



# 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	16/01/2023 15:07 (SGT)
Reported by	Driver
Date of Accident	14/01/2023 09:45 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5961T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FIRST CHOICE PLUMBING SERVICES
Company Reg No	5XXXX304L
Email Address	kklkwokkahleong@gmail.com
Mobile Phone No	(Phone) +65-97365996
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ000188-R00

### DRIVER

Name of Driver	KWOK KAH LEONG (GUO JIALIANG)
NRIC No	SXXXX584I
Date Of Birth	28/09/1993
Occupation	Indoor

Date Of Driving Pass .....	20/05/2016
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97365966
Alt. Phone Number .....	-
Email Address .....	kkkwokkahleong@gmail.com
Address .....	21 DOVER CRESCENT #04-342
Address complement .....	-
Postcode .....	130021
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 - Major/Minor Rd
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? .....	Yes
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 .....	WITH TRAFFIC POLICE

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	FBJ2573Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	UNKNOWN RIDER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	FBJ2573Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

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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 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)**

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.

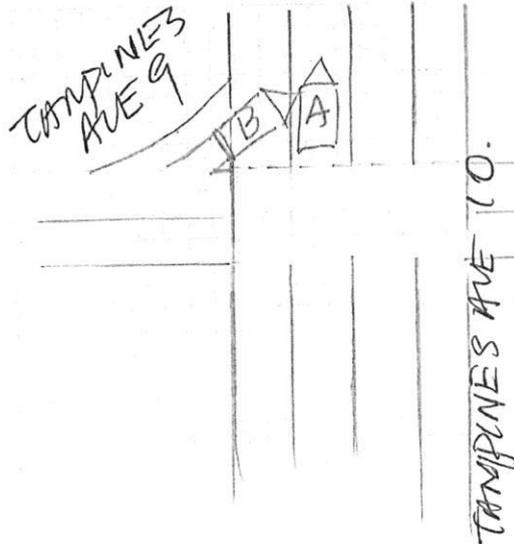


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) GBE 5961T

(B) FBI 2573Z

16/07/2023



VEHICLE NO: GBE 5961T

MAKE & MODEL :

TOYOTA VAN

AUTO MANUAL

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DATE OF ACCIDENT	14 / 01 / 2023	C.C. 3000
TIME OF ACCIDENT	0945 AM / <del>PM</del>	
LOCATION OF ACCIDENT	TAMPINES AVE 10	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>(EMPLOYMENT)</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	FIRST CHOICE PLUMBING SERVICES	
EMAIL: x kklkwokkahleong@gmail.com	Office:	MOBILE: 97365996
NRIC UEN	53290304L	
CLAIM TYPE	OD / <u>(THIRD PARTY)</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>(NO)</u>	
INSURANCE CO.	TOKIO MARINE	
TYPE OF COVERAGE	<u>(Comprehensive)</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	23-MQ 000188-202	
NAME OF DRIVER	AS ABOVE / <u>(NO)</u> KWOK KAH LEONG (AND JIALANG)	
NRIC	S9335584I	
DATE OF BIRTH	28 / 10 / 1993	
ANY PASSENGER	YES / <u>(NO)</u>	
NAME OF PASSENGER	0	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>(Indoor)</u>	
DATE OF DRIVING PASS	20 / MAY / 2016	
GENDER	<u>(Male)</u> / Female	
CONTACT NO.	Mobil: 97365996	Office: Home:
EMAIL: x	kklkwokkahleong@gmail.com	
ADDRESS	21 DOVER CRESCENT #04-342 S'130021	
DOES DRIVER OWN OTHER VEHICLES?	<u>(NO)</u> If yes, Reg No.	INSURER: EMPOLYER
RELATIONSHIP	<u>(Employee)</u> / If No.	
WEATHER CONDITION	<u>(Clear)</u> / Raining / Other.	
ROAD SURFACE	<u>(Dry)</u> / Wet / Other.	
ANY INJURIES	No / If yes, Who?	
CONVEYED BY AMBULANCE	No / If yes, Who? FBJ2573	
POLICE REPORT	<u>(No)</u> If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	FBJ2573Z	Any Passenger: 0
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>(YES)</u> NO WITH TP	
WAS THERE ANY AUDIO RECORDED?	<u>(YES)</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<u>(YES)</u> NO	
<b>**WORKSHOP:</b>	YSK AUTO WORKSHOP	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>(NO)</u>	

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: tmis@tokiomarine.com.sg W: www.tokiomarine.com



**TOKIOMARINE**  
INSURANCE GROUP

A member of the  
Tokio Marine Group

**RENEWAL NOTICE - MOTOR INSURANCE**

Your Policy insuring with Tokio Marine Insurance Singapore Ltd. is expiring on the date shown. To renew, please review, update the information and return a duly signed copy of this notice together with your remittance before the expiry of this Policy, if applicable.

