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SN09214R0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/04/2021 11:51 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (27/04/2021 11:51 (SGT))

# SINGAPORE ACCIDENT STATEMENT

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 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.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

27/04/2021 11:51 (SGT) 24/04/2021 13:00 (SGT) Lor Puntong, Singapore

Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMH1262H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No.

Alternative Phone No

No

TAN ZI LING

SXXXX739C

ITSFRANXCESCA@GMAIL.COM

(Phone) +65-81235783

+65-81235783

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Honda

Civic

Private use

No - Claiming third party

Private car

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Tokio Marine Insurance Singapore Ltd

Comprehensive

No

21-MS000078-R02

DRIVER

Name of Driver

NRIC No

TAN ZI LING SXXXX739C

@ Accident report SN09214R0005

Page 1 of 18

 Date Of Birth
 05/05/1992

 Occupation
 Indoor

 Date Of Driving Pass
 16/05/2011

Date Of Driving Pass
Driving experience 9 YEARS AND 11 MONTHS

Gender Female

Mobile Number (Phone) +65-81235783

Alt Bhase Number +65-81235783

Alt. Phone Number

Email Address

Address

Address

BLK 663 JALAN DAMAI #08-145

Address complement
Postcode 410663
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes Yes

WITH DRIVER

No

### DETAILS OF OTHER VEHICLE PROPERTY 1

NRIC No SXXXX707I
Contact Number (Phone) +65-96968316

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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.
- 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' law yers/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
- (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' law yers/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 law yers/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

Ming Lorona Puntona Sin

A: SMH1262H

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#### 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 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 Marino Gioupi



### Certificate of Insurance

FORM MXI

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.: 21-MS000078-R02 (Private Motor Car)

1. Index Mark and Registration Number

SMH1262H

Chassis No.: MRHFC5650JT002301

of Vehicle

2. Name of Policyholder

TAN ZI LING

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

11/01/2021

4. Date of Expiry of Insurance

10/01/2022

## 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.

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). Account: E2316DDA

ADDITIONAL INFORMATION

Comprehensive Approved Workshop Plan

Insurance Plan: Limit for total loss or theft: Prevailing Market Value

Policy Excess:

SGD 600 Own Damage Claims

Financial Interest:

Windscreen Excess SGD 100 CHUAN HUA COMPANY (PRIVATE) LIMITED

Tokio Marine Insurance Singapore Ltd.

**Authorised Signature** 

User Name: Intermediaries from TM O

Printed 04/01/2021

## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- Prease report correctly on the details of the accident to speed up the craim process.
   This form must be filled up by the policy holder and/or authorised driver.
   Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

<b>5</b> 000 130 130 130 130 130 130 130 130 130	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	24   04   202	(HH:MM)
Time of accident	1300	(1111111111)
Exact location of accident	Lorong Puntong	

<b>达拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>	D	ETAILS OF	VEHICLE	医相对侧		Figure 1 and 1
Vehicle registration number	SMH1262H					
Vehicle make and model	Honda Ci	vic			44000	
Type of vehicle	Saloon,   Lorry	MPV □ Bus □	200	V □ otorcy		Others:
Vehicle category	Private Ø	Comm	ercial 🗆	N	otorcyc	cle 🗆
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part o	No⊅ laim ⊄		please rting o	select: nly 🗆	

Water British British British	INSURANCE IN	FORMATION	<b>拉罗马德汉南南南</b> 城
Insurance company	Tokio Marine		
Policy number			TP only □
Type of policy	Comprehensive	Third party fire & theft $\square$	TP OHly 🗆

<b>几</b> 次社会从在3000年的特别的计划的对象。	INSURED / POLICY HOLDER Male	Female 2
Name	Tan zi Ling Male 1	remare
NRIC / Fin / Passport number	S 9215739°C	
Contact	81>3 5783	
Address	Blk 663 Jalan Damai # 08-145 S(410 663)	

	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
DRIVER	Male 🗆	Female 🗆
Name		
NRIC / Fin / Passport number		
Contact	and the second s	
Address		
Email address	itsfranxcesca @ gmail.com	
Date of birth	05   05   1992	
Occupation	Indoor D Outdoor D	
Driving date pass		

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Vas driver an employee of	Yes 🗆	No 🗷		
he insured's company?	If no, related	tionship of the	driver and insured:	Owner
Accident captured by camera?		No 🗆		
Weather condition	Clear,	Raining 🗆	Others:	
Road surface	Dry,	Wet □		
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