

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 22/06/2022 17:45 (SGT)
Date of Accident 21/06/2022 10:37 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information (SLE) BEFORE ANG MO KIO AVENUE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE3802R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CAI SONGLIN ALVIN
NRIC No SXXXX896C
Email Address darylchua.sttc@gmail.com
Mobile Phone No (Phone) +65-86991884
Alternative Phone No +65-86991884

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1794

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MP001186
Cover Note Number -

DRIVER

Name of Driver CHUA DARYL
NRIC No SXXXX315G

| | |
|--|-----------------------------------|
| Date Of Birth | 03/01/1997 |
| Occupation | Indoor |
| Date Of Driving Pass | 01/02/2018 |
| Driving experience | 4 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86991884 |
| Alt. Phone Number | - |
| Email Address | darylchua.sttc@gmail.com |
| Address | BLK 308 CLEMENTI AVENUE 4 #08-355 |
| Address complement | - |
| Postcode | 120308 |
| 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 | Chain Collision |
| Weather Conditions | DRIZZLING |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220621/7052

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBJ678T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|---|----------------------|
| Name of Driver | RIZUAN |
| NRIC No | SXXXX663F |
| Contact Number | (Phone) +65-92763025 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | SLS8896L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | ANG WEE PING |
| NRIC No | SXXXX352I |
| Contact Number | (Phone) +65-96284900 |
| 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 | CHUA DARYL |
| Gender | Male |
| Phone No | (Phone) +65-86991884 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS INJURIES |
| Injured person in which vehicle? | SNE3802R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

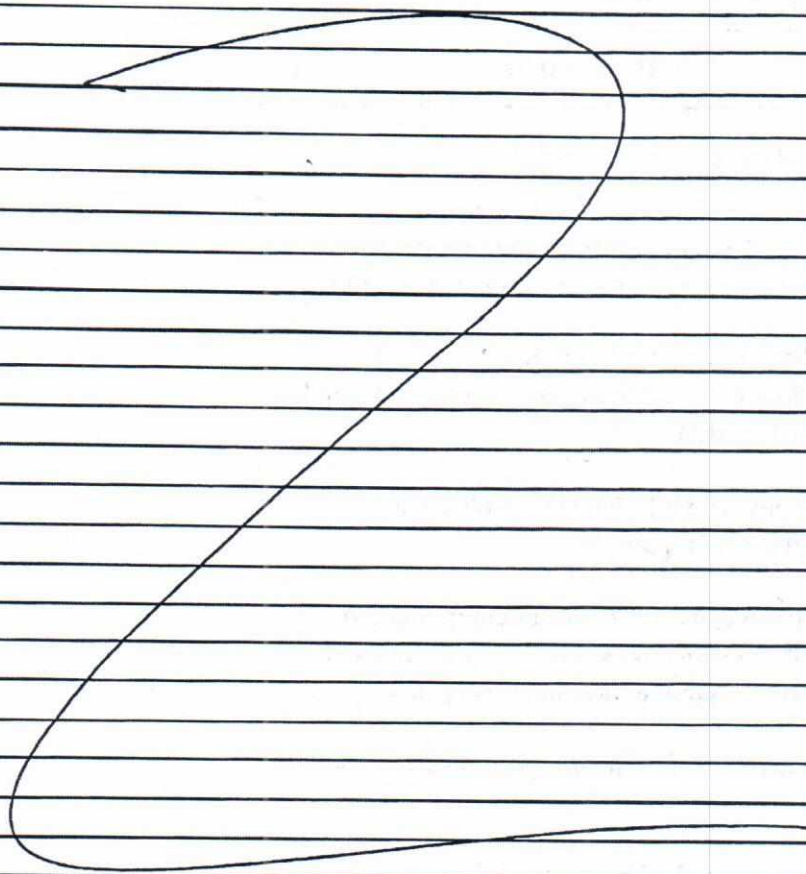
Sketch Plan

CTE → SLG Before A-M-K Ave 3 Exit.

① SNE3802R
② GBJ678T
③ SL8896L
④ Slow down and stop.

Describe Circumstances of the Accident

Refer to police report T/20200621/7052



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



SINGAPORE POLICE FORCE



T/20220621/7052

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220621/7052

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made: 21/06/2022 23:58 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHUA DARYL | | Address: 308 CLEMENTI AVENUE 4 #08-355 SINGAPORE 120308 | | | |
| ID Type / ID No.: NRIC NO / S9700315G | | Contact No.: Home/Office: | | Mobile: 86991884 | |
| Nationality: SINGAPORE CITIZEN | | Email: darylchua.sttc@gmail.com | | | |
| Sex: Male | Age: 25 | Date of Birth: 03/01/1997 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: | | Driving Licence Information: Class: 3A | | Date of Expiry: | |

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 21/06/2022 10:35 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: 80 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|--------|----------|--------|-------------------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GBJ678T | Van | | | | | 0 |
| SLS8896L | Car | | | | | 0 |
| SNE3802R | Car | TOYOTA | Wish 1.8 | Silver | Seriously Damaged | 0 |



SINGAPORE POLICE FORCE



T/20220621/7052

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220621/7052

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SNE3802R | TOKIO MARINE INSURANCE SINGAPORE LTD. | MP001186 | 17/03/2022 | 16/03/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | RIZUAN BIN MOHAMED FUAD | | ID No. | S8832663F |
| Related Vehicle | GBJ678T (Van) | | Contact No. | 92763025 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |
| Driver | | | | |
| Name | ANG WEE PING | | ID No. | S7513352I |
| Related Vehicle | SLS8896L (Car) | | Contact No. | 96284900 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |
| Driver | | | | |
| Name | CHUA DARYL | | ID No. | S9700315G |
| Related Vehicle | SNE3802R (Car) | | Contact No. | 86991884 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry | Class: 3A Date of Expiry: NIL |
| Date | 21/06/2022 | | Date | 21/06/2022 |
| No. of Days granted Medical Leave | | 05 | Degree of | Serious |



**SINGAPORE
POLICE FORCE**



T/20220621/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20220621/7052

CONTINUATION OF REPORT

Brief Details.

On 21st June 2022 10:37am, I am driving along CTE towards SLE before Ang Mo Kio Ave 3 exit. I was involved in chain collision in lane 2, due to Vehicle C (SLS8896L) in front of me suddenly slow down and stop. So I, Vehicle A (SNE3802R) hit the brake to stop. After that Vehicle B (GBJ678T) hit me from the back. Which causing rear collision of Vehicle B to force my vehicle to surge forward and collided on Vehicle C. After collision later in the evening, I felt uncomfortable on my left shoulder and neck so I consult the doctor and was given 5 days mc for the pain I suffered.

Vehicle A: SNE3802R (My Vehicle)
Vehicle B: GBJ678T (Vehicle Behind)
Vehicle C: SLS8896L (Vehicle In front)



**SINGAPORE
POLICE FORCE**



T/20220621/7052

4 of 4

Report No. T/20220621/7052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/06/2022 23:58

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 21/06/2021 (dd/mm/yy)

Time of Accident: 10:37 (24-HR-FORMAT)

Vehicle No.: SLE3802R Vehicle Make & Model / Engine (cc): Toyota Wish 1.8A Private Hire: (Y/N) ☒

Exact location of Accident: CPT CTE (SLE) Before A-M-K Ave 3.

Policyholder's Name / IC No.: Car Song Lin Alvin ROC/UEN (Company): S/9100896/C

Driver's Name / IC No.: Chua Daryl / S9700315G (As Above) ☐

Driver's Contact No.: 86991884 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 308 Clementi Ave 4 #02-355 SG 120308

Owner Email address: darylchua.sttc@gmail.com Insurance Company: _____

Driver Email address: _____ 03/01/1997 01/02/2018

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 1

*Passenger Name: _____ Gender: Male / Female x ()

*Passenger Name: _____ Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Rizuan / S8832663F Vehicle No.: GBJ678T

Driver's Contact No.: 92763025 Insurance Company: _____

2. Driver's Name / IC No (If Any): Ang Wee Ping / S7513352I Vehicle No.: SL58896L

Driver's Contact No.: 96284900 Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred-Workshop Name: _____ Contact No: _____

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

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.: MP001186 (Private Car)

- | | | |
|---|-----------------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SNE3802R | Chassis No.: JTDGG20W10J006135 |
| 2. Name of Policyholder | CAI SONGLIN ALVIN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 17/03/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 16/03/2023 | |
| 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.

6. 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 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

| | | |
|--------------------------------|--|--|
| Insurance Plan: | Comprehensive Essential | Account No: 2428DDA |
| 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 Driver(s) WindScreen Excess | SGD 800.00 SGD 500.00 SGD 3,500.00 SGD 100.00 (Original Excess : SGD 800.00) |
| Financial Interest: | NIL | |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature