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SN0922AR0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/10/2022 17:53 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (27/10/2022 17:53 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

Any false reporting may be referred to the Police for investigation.
 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 ladgement 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 Reported by Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

27/10/2022 17:53 (SGT)

Both

26/10/2022 19:10 (SGT) Woodlands Ave 4, Singapore

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMF9872F

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No.

Alternative Phone No

No

SOH LAY CHYE

SXXXX919G

skykathaze@gmail.com (Phone) +65-96484475

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Nissan

Note

Private use

No - Claiming third party

Private car

Auto

1198

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd

22-MS011646-R02

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN0922AR0008

SOH PEI MIN SXXXX418Z 27/11/1982

Indoor

Page 1 of 22

Date Of Driving Pass 22/04/2022 Driving experience 6 MONTHS Gender Female (Phone) +65-93696841 Mobile Number Alt. Phone Number Email Address skykathaze@gmail.com 100 BEDOK NORTH AVENUE 4 #08-1924 Address Address complement 460100 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Side Swipe Type of Accident Weather Conditions DRIZZLING Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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 HAZE SIE RUI YAN Name Female Gender 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)

# DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Vehicle Registration Number FBT6307Y
Vehicle Manufacturer Vehicle Model Vehicle Variant -



Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Colour	1.50
Vehicle Category	Motorcycle
Name of Driver	7.0
Contact Number	
Address	-
Address complement	110
Postcode	29
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	*
No. Of Passenger (Including Driver)	8

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 E (65) 6221 4355 / (65) 6224 0895 ± tmis@tokiomarine.com.sg W www.tokiomarine.com

Arrestor of the Joke: Marine Group



#### 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.: 21-MS011646-R02 (Private Motor Car)

1. Index Mark and Registration Number

SMF9872E

Chassis No.: JN1TAAE12Z0982411

of Vehicle

2. Name of Policyholder

SOH LAY CHYE

3. Effective date of the Commencement of Insurance for the purposes of the Act

30/11/2021

4. Date of Expiry of Insurance

29/11/2022

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 (Malayxia).

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: 2787DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims Windscreen Excess

SGD 600

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed 20/10/2021

## 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's/Signature / Date &

Time

Sketch Plan

WOODLANDS AVE A

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

Witnessed by Reporting Centre

Personnel

A-SMF9872E

B(MC) - FBT 6307Y

OH.	THE STATED TIME AND DATE, I WAS THAVELLING IN MY VEHICLE	A
BEAD	SUPPLY STATE THE TRAFFIC JUNCTION BECAUSE	H
BILLE	INFRONT WAS BLOCKING ME . AS HE MOVE OFF , I LOOK LEFT PA	$\infty$
RIGH	HT, TRAFFIC WAS CLEPC HENCE I MOVED STRAIGHT AND CONTINU	ED
my	JOURNEY - SUDDENLY A BIKE BEADING FBT 6307 Y OVERTA	KE
my	YEHICLE FROM THE LEFT TO TURN RIGHT AT THE JUNCTION. TH	ERE
WAS	BUNGH, OIOVA SO BYARD OF BM SOF SMIT OH YUSTULOZBA Z	
(OLI	WOING ONTO MY VEHICLE. I WIGHTO STATE THAT THE LANE	١
WA	LE IN IS ALLOWED TO GO STRAIGHT AND TURN RIGHT.	

## 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

# ACCIDENT REPORTING



Accident Date: ( 26 / 10 /2022.)(DD/MM/YYYY)	Time: ( <u>9</u> :)(HH:MM)
Location: WOODIGINGS AVE 4	
1. Accident Details	
a) Type Of Accident: thed to side	
b) Weather Condition: (Clear / Raining / Offers:	orrzzuma )
b) Weather Condition: (Clear / Raining / Ottors.	1
c) Road Surface: (Dry / Ve) / Others: d) Are You Claiming Under Your Own Insurance?	(Ves (Na)
If No, Please State: (Third Party Claim / Report	ring Only)
If No, Please State: (Third Party Claim) Report	ent? (Yes (No)
e) Was Any Foreign Vehicle Involved In An Accide	time (145 765)
If Yes, Please State Vehicle No: f) Were You Been Approached By Unknown Perso	on(s) Soliciting/Offering
Accident Claims Assistance? (Yes / No	311(3) 3011111111111111111111111111111111111
g) Was The Accident Reported To The Police? (Ye	es (TND)
If Yes, Police Station Name:	
h) Was Notice Of Prosecution Given?	-
If Yes, Against Whom?:	
ii ies, Agaiist Wiloiiii.	
2. Details Of Own Vehicle	
a) Vehicle Registration No: SMF 9872E	
b) Vehicle Category: PVVLTP.	_
c) Vehicle Manufacturer: HISSAN Vehicle I	Model: HOTE 1.2
	1198
d) Iransmission: Wanuai / Auto	
e) No.Of Passengers (Including Driver)	(F€male / Male)
Passenger Name: HAZE SIE RUI YAN	
Passenger Name:	(Female / Male)
Passenger Name:	(Female / Male)
Passenger Name:	
. Own Vehicle Policy	9948
a) Handling Insurer: TOKTO MARINE (22-1)	(607-46-102
b) Coverage Type: (ACT / Compbrensive / Third	Party / Third Party, Fire & Theft)
c) Fleet Policy? (Yes / ND)	
d) Owner Name: SOH LAY CHYE	(Female / Nale)
e) ID Type: S05779196 (UEN / BC	/ Passnort Or Fin / Work Permit)
f) Email: SKYKATHAZE @ GMAIL 10M	Mobile: 96484475.
f) Alt No. Type: (Home / Office / Not In List):	
1) Alt No. Type: (Home / Omce / Not in 2007)	
. Driver's Information	
a) Is The Driver The Policyholder? (Yes / NO)	
b) Driver Name: SOH PEI MIN	(Fe Dale / Male)
c) ID Type: \$82404182 (UEN / \BIC	CONTRACTOR OF THE CONTRACTOR O
1) Date of Sinth 27.11.1982	, rassport of rin , morn retune,
d) Date Of Birth: 37.11.1983.	
e) Driving Pass Date: 22 · 04 · 2020 .	Mobile: 9369 6841
f) Email: SKY KATHAZE @ GMAIL. COM	Mobile: 400 100 11
g) Address: 100 Bedok; NORTH AVE 4 #0	0-1474
h) Postal Code: 460100	
i) Occupation: (Indoor / Outdoor)	Married State Service State attention about Additional
j) Driver Owner Relationship: father Dawyter Do	oes Driver Own Other Vehicles: (Yes /
If Ves Please Provide Vehicle Registration No.	Handling Insurer:

# ACCIDENT REPORTING

5. TP Vehicle Or Property	· Samuel Per / No.
a) Was There Any Other Vehicle Or Proper	ty Damaged? (YES / NO)
If Yes, Please Provide:	1
Vehicle Registration No: FOT 6307 Y	Validation Madel
Vehicle Category:	Venicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:	
Vehicle Category:	Vehicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:	The second second
Vehicle Category:	Vehicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:	
Vehicle Category:	Vehicle Model:
No.Of Passengers (Including Driver)	
Vehicle Registration No:	E 100 000 WAS
Vehicle Category:	Vehicle Model:
Vehicle Category:	Vehicle Model: 
Vehicle Category:	/es / (Mo) nbulance? (Yes / (Mo)) _ (Female / Male)
Vehicle Category:	/es / (Vehicle Model://es / (Ves / (Ves / (Vehicle Model))) _ (Female / Male)
Vehicle Category:	/es / (No) nbulance? (Yes / (No)) (Female / Male) (Female / Male)
Vehicle Category:	Yehicle Model:
Vehicle Category:	/es / (No) nbulance? (Yes / (No)) (Female / Male) (Female / Male) (Female / Male)
Vehicle Category:	Vehicle Model:  Ves / (**)  Inbulance? (Yes / (**))  (Female / Male)  (Female / Male)  (Female / Male)  (Female / Male)
Vehicle Category:  No.Of Passengers (Including Driver)  6. Injured Person's Details  a) Was Anyone Injured In The Accident? (Y  b) Any Injured Conveyed To Hospital By An  If Yes, Please Provide:  Name:  Vehicle Registration No:  If Yes, Please Provide:	Vehicle Model:  Ves / (**)  Inbulance? (Yes / (**))  (Female / Male)  (Female / Male)  (Female / Male)  (Female / Male)
Vehicle Category: No.Of Passengers (Including Driver)  6. Injured Person's Details  a) Was Anyone Injured In The Accident? (Y  b) Any Injured Conveyed To Hospital By An  If Yes, Please Provide: Name: Vehicle Registration No:  Name: Vehicle Registration No:  Name: Vehicle Registration No:  S. Files	Vehicle Model:  Ves / (No)  Inbulance? (Yes / (No))  (Female / Male)  (Female / Male)  (Female / Male)  (Female / Male)
Vehicle Category: No.Of Passengers (Including Driver)  6. Injured Person's Details a) Was Anyone Injured In The Accident? (Y b) Any Injured Conveyed To Hospital By An If Yes, Please Provide: Name: Vehicle Registration No: Name: Vehicle Registration No: Name: Vehicle Registration No:  Name: Vehicle Registration No:  Name: Vehicle Registration No:  Name: Witness Details a) Was There Any Witnesses? (Yes / 100) If Yes, Please Provide: Name: Witness Contact:  Witness Contact:	Vehicle Model:  Ves / (M)  nbulance? (Yes / (N))  (Female / Male)  (Female / Male)  (Female / Male)  (Female / Male)  hment? (Yes (No))
Vehicle Category: No.Of Passengers (Including Driver)  6. Injured Person's Details  a) Was Anyone Injured In The Accident? (Y  b) Any Injured Conveyed To Hospital By An  If Yes, Please Provide: Name: Vehicle Registration No:  Name: Vehicle Registration No:  Name: Vehicle Registration No:  S. Files	Vehicle Model:  Ves / (10)  nbulance? (Yes / (10))  (Female / Male)  (Female / Male)  (Female / Male)  (Female / Male)  hment? (Yes (No))