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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Please report <u>correctly</u> the details of the accident to speed up the claims precedured.
 This Form must be <u>completed</u> by the <u>Policyholder and/or the Actual Driver</u>

3. 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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/01/2023 11:46 (SGT) Both 05/01/2023 18:30 (SGT) Bukit Timah Rd, Singapore TOWARDS CLEMENTI ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGZ8303D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

LOW KEE SIN SXXXX648G

qpr_lowaircon@yahoo.com.sg (Phone) +65-97955416

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Honda

Stream

Private use

No - Claiming third party

Private car

Auto

1799

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 22-MT101933-R04

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

LOW KEE SIN SXXXX648G 22/08/1973

Outdoor

Accident report SN0923160003

Page 1 of 14

Date Of Driving Pass	10/12/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97955416
Alt. Phone Number	- 100 cm - 1
Email Address	qpr_lowaircon@yahoo.com.sg
Address	BLK 421 CANBERRA ROAD #05-417
Address complement	•
Postcode	750421
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	
	Chain Collision
Type of Accident Weather Conditions	Clear
Road Surface	Dry
Road Surface	Diy
THE WEST WITCH	
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?	No
Was any injured conveyed to hospital by ambulance?	112 2
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	÷
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DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
),g	
CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
ATTACHMENT(5)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
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DETAILS OF OTH	IER VEHICLE PROPERTY 1
The State of the Association and Association and the Association a	
Vehicle Registration Number	SMV6853X
Vehicle Manufacturer	Toyota
Vehicle Model	so = = = = = = = = = = = = = = = = = = =
Vehicle Variant	6 -
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	2

Contact Number

Address	-
Address complement	77
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	SKW2848G Suzuki
Vehicle Manufacturer	Swift
Vehicle Model	SWIIC
Vehicle Variant	-
Vehicle Colour	Private car
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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. The report will be forw arded 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 w orkshop 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 & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SG28303 D

Vehicle C: SKW28486

Describe Circumstances of the Accident
At the Stated date and time of accident, my vehicle A (SGZ8303D) was
travelling along the Stated location. Due to heavy traffic, vehicle C
(SKW2848G) that was infront of me jammed braked but 1
managed to stop in time. When my vehicle A was stationary,
Vehicle B (SMV6853X) Suddenly collided into the rear portion of my
vehicle, causing my vehicle to urge forward to hit onto the rear of
vehicle C.
J
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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

Witnessad by Reporting Centra Personnel

JUK

Date of Accident	: 05/01/2023 Accident Time: 1830 hrs (24-HR-FORMAT)			
Accident Place	: Along Bukit Timah Road towards Clementi Road			
Vehicle Reg. No (Car plate No.)	: SGZ 8303D Vehicle Make/Model: Honda Stream			
Insurance Company	Tokio Marine Policy No. 22-MT101933-R04			
Name of Registered Owner	: Company/Individual Low Kee Sin			
ID of Registered Owner	: Co Reg No: Owner's NRIC No: \$7367648G			
	: Co Contact No: Owner's Contact No: 9795 5416			
DRIVER'S Name	: Low kee Sin DRIVER'S NRIC No: S73676486			
DRIVER'S Date of Birth	: 22 - 08 - 1973 DRIVER'S License Pass Date 10 12 1996			
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:			
DRIVER'S Address	: BIK 421 Canberra Road # 05-417 S(750421)			
DRIVER'S Contact No./ Alt No.	:1) 9795 5416 2)			
DRIVER'S Occupation	: INDOUK WOLDOOK (eg. working inside or outside of an ofc)			
Email Address	: QPR_LOWAIRCON @ YAHOO. COM. SG			
Weather & Road Surface	: CLEAR & DRY ! RAINING & WET LAFTER RAIN & WET			
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance			
Number of Passengers (including Dri Was the accident reported to the polic Was there any video Captured by car				
Exact purpose for which vehicle was	being used at the time of accident: Rrivate use \ Work purpose			
	ner Party Driver's Particulars (if any)			
Vahiole Reg No: SMV6853X				
Vehicle Make Model: Toyota Ra	Vehicle Make Model: Suzuki Swiff			
Name DRIVER:				
IC No. DRIVER.				
DRIVER'S Contact & add				
Other Party Driver's Particulars (if any)				
Vehicle Reg Nor				
Vehicle Make Model.				
Name DRIVER.				
IC No. DRIVER.				
DRIVER'S Contact & add	DRIVER'S Contact & add			

Tokio Marine Insurance Singapore Ltd

Cempus y Reg. No. 192300014Mit GST Reg.No. M2-0007073-41

20 McCařum Street #09-81 Tokio Marine Centre Singapore 069046

T (65) 6221 6111 € (65) 6221 4355 ((65) 6224 0895 € timis@tokiomarine.com.sg (www.tokiomarine.com



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-MT101933-R04 (Private Motor Car)

1. Index Mark and Registration Number

SGZ8303D

Chassis No.: RN61044284

of Vehicle

2. Name of Policyholder

LOW KEE SIN

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

19:05/2022

4. Date of Expiry of Insurance

18/05/2023

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 striving 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 condered 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 (Malayxia), are not to be included under these headings

We hereby certify that the Policy to which this Certificate relates is assued 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 Tokso 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: 0596DDA

Insurance Plan:

Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed 02.05 2022