

1521

SHEDYNOO

TP Insurer:

7014

Fax:

Yeh Noi

INC( , ) / Non-INC( )

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

• Thyroid

Insured/Driver Liability: ( %) [Note- Est Status (WO): N: 0-20%; P: 21-99%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

13MOCSY (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO Refor of repoter.

( ) 'Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: VNS ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) OO Closure / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$5000)

11/14/95 :

Driver/Owner:

Control No:

Darnägged Portion:

QC Checked by (Engr-In-Charge):

1) Allt Accident Insurance	(300)	
2) DLT Bureau Allowance	(3100)	INC (10)
3) TV Fowling Fee		\$107.15
4) PT Follow Through Survey		\$120
5) PT Follow-Through Survey (Survey)		\$50
Vordlandmstetnal NO ONLY, (w/c 10/17/10)		\$75
6) Tilt Re-inspection		\$160
7) NIT Ideo DA + SMRT Survey		
8) NTUC Admin Serv Costs		
ONL		\$5
* NS Courtesy Car / Tol Allowance		\$10
* NGI Exptl Coordination		\$25
* NGI Post Fundit Inspection		\$5
INR DV / Collat Locat Coordination		\$25
TP (NIT) TP QSH INC * Tolat LRG		\$0
9) NIT Ideo Mobile		
Invoiced dated		
Invoiced dated		



# 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	23/08/2021 17:10 (SGT)
Date of Accident	22/08/2021 13:00 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5886D
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BLAZE MOTORING PTE. LTD.
Company Reg No	2XXXXX362N
Email Address	nec.auto62@gmail.com
Mobile Phone No	(Phone) +65-97984296
Alternative Phone No	+65-84049705

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	20-MJ000538-R02
Cover Note Number	-

### DRIVER

Name of Driver	LEE CHUN XIAN
NRIC No	SXXXX545I

Date Of Birth .....	26/10/1987
Occupation .....	Indoor
Date Of Driving Pass .....	15/09/2007
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84049705
Alt. Phone Number .....	-
Email Address .....	nec.auto62@gmail.com
Address .....	BLK 492 JURONG WEST STREET 41 #03-66
Address complement .....	-
Postcode .....	640492
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND NOTICE OF REPORTING

#### 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 .....	SMU1270R
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Attrage
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver	LIM SUK YIN
NRIC No	SXXXX122H
Contact Number	(Phone) +65-86951770
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LEE CHUN XIAN
Gender	Male
Phone No	(Phone) +65-84049705
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLF5886D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.

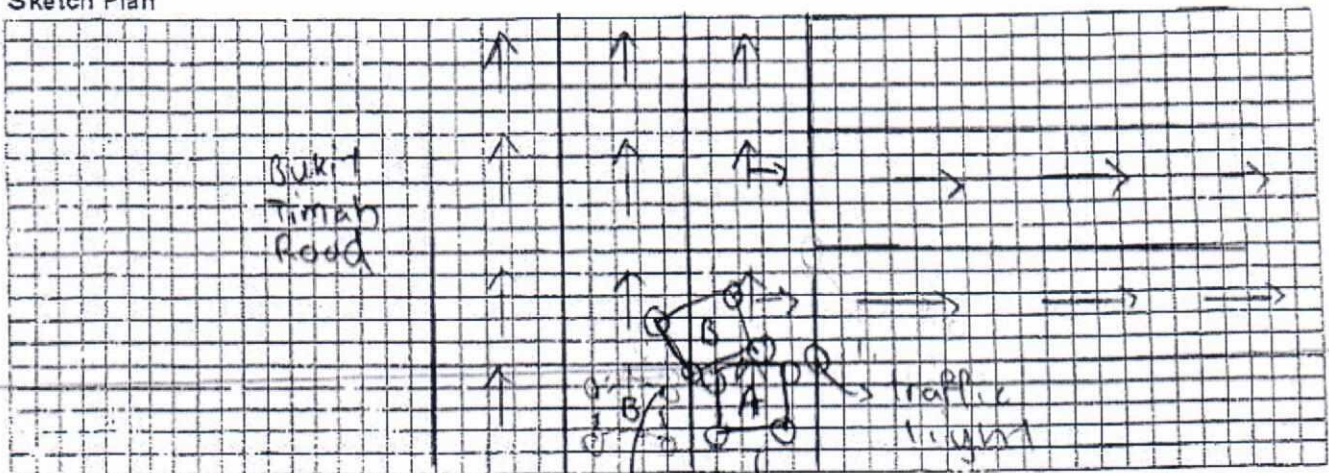


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



B.SMU1270R

A.SLF5886D



Describe Circumstances of the Accident

From  
Peter  
To  
Police  
Report

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 22/08/2021 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: Bukit Timah Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF 5886 D  
 b) INSURANCE COMPANY: TOKIO Marine  
 c) POLICY NUMBER: 20-MJ000538-R02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Axio  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 13:00  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Blaze Motoring Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201531562N CONTACT: 97984296  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Lee Chun Xian (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 58734545T CONTACT: 84049705  
 c) ADDRESS: Blok 452 Jurong West St 41  
# 03-66

\* d) DATE OF BIRTH: 26/10/1987 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 15 year 15/09/2007

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMU 1270 R MODEL: Mitsubishi Attrage  
 b) DRIVER'S NAME: Lim Suk Yin  
 c) NRIC/FIN/PASSPORT: 58867122H CONTACT: 86951770

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(2)

\* No of passenger  
 (including driver)  
( )

Email = acc-auto 62 @ gmail . Com

Fax = 63858262

VIDEO =



## NOTICE OF REPORTING

This is to confirm that Lee Chun Xian, NRIC: S8734545I, Contact: 84049705, has reported to the Police a Non Injury traffic accident which occurred along Bukit Timah Rd.

On the 22/08/2021 at about 1300hrs, I was driving my vehicle bearing the registration plate number SLF5886D, Toyota Axio I was driving along Bukit Timah Rd when I came to a stop at a traffic light. I was on the extreme right lane on the 3 lane road. Only the extreme right lane was allowed to turn right/make a U-Turn, the other two lanes were only able to travel straight.

When the light turned green, I then moved off when suddenly a white Mitsubishi Attrage bearing registration plate number SMU1270R, turned right on the 2<sup>nd</sup> lane, cutting into my lane and collided with my vehicle. Afterwards, we both exited our vehicle and stopped at the roadside to exchange particulars and assess the damages.

My vehicle suffered damage on the front left bumper and headlight. The other vehicle suffered dents on the right side of the vehicle. Nobody was injured however I feel slight pain on my right hand and will be going to see doctor.

I am lodging this for insurance purposes.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SC/Sgt Sean Siva

Date: 22/08/2021

Time: 1300hrs

S/D Ref: 95

Police Post/Unit: Clementi Neighborhood Police Centre

  
Clementi NPC  
Clementi Division  
20 Clementi Ave 5 S(129858)  
Tel: 1800 - 8729999





Also just FYI in case you try contact me today, I'm doing a 24 hour shift so May not reply promptly

08:35

+65 8695 1770

Any idea which junction it was?

I asked you yesterday too when I was at the police station

08:36 ✓✓

If I'm not wrong it's near Evans road

08:36 ✓✓

Anyway my rental company might call u

08:37 ✓✓

I need you to verify again you are accepting the blame for the accident in case my rental company can't contact you today

08:38 ✓✓



08:38

Sure. I accept the blame for the accident. If they can't call me can show them this message or contact me tmr after 10am

08:39

Ok noted

09:46 ✓✓



Type a message



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. tms@tokiomarine.com.sg W www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP  
FORM MX1 H

**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-MJ000538-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLF5886D Chassis No.: NRE1610020239
2. Name of Policyholder BLAZE MOTORING PTE. LTD.
3. Effective date of the Commencement of Insurance for the purposes of the Act 01/09/2020
4. Date of Expiry of Insurance 31/08/2021
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 vehicle.
- 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**

Account: 1141DDB

Insurance Plan:	Third Party, Fire & Theft
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Excess-Third Party (Sect II) SGD 2,500
	Excess - Fire & Theft SGD 2,000
Financial Interest:	TAI THONG LEE TRADING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Saenah Bte Mohd Pamli- M

Printed 03/09/2020