<p><b>Insured</b> : FIRST CHOICE PLUMBING SERVICES</p> <p><b>Address</b> : 211D COMPASSVALE LANE COMPASSVALE BEACON #14-240 SINGAPORE 544211</p>	<p><b>Date of Issue</b> : 22/11/2021</p> <p><b>Policy Type</b> : COMMERCIAL VEHICLE</p> <p><b>Policy No.</b> : 22-MQ000188-R00</p> <p><b>Account No.</b> : 2441DDA</p> <p><b>Expiry Date</b> : 25/01/2022</p> <p><b>Renewal Period</b> : 26/01/2022 to 25/01/2023</p>												
<p><b>Registration No.</b> : GBE5961T</p> <p><b>Make/Model/Body</b> : TOYOTA Van/VAN</p> <p><b>Cover</b> : Comprehensive Approved Workshop Plan</p> <p><b>Sum Insured</b> : PREVAILING MARKET VALUE</p> <p><b>Add'l Benefits</b> : NIL</p> <p><b>Financial Interest/Hire Purchase/Leasing Co.</b> THIAM HENG AUTO (S) PTE LTD</p>	<p><b>Excess</b> Section 1: Named Drivers - SGD Additional Excess (All Claims) for Young, Elderly, Inexperienced Drivers - SGD2,500/- Excess - All Claims - SGD750 Windscreen Excess - SGD100</p> <p><b>Named Driver(s)</b> Any Authorised Employee of the Company</p>												
<p><b>Changes to Policy</b> Please note the following changes will apply to your Policy on renewal: NO NCD DUE TO ACCIDENT ON 10/5/2021 EXCESS \$750/- ALL CLAIMS</p>	<p><b>Renewal Premium</b></p> <table border="0"> <tr> <td><b>Basic Premium</b></td> <td>SGD1,443.86</td> <td><b>NCD/FD</b></td> <td>-</td> </tr> <tr> <td><b>Add'l Benefit/s</b></td> <td>-</td> <td><b>SDD</b></td> <td>-</td> </tr> <tr> <td><b>GST</b></td> <td>SGD101.07</td> <td></td> <td></td> </tr> </table> <p><b>Total Premium Payable:</b> SGD1,544.93</p>	<b>Basic Premium</b>	SGD1,443.86	<b>NCD/FD</b>	-	<b>Add'l Benefit/s</b>	-	<b>SDD</b>	-	<b>GST</b>	SGD101.07		
<b>Basic Premium</b>	SGD1,443.86	<b>NCD/FD</b>	-										
<b>Add'l Benefit/s</b>	-	<b>SDD</b>	-										
<b>GST</b>	SGD101.07												
<p><b>Renewal Instructions</b> (please tick)</p> <p><input type="checkbox"/> Please renew my Policy for one year according to this Renewal Notice, if any changes is required to be made, please indicate below here and send to us or email to tmis@tokiomarine.com.sg</p> <p><input type="checkbox"/> Changes: _____</p>													
<p><b>Payment Mode</b></p> <p><b>Insured</b> FIRST CHOICE PLUMBING SERVICES <b>Policy No</b> 22-MQ000188-R00</p> <p><b>Premium Payable:</b> SGD1,544.93</p> <p><input type="checkbox"/> By VISA/MASTER Credit Card</p> <p>a) You can made direct online payment to us at the following website address and received the renewal document immediately: <a href="https://tmonline.tokiomarine.com.sg/aic/login/loginRenewal.jsp">https://tmonline.tokiomarine.com.sg/aic/login/loginRenewal.jsp</a> OR</p> <p>b) By Post to us with following information: Credit Card No _____ Expiry Date ____/____/____ Card Holder Name _____</p> <p><input type="checkbox"/> By Cheque made payable to "Tokio Marine Insurance Singapore Ltd."</p>													
<p><b>IMPORTANT NOTE</b></p> <ol style="list-style-type: none"> <li>In an accident or claimable event occurs on or before the expiry of this Policy, we reserve our right to revise the renewal terms and your No Claim Discount entitlement.</li> <li>This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you.</li> <li>For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer (or name of Scheme member) or visit the GIA/LIA or SDIC websites (<a href="http://www.gia.org.sg">www.gia.org.sg</a> or <a href="http://www.lia.org.sg">www.lia.org.sg</a> or <a href="http://www.sdic.org.sg">www.sdic.org.sg</a>).</li> </ol>													

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Business  
Owner ID: 304L

### Vehicle Details

Vehicle No.: GBE5961T  
Vehicle to be Exported: No  
Intended Deregistration Date: 11 Feb 2023  
Vehicle Make: TOYOTA  
Vehicle Model: HIACE SUPER GL DARK PRIME  
Primary Colour: Maroon  
Manufacturing Year: 2015  
Engine No.: 1KD2562984  
Chassis No.: KDH2010180561  
Maximum Power Output: -  
Open Market Value: \$38,904.00  
Original Registration Date: 26 Jan 2016  
First Registration Date: 26 Jan 2016  
Transfer Count: 1  
Actual ARF Paid: \$1,946.00

### Intended PARF Rebate Details

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 25 Jan 2026  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 10  
QP Paid: \$42,036.00  
COE Rebate Amount: \$12,418.00  
Total Rebate Amount: \$12,418.00

The information contained herein is correct as at 16 Jan 2023

OK