

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 Actual 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 02/09/2022 12:50 (SGT)
Reported by Both
Date of Accident 02/09/2022 11:15 (SGT)
Exact Location of Accident Ang Mo Kio Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL9064B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG GEK LENG
NRIC No S1689548B
Email Address ANGIE81811965@LIVE.COM
Mobile Phone No (Phone) +65-81811965
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Ssangyong
Model Tivoli
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 Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 22-MR006238-R01

DRIVER

Name of Driver ANG GEK LENG
NRIC No S1689548B
Date Of Birth 11/12/1965
Occupation Outdoor

Date Of Driving Pass	21/04/1984
Driving experience	38 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81811965
Alt. Phone Number	-
Email Address	ANGIE81811965@LIVE.COM
Address	BLK 202 MARSILING DRIVE #14-126
Address complement	-
Postcode	730202
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PAX 1
Gender	Male

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

REFER TO SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME2889J
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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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.

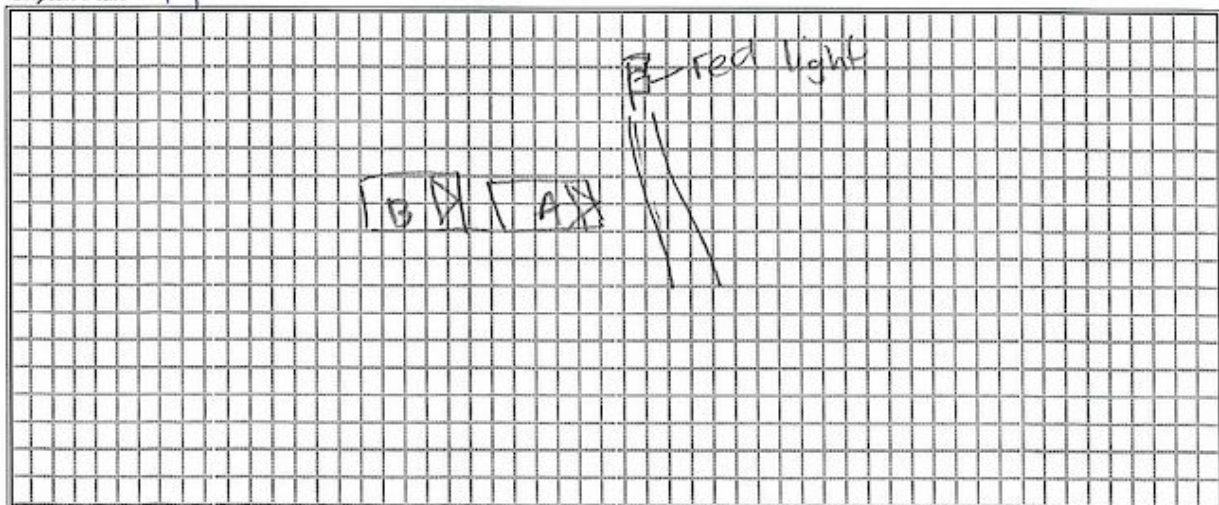
Policyholder's Signature / Date & Time

Sketch Plan

2/9/2022 1240

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Describe Circumstance of the Accident

I was driving along Ang mo Kio Ave 1
toward city area side
I stopped ~~at~~^{in front of} the red light and
suddenly a car from behind bend me..
my car was stationary during that time.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time


2/9/22 1240

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

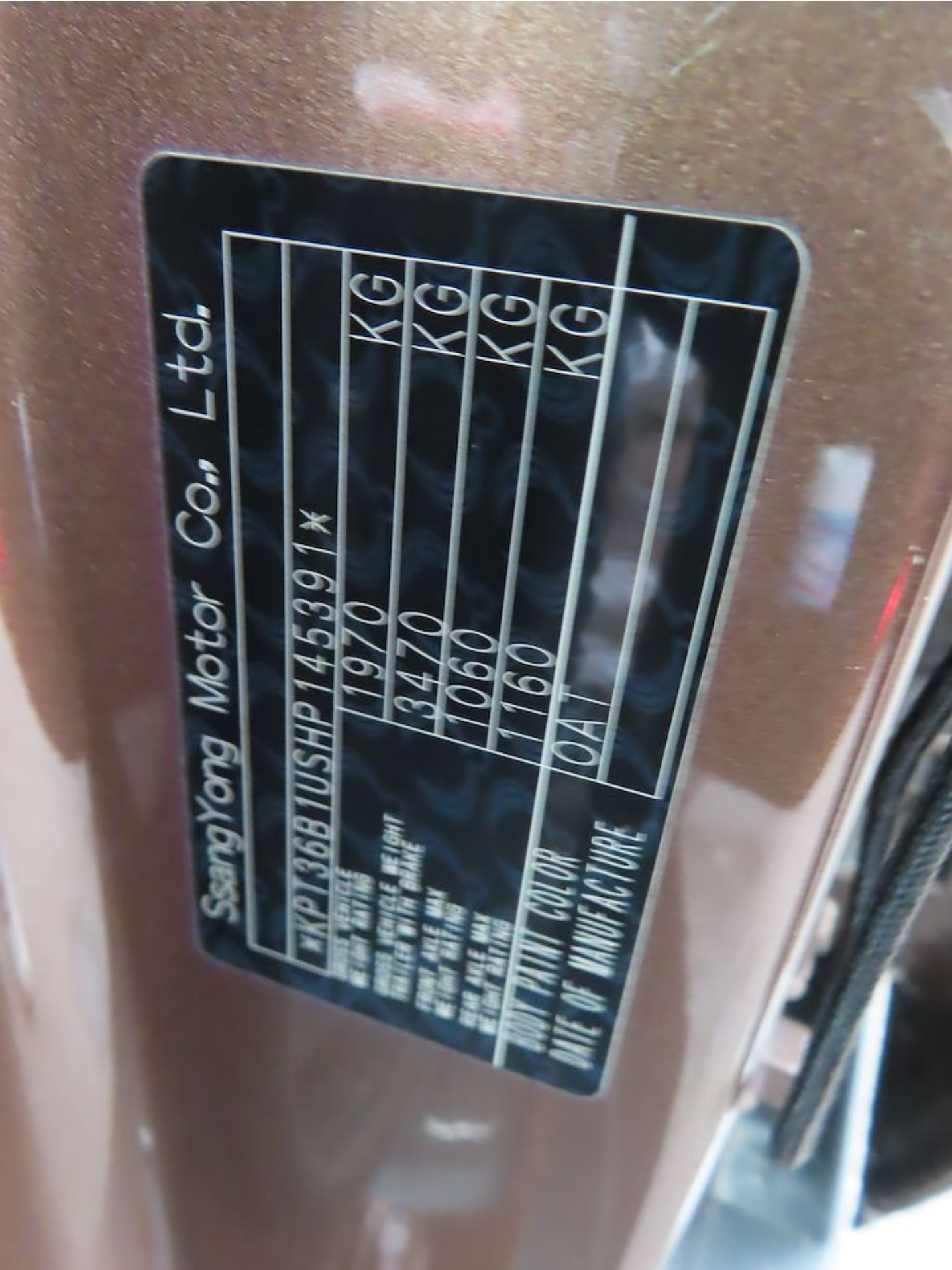
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SL 9064B
 Name (as shown in NRIC): Ang Gek Leng NRIC/FIN/Passport No: S1689548B
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 81811965
 Email Address: _____
 Date of Accident: 29/2/2022 Time of Accident: 1115hrs
 Place of Accident: Ang mo kio Ave.
 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:

Vehicle NO. SL 9064B.

PROGRESSIVE CAR CARE PTE LTD
 Blk 3022A Ubi Road 1 # 01-45/46
 Singapore 408716
 Tel: 6741 5996 Fax: 6741 7208
 Email: claims@procarcare.com.sg

Policyholder / Actual Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 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

A member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP
ORIGINAL

POLICY SCHEDULE

RENEWAL

INSURED / ADDRESS
ANG GEK LENG202 MARSILING DRIVE
#14-126
SINGAPORE 730202POLICY NO : 22-MR006238-R01
POLICY TYPE : PRIVATE MOTOR CAR
POLICY PERIOD : 15/03/2022 TO 14/03/2023
DATE OF ISSUE : 09/03/2022
ACCEPT DATE : 09/03/2022
PREMIUM DUE : SGD 1,111.24
(inclusive of GST)

ACCOUNT : 2348DDA

RISK NUMBER	: 0001 Private Motor Car			
BUSINESS/PROFESSION OF INSURED	: OTHERS OUTDOOR			
REGISTRATION NO	: SLL9064B			
MAKE	: SSANGYONG TIVOLI XLV 1.6L			
TYPE OF BODY	: SUV			
CUBIC CAPACITY	: 1600			
YEAR OF MANUFACTURE	: 2017			
YEAR OF REGISTRATION	: 2017			
SEATING CAPACITY (INCLUDING DRIVER):	5			
ENGINE NUMNBER	: 67391002045343			
CHASSIS NUMBER	: KPT36B1USHP145391			
TYPE OF COVER	: Comprehensive Approved Workshop Plan			
SUM INSURED	: Prevailing Market Value			
FINANCIAL INTEREST	: MOTOR-WAY CREDIT PTE LTD			
EXCESS				
Own Damage Claims	: SGD 2,000			
Excess-Third Party (Sect II)	: SGD 1,500			
ANNUAL PREMIUM (SGD)				
Basic Premium	2,186.38			
Less NCD (50.00%)	1,093.19			
Less Safe Driver Discount	54.65			
TOTAL PREMIUM BEFORE GST	1,038.54			
DRIVER'S PARTICULARS				
NAME	NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
ANG GEK LENG	XXXXX548B	56		37 YEARS
SIM SZE HOE	XXXXX963G	58		36 YEARS
The above policy is subject to the following Clauses, Warranties, Endorsement,				

Policy No: 22-MR006238-R01 PRIVATE MOTOR CAR

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Jacket: TMS/MCI/0820