:		Singapore(
	Contact (Tel)	14	Mabile No. : 90	091816
	Email Address	:		
	Date of Accident	26/06/8070	Time of Accident:	11.135
	Place of Accident	- TAMPINES CIRL +	( Basion Tambaul	more of Europeach
	Insurance Compar			p parties
3)	ADDITIONALINFO	PRIMATION / ANTENDMENTS:		
		ort on the above mentioned arc	ident and would like to inclu	de additional information or
	Theo for	The second secon	on a cramo	20
	WILLIAM TOUCH	A MULTICAL LATINGS	114 10 stay 510	54
3				
			1	
			1 der	
F	olicyholder / Drive Date:	r's Signature	Reporting Centre I	Personnel's Signature
			Name: NRIC/FINNO:	sh woodor
			Date:	