



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 | 16/09/2022 17:14 (SGT) |
| Reported by | Both |
| Date of Accident | 16/09/2022 13:15 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS TUAS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMY3717K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | No |
| Name Of Registered Owner | TEO CHENG HONG |
| NRIC No | SXXXX216G |
| Email Address | winson_tingwei@hotmail.com |
| Mobile Phone No | (Phone) +65-94506991 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Toyota |
| Model | Noah |
| 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 | Private car |
| Transmission | Auto |
| CC | 1797 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | 22-MQ000860-R01 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | TEO CHENG HONG |
| NRIC No | SXXXX216G |
| Date Of Birth | 26/09/1952 |
| Occupation | Outdoor |



| | |
|--------------------------------------------------------------|---------------------------------|
| Date Of Driving Pass | 05/09/2005 |
| Driving experience | 17 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-94506991 |
| Alt. Phone Number | - |
| Email Address | winson_tingwei@hotmail.com |
| Address | BLK 181B BOON LAY DRIVE #15-638 |
| Address complement | - |
| Postcode | 642181 |
| 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? | 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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? | Yes |
| Reasons for not uploading a video of the accident | FILE TOO BIG WITH OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SJN4715C |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Estima |
| 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) -

INJURED PERSONS DETAILS

INJURED 1

| | |
|-----------------------------------------------------|----------------------|
| Name of injured person | TEO CHENG HONG |
| Gender | Male |
| Phone No | (Phone) +65-94506991 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMY3717K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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.

Leo
Policyholder's Signature / Date & Time

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

16/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

vehicle A SMY 3717K
vehicle B SJN 4715C


PE TUNAS


Describe Circumstance of the Accident


On 16/09/2022 about 13:15pm. I was driving along PIE towards Tangs Expressway. Total 3 lanes I am at 2nd lane middle. I notice indrnt Road have Road work construction and all cars slow down so I slow down as well, Suddenly vehicle B " SJN 4715C" collided my rear car portion with impact very heavy forces my car pushed forward. I have video footage recorded the accident. After left the accident scene I felt back body pain and unwell so I decided to consult doctor and given MC 2 days.

Declaration

I/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

 16/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCIDENT DATE & LOCATION | |
| Date & Time of Accident * | Date: 16/09/2022 Time: 13.15pm (24 hr format) |
| Exact Location of Accident * | Along PIE towards tuas expressway |
| INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number * | SMY 3717K Make & Type *: TOYOTA NOAH |
| Name of Registered Owner * | TEO CHENG Hong |
| NRIC / FIN / Passport / Co Regn No. * | S0645216G |
| Contact Number * | 9450 6991 Email/Fax No: Winson_tingwei@hotmail.com |
| Exact Purpose for which vehicle was being used at Time of Accident | <input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage |
| Are you claiming under your own insurance policy for repair to your vehicle? * | <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken |
| INSURANCE COMPANY (OWN VEHICLE) | <input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only |
| Name of Insurance Company * | China / EQ / Etiga / MSIG / Tokio Marine / Great American |
| Type of Policy * | <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft |
| Policy No. (Certificate No.) / Cover Note No. | 22-MQ000860-R01 |
| DRIVER | |
| Name of Driver * | TEO CHENG Hong Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female |
| NRIC / FIN / Passport Number * | S0645216G |
| Date of Birth * | 26/09/1952 (dd/mm/yyyy) |
| Occupation * | <input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor |
| Date of Driving Pass (Pass Date) * | 05/09/2005 |
| Contact Number * | 9450 6991 |
| Address | Blk 181B Boon Lay Drive #15-638 S (642181) |
| Email Address / Fax Number * | Email: Winson_tingwei@hotmail.com Fax: — |
| Relationship of the Driver with the Insured * | <input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / Others: |
| Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company * | Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____ |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Collision | Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear / Others: |
| Weather Conditions * | <input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others: |
| Road Surface * | Wet / <input checked="" type="checkbox"/> Dry / Others: |
| OTHER INFORMATION | |
| Was anybody injured in the accident? * | <input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required) |
| Was any injured conveyed to hospital by ambulance? | <input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes |
| Was any foreign vehicle involved in this accident? * | <input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____ |
| Number of vehicles involved in the accident | (02) |
| Was there any witness? | <input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes |
| Was any other VEHICLE / Property involve / damage? * | <input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes |
| Was there any video captured by Car Camera? | <input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes Too big to upload. With owner. |
| DETAILS OF POLICE ACTION | |
| Was the Accident Reported to the Police? * | <input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____ |
| Was Notice of Intended Prosecution given? * | <input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____ |
| Number of Passengers (Including DRIVER)? * | (01) |
| Passengers | Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female |
| Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes <input checked="" type="checkbox"/> No | |

| DETAILS OF OTHER VEHICLE(S) / PROPERTIES | | |
|------------------------------------------|----------------------|----|
| Vehicle Registration Number * | 1) SJN 4715C | 2) |
| Vehicle Make / Model / Colour | TOYOTA Estima / Gold | |
| Damage to Vehicle/Property? | | |
| Vehicle Category * | | |
| Name of Driver | | |
| NRIC/Passport Number | | |
| Contact Number | | |
| Address | | |
| Insurance Company Name | | |
| DETAILS OF WITNESS | | |
| Name | | |
| Contact No. / Email Address | | |

Tokio Marine Insurance Singapore Ltd.

(Company Reg No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069048

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.comA member of the
Tokio Marine Group**TOKIO MARINE**
INSURANCE GROUP

FORM MX1 H

Certificate of Insurance

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.: 22-MQ000860-R01 (Private Motor Car)

- | | | |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMY3717K | Chassis No.: ZWR800415878 |
| 2. Name of Policyholder | TEO CHENG HONG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 02/03/2022 | |
| 4. Date of Expiry of Insurance | 01/03/2023 | |
| 5. Persons or Class of Persons entitled to drive* The Policyholder | 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*

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

| | | |
|--------------------------------|-------------------------------|-----------|
| Insurance Plan: | Comprehensive Essential | |
| Limit for total loss or theft: | Prevailing Market Value | |
| Policy Excess: | Own Damage Claims | SGD 2,500 |
| | Excess-Third Party (Sect II) | SGD 2,000 |
| | Young/Inexperienced Driver | SGD 1,500 |
| | Windscreen Excess | SGD 100 |
| Financial Interest: | PRIME MOTOR & LEASING PTE LTD | |

Account: 2891DDA

(In Addition To Own Damage Claims Excess)