

200923/K0008

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Veh No: SMY 473R INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): 10-0-30%, F: 21-79%, F: 30-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: _____
 () Walk-In Customer : Customers Information strictly Confidential & Strictly NO refer of repeller.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	URG hotline: 0788-6616	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury :

[illegible]

NA230028

Invoice Preparation Checklist		BN	BN
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$50/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Recovery)	\$50		
Excluding system INC Only (w/af 10 Jan 2005)			
6) TR: Roadside Repair	\$75		
7) NI: New DA, SMART Survey	\$140		
8) NTUC Additional Services:			
GP:			
*NS: Courtesy Car / Trip Allowance	\$5		
*NR: Repair Coordination	\$10		
*NT: Post Repair Inspection	\$25		
*ND: DV / Collect Excess Coordination	\$5		
*P (NI): TP (NI) INC against INC	\$20		
9) Mileage Mobile	10		
Invoice dated	Fee Charged		
Invoice closed	Fee Received		

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	20/01/2023 16:03 (SGT)
Reported by	Both
Date of Accident	20/01/2023 07:10 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS PIE AFTER DAIRY FARM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW601R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SRI WAHYUNI BINTE ABDUL LATIF
NRIC No	SXXXX894J
Email Address	mdfadil79@gmail.com
Mobile Phone No	(Phone) +65-98885508
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2360

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000553-R00

DRIVER

Name of Driver	MOHAMAD FADIL BIN ZAINAL
NRIC No	SXXXX328E
Date Of Birth	14/01/1979
Occupation	Outdoor

Date Of Driving Pass	07/12/1999
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82868886
Alt. Phone Number	-
Email Address	mdfadil79@gmail.com
Address	BLK 803 WOODLANDS STREET 81 #04-61
Address complement	-
Postcode	730803
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain 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	3
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?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230120/2023

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	SMU4731H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT2525E
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	MOHAMAD FADIL BIN ZAINAL
Gender	Male
Phone No	(Phone) +65-82868886
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMW601R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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 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;

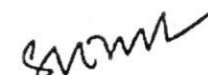
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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

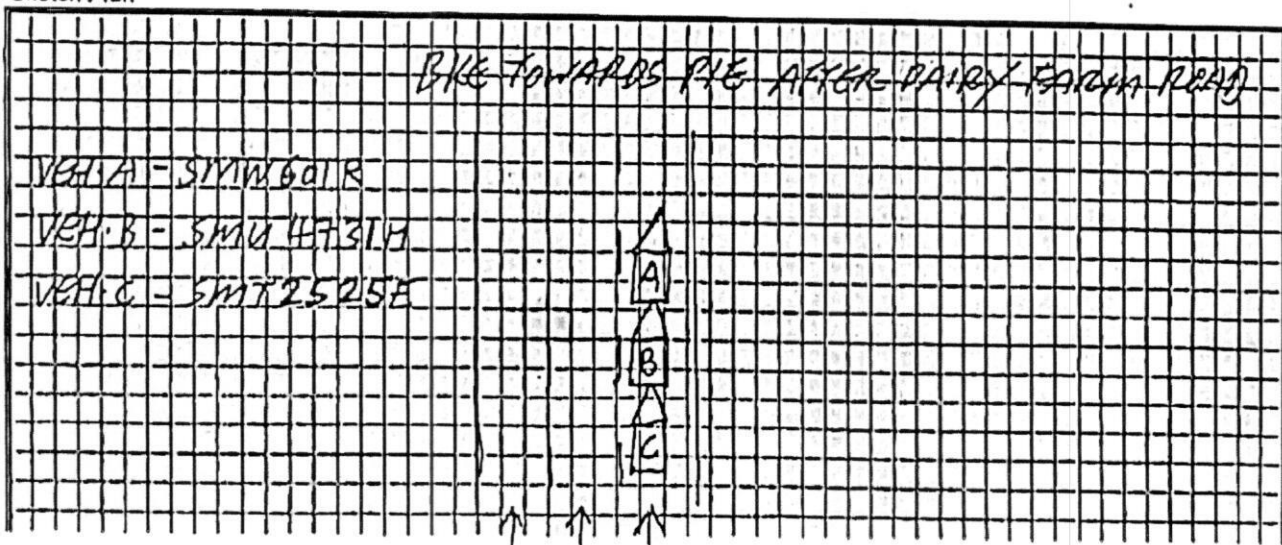
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

x 
Policyholder's Signature / Date & Time


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

 20/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT. 1/20230120/2023

Declaration

We declare the foregoing particulars are true in every respect.

x 

Policyholder's Signature / Date & Time



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

 20/01/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230120/2023

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20230120/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2023 08:38	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: MOHAMAD FADHIL BIN ZAINAL		Address: APT BLK 803 WOODLANDS STREET 81 #04-61 SINGAPORE 730803	
ID Type / ID No.: NRIC NO / S7901328E		Contact No.: Home/Office: Mobile: 82868886	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 14/01/1979	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: OIL AND GAS SUPERVISOR		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2023 07:10	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY Lamp Post Number: 106F				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMT2525E	Car				Slightly Damaged	0
SMU4731H	Car				Seriously Damaged	1
SMW601R	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230120/2023

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20230120/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JONATHAN NG WEI QIANG	ID No.	S8924525G
Related Vehicle	SMT2525E (Car)	Contact No.	91769093
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YE CHUANHUI	ID No.	S7760462F
Related Vehicle	SMU4731H (Car)	Contact No.	92314672
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMAD FADHIL BIN ZAINAL	ID No.	S7901328E
Related Vehicle	SMW601R (Car)	Contact No.	82868886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/01/2023 at about 0710hrs, I was driving my vehicle bearing plate SMW601R along BKE towards PIE after Dairy Farm Road near to LP106F at the first lane. At that point of time, I was travelling at about 80 to 90km/h.

Suddenly, the vehicle in front of me jammed brake. I managed to brake in time as well. The vehicle (SMU4731H) behind me also managed to jam brake. However, the third vehicle (SMT2525E) did not manage to brake in time and had hit onto the rear of second vehicle and the second vehicle hit onto rear of my vehicle. Resulting into a chain collision.



**SINGAPORE
POLICE FORCE**



T/20230120/2023

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20230120/2023

CONTINUATION OF REPORT

I then got down and we all exchange particulars. I then called Traffic Police and they advised me to lodge a traffic report. I wished to inform that no one was injured at that point of time. I do not have any in car camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20230120/2023

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20230120/2023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
L/
SGT 3 MUHAMMAD SHAHREL
BIN ALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
20/01/2023 08:38

Classification Of Case:

Date of Accident : 20/01/2023 Accident Time: 0710 (24-HR-FORMAT)
 Accident Place : BKE TOWARDS PIE AFTER DAIRY FARM ROAD
 Vehicle Reg. No (Car plate No.) : SMW601R cc: 2.4 Vehicle Make/Model: NISSAN RUSHUTLANDER
 Insurance Company : TOKIO MARINE Policy No. 22-111N000553-R00
 Name of Registered Owner : Company (Individual) SRI WANYINI BINTE ARDIL LATIF
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: 580238946
 OWNER EMAIL ADDRESS: : Co Contact No: _____ Owner's Contact No: 98685508
 DRIVER'S Name : MOHAMMAD FADHIL DRIVER'S NRIC No: 57901328E
 DRIVER'S Date of Birth : 14/01/1979 DRIVER'S License Pass Date 07/12/1999
 Relationship bet. Owner & Driver (Spouse) \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 803 WOODLANDS ST. 81 #04-61 5730803
 DRIVER'S Contact No./ Alt No. : 1) 82868886 2) _____
 DRIVER'S Occupation : INDOOR (OUTDOOR) (eg. working inside or outside of an ofc)
 Email Address : WIDEFADHIL79@GMAIL.COM
 Weather & Road Surface (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only (Claim Other Party) \ Claim Own Insurance
 Number of Passengers (including Driver): 01 Name & Gender: _____
 Was the accident reported to the police? YES ~~NO~~
 Was there any video Captured by car camera: YES ~~NO~~
 Exact purpose for which vehicle was being used at the time of accident (Private use) \ Work purpose
 Any injuries, if yes (name of the injured person) MOHAMMAD FADHIL
(B) Other Party Driver's Particulars (if any)
 Vehicle Reg No: SMU 4731H Vehicle Reg No: (C) SMT 2525E
 Vehicle Make/Model: _____ Vehicle Make/Model: _____
 Name DRIVER: _____ Name DRIVER: _____
 IC No. DRIVER: _____ IC No. DRIVER: _____
 DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____
 REPORT FORM EXPLAINED IN (ENGLISH) \ CHINESE / MALAY / TAMIL \ OTHERS: _____
 WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH

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

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MX1

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-MN000553-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle: SMW601R Chassis No.: JMYXTGF3WZ002296
2. Name of Policyholder: SRI WAHYUNI BINTE ABDUL LATIF
3. Effective date of the Commencement of Insurance for the purposes of the Act: 24/05/2022
4. Date of Expiry of Insurance: 23/05/2023
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 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 (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 Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,000
	Windscreen Excess SGD 100
Financial Interest:	OCBC BANK LIMITED

Account: 3116DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature