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Confirmed by : (Date:	Thne:		,	
Policy No: () Perio	od: ()	Cover Type: (
Owner / Driver: (Tcl:	·	1	
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· . p.// +1 + .75

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 10/11/2020 09:31

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <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.	
A SHARE THE PERSON WAS ASSESSED.	ACCIDENT STATEMENT
Date Of Report	10/11/2020 09:22
Date Of Accident	05/11/2020 21:20
Exact Location Of Accident	UPP SERANGOON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF2791B
Insured/Policyholder	
Name Of Registered Owner	KHA HAO JIE
NRIC No	SXXXX879J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87832791
Alternative Phone No	OFFICE-87832791
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY HYBRID 2.5G CVT
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MS011140-R01
Cover Note Number	
Driver	
Name of Driver	KHA HAO JIE
NRIC No	SXXXX879J
Date Of Birth	30/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2004
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87832791
Fax Number	

OFFICE-87832791

NOEMAIL

Address BLK 613B TAMPINES NORTH DR 1 #06-220

Postcode 522613

Was driver an employee of the Insured's Company NC

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

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

ering accident claims assistance.

YES NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C., POSTCODE: 529682, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201107/2012

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 UNKNOWN

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)

STATE OF STA	DETAILS OF INJURED PERSON 1
Name	KHA HAO JIE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMF2791B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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>.
- 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)
 - 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 Personnel's Signature

Name:

NRIC/FIN No .:

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ARATION					

Policyholders Signature Date & Time:

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20201107/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2020 04:47		Made:	Vide Report No.:	Station Diary No.:	
Informant's Particulars				No de la companya de	
	f Informant:		Address: APT BLK 613B TAMPINES N SINGAPORE 522613	IORTH DRIVE 1 #06-220	
12 At CO215 22 S (25-25 R)	ID Type / ID No.: NRIC NO / S8513879J		Contact No.: Home/Office: Mobile: 87832791		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 35	Date of Birth: 30/04/1985	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: 3	Date of Expiry:	

General infon	nation of the Accident	一种市场和国际的		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/11/2020 21:20	Type of Location: Straight Road
Location:			PER NUMBER OF STREET	
Weather:	ANGOON ROAD	Road Surface:		Road Speed Limit:
0.00.		Dry		Equation and service
Traffic Flow:	Control of the Contro	Traffic Control: Traffic Light - Wor	CALCULATE THE RESIDENCE OF THE PARTY OF THE	Traffic Volume: Heavy
Type of Collisi Between Movi	on: ng Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMF2791B	Car	ТОУОТА	CAMRY HYBRID 2.5G CVT	White	Seriously Damaged	

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMF2791B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS011140	31/10/2019	30/10/2021	





2 of 3

Report No. T/20201107/2012

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Perso Any Pedestrian II						
No. of Pedestrian	s Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Driver	Contract the World		多种菜类类			14年1月1日 1100年 1100
Name	KHA HAO JIE			ID No		S8513879J
Related Vehicle	SMF2791B (Car)		Conta	act No.	87832791	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class Drivin Licen Expire	g	Class: 3 Date of Expiry: NIL	
Date Treatment	05/11/2020		Date Disc	charge	06/11	/2020
	ted Medical Leave	04	Degree o		Slight	

Brief Details.

On the 05/11/2020 at around 2120hrs, I was driving on the middle lane of a three lanes road along Upper Serangoon Road towards Potong Pasir Flyover, before Surin Road (opposite of Girls's Bridage school). One dark grey Volvo then suddenly swerved into my lane from the right side, hitting onto the right front bumper, rim and headlight area causing damage and sped off without stopping. He then drove towards the most left lane towards Serangoon central.

I then remained at the location and called for the police as I was vomitting and giddy and having pain at the neck and shoulder area and do not know what to do. Subsequently, the Traffic police arrived together with the ambulance. I then gave the information to the Traffic police was later conveyed to Sengkang General Hospital.

I was admitted in hospital from 05/11/2020 and was discharged on the 06/11/2020. I was given 4 days of medical leave due to pain on neck and back and also chest area.

There is in-car camera at the front and back of my vehicle and the traffic police had already taken the memory card from me.





T/20201107/2012

Report No. T/20201107/2012

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

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NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 LAM XUE TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2020 04:47
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

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

Tokio Marine 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.: 20-MS011140-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SMF2791B

Chassis No.: AXVH701031934

2. Name of Policyholder

KHA HAO JIE

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

31/10/2020

4. Date of Expiry of Insurance

30/10/2021

5. Persons or Class of Persons entitled to drive*

The Policyholder

Any person who is driving on the Policyholder's order or with 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
- 3) Use for the carriage of passengers for hire or reward by any person except for private hire services
- 4) Use for hire or reward except for (3) and rental by the Policyholder.
- * 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

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

Policy Excess:

Prevailing Market Value Own Damage Claims SGD 2,000 SGD 2,000 SGD 1,500 Excess-Third Party (Sect II)

Young/Inexperienced Driver SGD 100

Financial Interest:

Windscreen Excess AUTO SELECTION PTE LTD (In Addition To Own Damage Claims Excess)

Account: 2324DDA

User Name: Intermediaries from TM O

Printed 28/08/2020

Date of Accident	:05/h/20 Accident Time: 21:20 (24-HR-Format)
Accident Place	: upper Serangoon road.
Vehicle. No. (Car Plate No.)	: SMF 2791B . Make/Model: Toyota Carry Hybrid 2.5G.
Insurace Company	: Tokio Marine Policy No: 20-MS011140-R01
Owner or Company Name /IC No.	:385 13879 J. \$1 ktru Hao Jie.
Owner or Company Contact No.	: 8723279 Owner's Hp Company Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	:30 04 1985 DRIVER'S License Pass Date 09 102 2002
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: owner.
DRIVER'S Address	BIK 613B Tampines North Drive / #06-220
DRIVER'S Contact No./ Alt No.	3)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): Driver only.
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state): <u>Y</u> E	s being used at the time of accident: Private use \ Work purpose
Wit & run . Other P	arty Driver's Particular (if any)
Vehicle. No: unknown	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact;

* NEW - Passenger's name & gender: