#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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 aforesaid

	ACCIDENT STATEMENT
Date Of Report	30/06/2020 16:10
Date Of Accident	30/06/2020 09:35
Exact Location Of Accident	CTE 300M BEFORE BALESTIER RD (KALLANG RD) EXIT 7D
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ4434Z
Insured/Policyholder	
Name Of Registered Owner	GOLDEN SHAW PTE LTD
Co Reg No	2XXXXX976E
Email Address	SAMUEL.AUBURNAUTO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97875558
Alternative Phone No	OFFICE-84680103
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARDS
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MK001053-R00
Cover Note Number	30/12/2019 - 29/12/2020
Driver	
Name of Driver	INDHIRAN S/O THANGARAJ
NRIC No	SXXXX356A
Date Of Birth	28/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84680103

SAMUEL.AUBURNAUTO@GMAIL.COM

BLK 510A YISHUN STREET 51 #05-555 Address

Postcode 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 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 YES

NO

1

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] 10 UBI AVE 3

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLU4360G Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR NG SENG BEE Name of Driver NRIC/Passport Number SXXXX238J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

INDHIRAN S/O THANGARAJ

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**BACK PAIN** 

SMJ4434Z

re of accident: 30 July	200 Time: 0935hrs Loc	CTE City	Letier (Kallang 12)
y Vehicle A: SM ] 4434 2	Vehicle B: SLU 43	360 G · Vehicle C:	-NA- ·
ETCH PLAN	,	- J	
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Claim OD/TP at Ah Lim N	( '	9 — 1	rting Only
Remarks: Please forward a co My workshop:	py of my efile accident report to:		
Email address :			
& myself : Email address :			
	our insurer have 14 days timeframe vith your own insurer for more in:		ge claim under
ECLARATION			j)
/We declare the foregoing particulars	are true invevery respect.	A.A.	
EN PTE S	Vinnen	- CO 160	₹
olicyhologrissienaliid pate & time is	Driver's/Signature (If driver is not the policyholder)	Reporting Centre Perso Name:	nnel's Signature
EXPERIMENTAL AND ADDRESS OF THE PROPERTY OF TH	Date & Time:	NRIC/FIN No.:	AH LIM MOTOR COMPANY
en a comment of the extra content and the content of the			MILIM NIDTON COMPANY

### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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 Driver's Signature

Date & Time: (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200630/7009

Date/Time			Vide Report No.:	Clastica Discour		
Date/Time Report Made: 30/06/2020 14:31			vide Report No	Station Diary No.:		
Informant	outlook useli va adoosta oo ta'aan malahtaa	lars				
Name of Informant: INDHIRAN S/O THANGARAJ			Address: APT BLK 510A YISHUN STREET 51 #05-555 SINGAPORE 761510			
ID Type / ID No.: NRIC NO / S8826356A			Contact No.: Home/Office:	Mobile: 84680103		
Nationality: SINGAPORE CITIZEN			Email: indran2801@gmail.com			
Sex: Male	Age: 32	Date of Birth: 28/06/1988	Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name:		
Occupation: SENIOR OPERATION EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:			

		dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/06/2020 09:3	5	Type of Location: Lane 2 of Expressway
Location:					
CTE 300M Be	fore Balastier Rd (I	Kallang Rd) Exit			
Weather:		Dood Curfoon		15 .	
Weather: Clear		Road Surface: Dry		Road 90 Kr	Speed Limit: n/h
				90 Kr	n/h c Volume:

Details of V	enicie invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMJ4434Z	Car		Querrantana militaria mana amasanggi		7.5	n, a o
						] 0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/2020630/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200630/7009

#### CONTINUATION OF REPORT

Driver	The second second					
Name	INDHIRAN S/O THANGARAJ			ID No	•	S8826356A
Related Vehicle	SMJ4434Z (Car)			Conta	ct No.	84680103
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	30/06/2020	Date Disc	harge	30/06	6/2020	
No. of Days gran	ted Medical Leave	Degree of	Injury	Slight	t	

### Brief Details.

On 30 June 2020, I was in vehicle A Bearing car plate number SMJ4434Z . i was travelling on Lane 2 of the expressway going towards Bukit Merah. Suddenly i felt a Huge impact hitting my car. I stop the car and immediately came down and check anybody was injured. After that i saw my boot of the vehicle was damaged extensively . Vehicle B was bearing a car plate number SLU4360G. The hirer of vehicle stated that he was unable to brake in time and collude to my rear of the car. We exchange contacts and we left the scene/ I went to see a doctor and was awarded 3 day mc. I later refer to report to my insurance for the necessary procedure.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200630/7009

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	plan

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time:
30/06/2020 14:31
Classification Of Case:

### INS CERT Pg. 1

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 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the Tokio 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-MK001053-R00 (Private Motor Car)

1. Index Mark and Registration Number

SMJ4434Z

Chassis No.: ZGE200012271

of Vehicle

2. Name of Policyholder

GOLDEN SHAW PTE LTD 2017279 76 E

30/12/2019

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

4. Date of Expiry of Insurance

29/12/2020

#### 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.
- \* 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: 2417DDA

Insurance Plan:

Third Party Cover Only Policy Excess:

Excess-Third Party (Sect II)

SGD 2,500 Young/Inexperienced Driver SGD 3.500

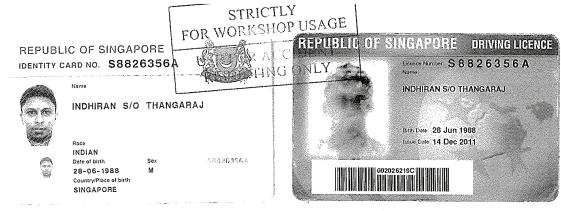
(In Addition To Own Damage Claims Excess)

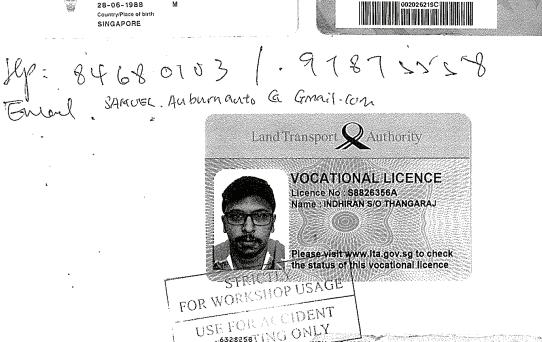
Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Tay Pui Leng Katherine -Printed 01/01/2020

### Driving License Pg. 1







Date of issue

Address

APT BLK 510A YISHUN STREET 51 #05-555 SINGAPORE 761510

12-11-2019

EET 51

Class 3 Molor Carses 2000kg with 257 Descending and Alexanders and

ass 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 14 Dec 2011 of the driver; and other motor vehicles =< 2500kg

A Licence

This card is not transferable and is the particle Authority (LTA). It must be surrendered to return to LTA, 10 Sin Ming Drive, Singar povL/TDVL

Туре

Description

13

PRIVATE HIRE CAR VL

he Land Transport
If found, please

33 888 88888 287769 Issue Date

26/07/2018

Miles per car. No





















EPUBLIC OF SINGAPORE DRIVING EIGENCE

Licence Number: S 2 6 8 1 2 3 8 J
Name:

NC SENG BEE

Birth Date: 03 Feb 1957
Issue Date: 07 Apr 2003

