





# 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	11/11/2021 16:53 (SGT)
Date of Accident	10/11/2021 22:30 (SGT)
Exact Location of Accident	Eunos Link, Singapore
Additional Location Information	TOWARDS UBI AVENUE 3 BEFORE EUNOS WAREHOUSE COMPLEX
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW16B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	THE DOCTOR BATTERY
Company Reg No	5XXXX186E
Email Address	tan_alex_24@hotmail.com
Mobile Phone No	(Phone) +65-85958999
Alternative Phone No	+65-98688999

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2754

## INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ002035
Cover Note Number	-

## DRIVER

Name of Driver	LIM KOK WEE BENJAMIN
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NRIC No .....	SXXXX925Z
* Date Of Birth .....	05/03/1989
Occupation .....	Outdoor
- Date Of Driving Pass .....	13/09/2012
Driving experience .....	9 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98688999
Alt. Phone Number .....	-
Email Address .....	tan_alex_24@hotmail.com
Address .....	BLK 226C SOMANG LANE #14-236
Address complement .....	-
Postcode .....	823226
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NEO SHUYI
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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP2635S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category	Private car
Name of Driver	GOH BEE HEONG
NRIC No	SXXXX117D
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	LIM KOK WEE BENJAMIN
Gender	Male
Phone No	(Phone) +65-98688999
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GW16B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	NEO SHUYI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GW16B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

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#### 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.

THE DOCTOR BATTERY  
226C SUMANG LANE  
#14-236  
THE VERANDAH @ MATILDA  
SINGAPORE (823226)

Policyholder's Signature / Date & Time

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

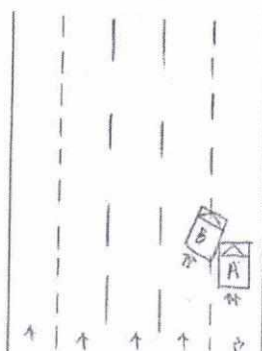
Witnessed by Reporting Centre Personnel

### Sketch Plan

Eunos Link towards Ubi Ave 3 before  
Eunos Warehouse Complex

Vehicle A: GW16B

Vehicle B: SMP2635C



### Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I VEH A (GW16B) WAS TRAVELLING STRAIGHT ON  
EXTREME RIGHT LANE. VEH B (SMP2635S) ABRUPTLY CUT INTO MY LANE & COLLIDED ONTO MY  
FRONT LEFT PORTION OF MY VEHICLE CAUSING DAMAGES.

## Declaration

We declare the foregoing particulars are true in every respect.

**THE DOCTOR BATTERY**  
226C SUMANG LANE  
#14-236  
THE VERANDAH @ MATILDA  
SINGAPORE (823226)

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



Date of Accident : 10 NOV 2011 Accident Time: 2230HRS (24-HR-FORMAT)  
 Accident Place : EunosLink towards Ubi Ave 3 before Eunoo Warehouse Complex  
 Vehicle Reg. No (Car plate No.): GW 16 R Vehicle Make/Model: Toyota Hiace  
 Insurance Company : Tokio marine Policy No. mq 003035  
 Name of Registered Owner : Company / Individual NEO SHU YI  
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: 89112763A  
 : Co Contact No: - Owner's Contact No: 85958999  
 DRIVER'S Name : LIM KOK WEE BENJAMIN DRIVER'S NRIC No: C8907925Z  
 DRIVER'S Date of Birth : 05 MAR 1989 DRIVER'S License Pass Date 13 Sep 2012  
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others:  
 DRIVER'S Address : BLK 226 C SUMANG LANE # 14 - 226 S (823226)  
 DRIVER'S Contact No. / Alt. No. : 1) 9868 8999 2) -  
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : tan\_alex\_24@hotmail.sg  
 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): 02 Passenger Name: NEO SHUYI Gender: M/F  
 Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F  
 Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: LIM KOK WEE BENJAMIN  
 Injured Name: Neo Shu Yi  
 Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>CMP 2635 S</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>GOH BEE HEONG</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>S7045117D</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No. DRIVER: <u>-</u>	IC No. DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

# Tokio Marine Insurance Singapore Ltd

(Company Reg No: 112300014M (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](mailto:tmis@tokiomarine.com.sg) W [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



**TOKIO MARINE  
INSURANCE GROUP**

## Certificate of Insurance

FORM MZ300

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.: MQ002035 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle: GW16B Chassis No.: GDH2011050248
2. Name of Policyholder: THE DOCTOR BATTERY
3. Effective date of the Commencement of Insurance for the purposes of the Act: 08/05/2021 (00:00:00)
4. Date of Expiry of Insurance: 10/06/2022
5. Persons or Class of Persons entitled to drive\*  
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\*

- 1) Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
  - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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 whatever 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			Account No: 0996DDA
Limit for total loss or theft:	Prevailing Market Value			
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)	(All Claims)
	Additional Excess for Unnamed Driver(s)	SGD 1,500.00		
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 2,500.00	(All Claims)	
	WindScreen Excess	SGD 100.00		
Financial Interest:	MOTOR CREDIT PTE LTD			

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature