





## 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 Submission	01/02/2021 17:08 (SGT)
Date of Accident	31/01/2021 16:17 (SGT)
Exact Location of Accident	Tampines Street 32, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC934Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MR RASHID BIN ABBAS
NRIC No	SXXXX576C
Email Address	MAMIJUWIE70@GMAIL.COM
Mobile Phone No	(Phone) +65-85900483
Alternative Phone No	+65-85900483

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MT001883-R02
Cover Note Number	-

#### DRIVER

Name of Driver	MR RASHID BIN ABBAS
NRIC No	SXXXX576C
Date Of Birth	02/12/1969
Occupation	Indoor

Date Of Driving Pass .....	16/05/1996
Driving experience .....	24 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85900483
Alt. Phone Number .....	+65-85900483
Email Address .....	MAMIJUWIE70@GMAIL.COM
Address .....	BLK 348 TAMPINES ST 33 #06-406
Address complement .....	-
Postcode .....	520348
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	JUWITA RAHMAT
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT.

#### 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 .....	GBJ1973J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-

Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage -  
 Details of property damaged in accident -  
 No. Of Passenger (Including Driver) -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person JUWITA RAHMAT  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained BODY  
 Injured person in which vehicle? SLC934Y  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No

### INJURED 2

Name of injured person MR RASHID BIN ABBAS  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained BODY  
 Injured person in which vehicle? SLC934Y  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No



## SKETCH PLAN

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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 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.
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

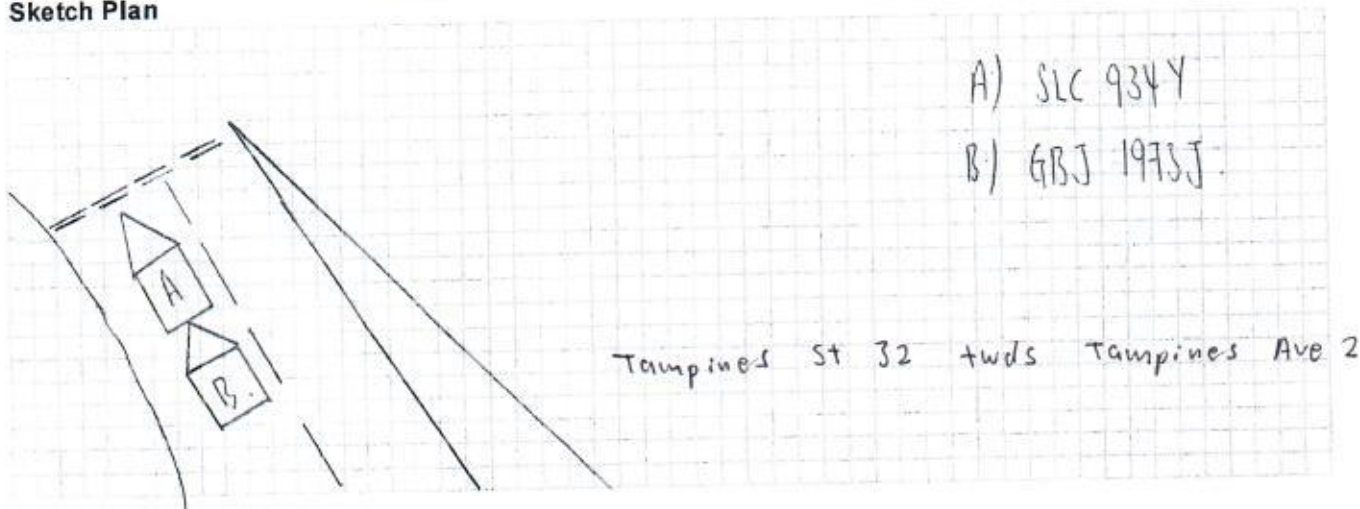
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### **Sketch Plan**



### Describe Circumstances of the Accident

On 31.01.2021 at about 4.17pm, I was travelling along Tampines Street 32  
Towards Tampines Avenue 2. I was stationary as I was checking for incoming vehicle  
from the main road. Suddenly vehicle B hit my vehicle A.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel





TOKIO MARINE  
INSURANCE GROUP  
FORM MX1

### 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-MT001883-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLC934Y Chassis No.: JTDER12W603000618
2. Name of Policyholder MR RASHID BIN ABBAS
3. Effective date of the Commencement of Insurance for the purposes of the Act 09/03/2020
4. Date of Expiry of Insurance 26/02/2021

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, racing, pace-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 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

Insurance Plan: Comprehensive Approved Workshop Plan  
Limit for total loss or theft: Prevailing Market Value  
Policy Excess: Deductible & Co-insurance: SGD 3,000  
Windscreens Excess: SGD 3,000  
Financial Interest: EFIZZIG CREDIT PTE LTD

Account: 2712DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Date of Accident : 31.01.2021 Accident Time: 4.17 PM (24-HR-Format)  
Accident Place : Tampines Street 32 Towards Tampine Avenue 2.  
Vehicle. No. (Car Plate No.) : SLC 934 Y Make/Model: Toyota Wish 1.8.  
Insurance Company : Tokio Marine Policy No: 20-MT001883-R02  
Owner or Company Name /IC No. : Rashid Bin Abbas (S6942576C).  
Owner or Company Contact No. : 85900483 Owner's Hp - Company Tel  
DRIVER'S Name / IC No. : as above.  
DRIVER'S Date Of Birth : 02.12.1969 DRIVER'S License Pass Date 16.05.1996  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.  
DRIVER'S Address : Blk 348 Tampines Street 33 #06-406 (S) 520348  
DRIVER'S Contact No./ Alt No. : 1) - 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Mamijuwie70@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1 Driver / 1 passenger.  
Was there any video Captured by car camera: YES (NO).  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Yes.

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>GBJ 1973J</u>	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:**

Turrita Rahmat - Female.

