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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 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.
- 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 01/11/2021 17:57 (SGT) Date of Accident 31/10/2021 12:50 (SGT) Exact Location of Accident Hougang Ave 3, Singapore Additional Location Information TOWARDS TAMPINES ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1496

Vehicle Registration Number SMY9343R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YEO CHIN HENG NRIC No SXXXX166I Email Address johnchanleylim26@gmail.com Mobile Phone No (Phone) +65-94875167 Alternative Phone No +65-89228972

VEHICLE PARTICULARS

Manufacturer Honda Model Civic 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 Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MQ001265 Cover Note Number

DRIVER

CC

Name of Driver JOHN CHANLEY LIM NRIC No SXXXX889G

Data Of Birth	
Date Of Birth	26/10/1998
Occupation Date Of Driving Pass	Outdoor
Driving experience	13/07/2018
Gender	3 YEARS AND 3 MONTHS
Mobile Number	Male (Phone) +65-89228972
Alt. Phone Number	(Priorie) +03-09220972
Email Address	- johnchanleylim26@gmail.com
Address	BLK 970 HOUGANG STREET 91 #07-154
Address complement	BEK 370 1100 GANG STREET 91 #07-134
Postcode	530970
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
	#.
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No.
Number of vehicles involved in the accident	No 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	YEO CHING HENG
Gender	Male
	Wate
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	
PLEASE REFER TO SKETCH PLAN	
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	WO74F4F
Vehicle Manufacturer	WC7154E
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)	-
No. Of Fassenger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	JOHN CHANLEY LIM Male (Phone) +65-94875167
	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	
	PLEASE REFER TO SKETCH
Injured person in which vehicle?	SMY9343R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	State Only
and mysical controjed to nospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>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.
- 6. The report will be forw arded 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, acknow ledge, 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 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' 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

Sketch Plan

Hougang Ave3 Slip Road towards Tampines Ro

Vehicle A: SMY9343R VehicleB: WC 7154E

Witnessed by Reporting Centre

Personnel

Describe Ci	rcumstance	es of the Ac	cident						
on the	e Stated	date k tim	e, I,	rehicle A (cmy 9343	(A) Was	travelling	at the	stated
location. As	there was	oncoming	yohicle on:	the main	road, I	slowed	down and	CAMP	to a stop.
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realized ve	chicle B (N	1 (7154£) (other basillo	the rear	portion of	f my vehi	cle causing	damag	es.
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Declaration

WWe 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



Date of Accident	Accident Time: 1156hrs (24-HR-FORMAT)	
Accident Place	Hougang Ave 3 Slip Road towards Tampines Rd	
Vehicle Reg. No (Car plate No.)	Smy9343R Vehicle Make/Model: Honda Civic	
Insurance Company	Tokio marine Policy No. madous65	
Name of Registered Owner	: Company/Individual Yeo Chin Heng	4
ID of Registered Owner	: Co Reg No: Owner's NRIC No: \$18>61661 ,	
	Co Contact No: Owner's Contact No: 9487 5167	
DRIVER'S Name	John Chanley Lim DRIVER'S NRIQ No: \$98358896	
DRIVER'S Date of Birth	26 Oct 1998 DRIVER'S License Pass Date 13 Jul 2018	
Relationship bet. Owner & Driver	Spouse Parents (Children) Sibling Employee Others:	
DRIVER'S Address	BIK 970 Hougang Street 91 # 07-154 Singapor \$30970	
DRIVER'S Contact No./ Alt No.	(1) 89>> 897> 2) —	
DRIVER'S Occupation	; INDOOR (eg. working inside or outside of an ofc)	
Email Address	john chanley lim 26 @ qmail. 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 Dr Was the accident reported to the pol Was there any video Captured by ca	ivel'): 68 Passenger Name: 100 Ching Hung Gender: 4F ice? 4ES 1 NO Passenger Name: Gender: M/F icamera; 4ES 1 NO Any Injuries: 4ES 1 AO Injured Name: John Chanley L'	im
Exact purpose for which yebicle wa	s being used at the time of accident: Private use \ Work purpose	
O	ther Party Driver's Particulars (if anv)	
-Yellicle Rey No: WC 7154	The same of the sa	
Mehigle Makel Model:	Vehicle Make Wodek	
Marie DRIVER.	Name DRIVER:	
10 No. DRIVER.	IC No. DRIVER:	
- DRIVER'S Contact & add	DRIVER'S Contact & aids:	
	er Party Driver's Particulars (if any)	
Vehicle Reg No		
Vehicle Make Model	Vehicle Make Model:	
Name DRIVER		
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DRIVER - Compand and		

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

FORM MX1

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.: MQ001265 (Private Car)

Index Mark and Registration Number of Vehicle

Chassis No.: MRHFC5650LT000545

2. Name of Policyholder

YEO CHIN HENG

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

22/03/2021 (10:37:08)

Date of Expiry of Insurance

21/03/2022

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 has not been cancelled at the time of the accident loss or damage.

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

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 Act (Chapter 189).

ADDITIONAL INFORMATION		Account No: E2316DDA		
Insurance Plan:	Comprehensive Approved Workshop Plan			
Limit for total loss or theft:	Prevailing Market Value			
Policy Excess:	Own Damage Claims Additional Excess for Unnamed Driver(s) Additional Excess for Young or Inexperience	SGD 600.00 SGD 500.00	(Original Excess : SGD 600.00)	
	Driver(s) WindScreen Excess	SGD 3,500.00		
	The second second	SGD 100.00		
Financial Interest:	OCBC BANK LIMITED			
Additional Terms:	For KM Scheme, i) the above Additional Excess below 26 to below 24	for Unnamed Driver	(s) of SGD500 is not applicable. ii) Age of You	ong driver excess is amended from

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature