

# 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 ..... 21/02/2022 13:52 (SGT)  
Date of Accident ..... 18/02/2022 12:45 (SGT)  
Exact Location of Accident ..... 503 W Coast Dr, Singapore 120503  
Additional Location Information ..... AYER RAJAH FOOD CENTRE AND MARKET CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM1810A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FADZAZZ CAR SERVICES  
Company Reg No ..... 5XXXX462C  
Email Address ..... ZOOMAUTOWERKS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93381064  
Alternative Phone No ..... (Home) +65-93381064

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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  
CC ..... 1317

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MQ002340  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ROHAIDA BINTE ISHAK  
NRIC No ..... SXXXX402A

Date Of Birth .....	22/05/1969
Occupation .....	Indoor
Date Of Driving Pass .....	21/09/1996
Driving experience .....	25 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93881064
Alt. Phone Number .....	-
Email Address .....	ROHAIDA.ISHAK@YAHOO.COM.SG
Address .....	504 PASIR RIS STREET 52
Address complement .....	05-143
Postcode .....	510504
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

#### 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 .....	YN9697K
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) .....	1

# SKETCH PLAN

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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.

FADZAZZ  
CAR  
SERVICES

Policyholder's Signature / Date & Time

*Adi*

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

*Pui*

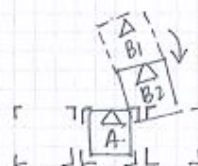
Witnessed by Reporting Centre Personnel



Sketch Plan

Vehicle A: CMM1810A

Vehicle B: YN9697K



Ayer Rajah Food Centre & Market Carpark

## Describe Circumstances of the Accident

When I returned to my vehicle at about 12:45pm, I was informed by a passerby that the driver of YN9697K, had reversed onto my vehicle. The said driver had waited for me to return as well. Initially we tried to private settle but the driver implied that he does not have the money to private settle.

## Declaration

We declare the foregoing particulars are true in every respect.

FADZAZZ  
CAR  
SERVICES

Policyholder's Signature / Date & Time

*Adi*

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

*Jan*

Witnessed by Reporting Company Personnel



































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1E222L0002 Vehicle Registration No: SMM1810A  
 Name (as shown in NRIC): Rohaida Binte Ishak NRIC/FIN/Passport No: S6916402A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 504 Pasir Rd Street 52 #05-143 Singapore (510504)  
 Contact (Tel): 9388 1064 Mobile No.: \_\_\_\_\_  
 Email Address: Rohaida.Ishak@yahoo.com.sg  
 Date of Accident: 18/02/22 Time of Accident: 12:45  
 Place of Accident: Ayer Rajah Food Centre and market carpark.  
 Insurance Company: Tokio Marine

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I wish to add policy number : MQ002340

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



**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



**TOKIO MARINE**  
INSURANCE GROUP

A member of the  
Tokio Marine Group

**Certificate of Insurance**

FORM MX1 H

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.: MQ002340 (Private Car)

- |  |   |                         |
|--|---|-------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SMM1810A  | Chassis No.: GK33417243 |
| 2. Name of Policyholder  | FADZAZZ CAR SERVICES  |                         |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 20/06/2021 (00:00:00)   |                         |
| 4. Date of Expiry of Insurance   | 19/06/2022  |                         |
| 5. Persons or Class of Persons entitled to drive*                              | The Policyholder<br>Any person who is driving on the Policyholder's order or with the Policyholder's permission.: ROHAIDA BINTE ISHAK |                         |

\* 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 No: 2887DDA	
Insurance Plan:	Comprehensive		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	HTS MOTOR CARS PTE. LTD		
Additional Terms:	1. Restricted to policyholder and named drivers for Normal usage		
	2. This policy does not cover any Rental usage		
	3. No rental to unnamed driver		
	4. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable		
	5. Approved workshop plan		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature