

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 12/12/2022 13:21 (SGT)
Reported by Driver
Date of Accident 10/12/2022 14:50 (SGT)
Exact Location of Accident Tanglin Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD3276X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SOON LOW HENG
Company Reg No 20884900M
Email Address slhcgtn@singnet.com.sg
Mobile Phone No (Phone) +65-67835523
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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 Commercial vehicle
Transmission Manual
CC 12882

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 23-MC002165-R12

DRIVER

Name of Driver KUNG HEE SOON
NRIC No S0749176Z
Date Of Birth 15/08/1951
Occupation Outdoor

Date Of Driving Pass	05/01/1972
Driving experience	50 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83028159
Alt. Phone Number	-
Email Address	slhcgtn@singnet.com.sg
Address	Blk 672B Edgefield Plains #14-561
Address complement	-
Postcode	822672
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 on collision
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 the sketch plan.

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	SLT9071M
Vehicle Manufacturer	-
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person KUNG HEE SOON
Gender Male
Phone No (Phone) +65-83028159
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? XD3276X
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature / Date & Time

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

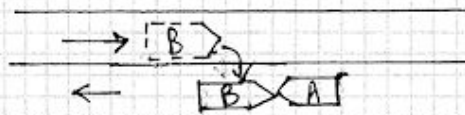
SOON LOW HENG
Block 201D Tampines Street 21
#04-1149 S'pore 524201
Telephone: 67835523 Fax: 67835541
GST REG. NO: MX-0375683-AO
12/12/2022

Witnessed by Reporting Centre Personnel

A: XD3276X
B: SLT9071M

Sketch Plan

TANGLIN ROAD



SOON LOW HENG
Block 201D Tampines Street 21
#04-1149 S'pore 524201
Telephone: 67835523 Fax: 67835541
GST REG. NO: MX-0375683-AO

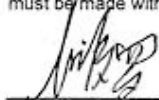
Describe Circumstances of the Accident

I WAS TRAVELLING ALONG TANGLIN ROAD, IT WAS A TWO WAY TRAFFIC LANE. SUDDENLY, VEHICLE B FROM THE OPPOSITE DIRECTION CUT INTO MY LANE & COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date &

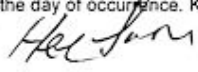
SOON LOW HENG

Block 201D Tampines Street 21

#04-1149 S'pore 524201

Telephone: 67835523 Fax: 67835541

GST REG. NO: MX-0375683-AO

 12/12/2022

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

SOON LOW HENG

Block 201D Tampines Street 21

#04-1149 S'pore 524201

Telephone: 67835523 Fax: 67835541

GST REG. NO: MX-0375683-AO



Witnessed by Reporting Centre

Personnel **SOH JIT HOON**











CHASSIS NO	:	FV51JJA00414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UNLADEN WT	:	11200	KG	
MAX LADEN WT	:	28000	KG	
PASSENGER CAP	:	1 DRIVER	2	OTHER
TYRE SIZE	:	(F) 295 / 80R22-5		
		(R) 1000R20-16PR(D) x 2		

CHASSIS NO	:	FV51JJAO0414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UNLADEN WT	:	11200	KG	
MAX LOAD WT	:	28000	KG	
PASSENGER CAP	:	1 DRIVER	2	OTHER
TYRE SIZE	:	(F) 295 / 80R22-5		
		(R) 1000R20-16PR(D)x2		

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg. No.: MZ-000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 089046

T: (65) 6221 5111 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

FORM MZ301

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.: 23-MC002165-R12 (Comm Vehicle Carry Own Goods)

- | | | |
|---|---------------|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | XD3276X | Chassis No.: FV51JJA00414 |
| 2. Name of Policyholder | SOON LOW HENG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 16/01/2023 | |
| 4. Date of Expiry of Insurance | 15/01/2024 | |
| 5. Persons or Class of Persons entitled to drive* | | |
| (1) Whilst the vehicle is being used in connection with the Policy- holder's business - Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. | | |
| (2) Whilst the vehicle is being used for social domestic or pleasure purposes - 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* | | |
| 1) Use in connection with the Policyholder's business. | | |
| 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. | | |
| 3) Use for social domestic and pleasure purposes. | | |
| 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 of any one disabled mechanically propelled vehicle. | | |
| 3) Use for the carriage of passengers for hire or reward. | | |

* 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: 0996DDA

Insurance Plan:

Third Party Cover Only

Financial Interest:

UNITED OVERSEAS BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

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