

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	27/01/2023 14:18 (SGT)
Reported by	Both
Date of Accident	19/01/2023 03:30 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5095R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUEK SOO CHENG
NRIC No	SXXXX907F
Email Address	gbc_1961@hotmail.com
Mobile Phone No	(Phone) +65-98174240
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP003484

DRIVER

Name of Driver	QUEK SOO CHENG
NRIC No	SXXXX907F
Date Of Birth	10/01/1958
Occupation	Outdoor

Date Of Driving Pass	25/04/1978
Driving experience	44 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98174240
Alt. Phone Number	-
Email Address	gbc_1961@hotmail.com
Address	BLK 260 BOONLAY DRIVE #03-525
Address complement	-
Postcode	640260
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

Type of Accident	Collision - Head to Rear
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)	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

Name	GRAB PASSANGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230120/7015

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	SJA1618M
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	QUEK SOO CHENG
Gender	Male
Phone No	(Phone) +65-98174240
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMN5095R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GRAB PASSANGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMN5095R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


IMPORTANT NOTICE

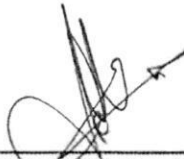
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Traffic Police Department 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)**

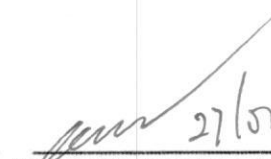
I understand, acknowledge, agree and consent that :

(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 :

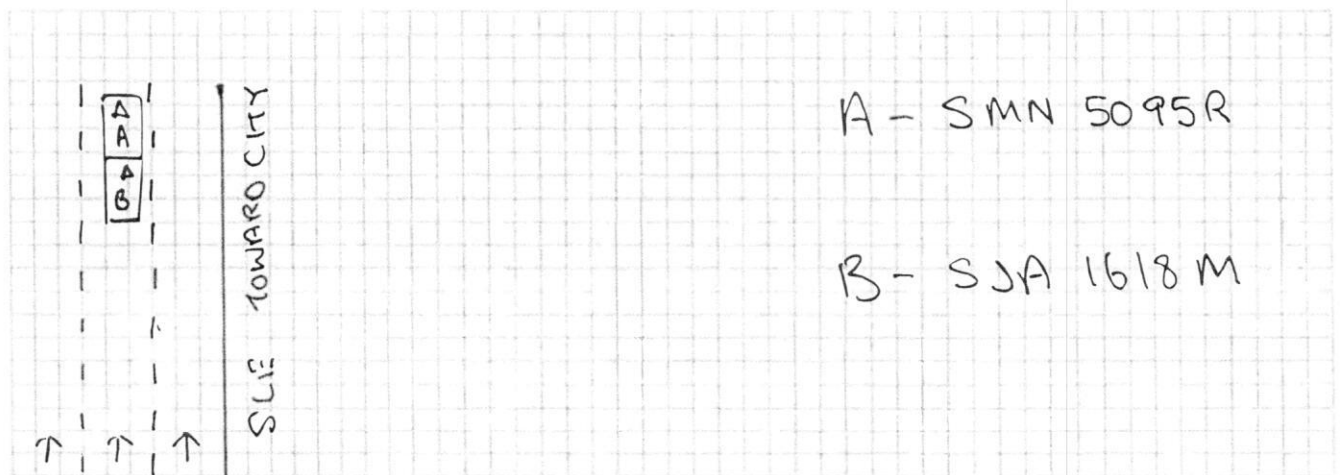
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

 27/5/2023
Witnessed by Reporting Centre Personnel
(Name as in Nric/ID card)

Sketch Plan




Describe Circumstances of the Accident


Refer to Police Report!


T/20230120/1015

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



**SINGAPORE
POLICE FORCE**



T/20230120/7015

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230120/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2023 11:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QUEK SOO CHENG			Address: 260 BOON LAY DRIVE #03-525 SINGAPORE 640260		
ID Type / ID No.: NRIC NO / S1289907F			Contact No.: Home/Office: Mobile: 98174240		
Nationality: SINGAPORE CITIZEN			Email: soochengq@gmail.com		
Sex: Male	Age: 65	Date of Birth: 10/01/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2023 03:15	Type of Location: Straight Road
Location: WOODLANDS DRIVE 17				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJA1618M	Car					0
SMN5095R	Car	TOYOTA	COROLLA ALTIS 1.6 STANDARD (AUTO)	Silver		0



**SINGAPORE
POLICE FORCE**



T/20230120/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230120/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
20/01/2023 11:10

Classification Of Case:

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	19-Jan-2023	Time of Accident:	0330
Exact Location:	SLE Towards City		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SMN 5095 R	NRIC / FIN / Passport no:	S1289907F
Name of Registered Owner:	Quek Soo Cheng		
Owner's Email:	gbc_1961@hotmail.com		
Owner's Address:	Apt Blk 260 Boon Lay Drive #03-525 S640260		
Vehicle Make:	Toyota	Vehicle Model:	COROLLA ALTIS
Engine Capacity (cc):	1.6	Transmission:	<input checked="" type="radio"/> Auto <input type="radio"/> Manual
Type of Claim:	Own Damage <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle <input checked="" type="radio"/> Private Hire		
Name of Insurance Co:	Tokyo Marine		
Type of Policy:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party <input type="radio"/> Third Party, Fire & Theft		
Policy Number:			

DRIVER			
Name of Driver:	Quek Soo Cheng		<input checked="" type="checkbox"/> same as Owner
NRIC / FIN / Passport no:	S1289901F	Date of Birth:	11-05-1991
Occupation:	Indoor <input checked="" type="radio"/> Outdoor	Driving Pass Date:	16/12/2010
Contact Number:	98174240	Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Address:	Apt Blk 260 Boon Lay Drive #03-525 S640260		
Relationship with Owner:	<input checked="" type="radio"/> Owner <input type="radio"/> Employee / Spouse / Child / Hirer / Others:		
Translator Name:	Translator NRIC:		
Translator Contact No:	Translator email:		

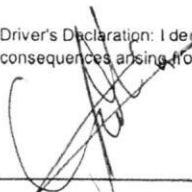
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	<input checked="" type="radio"/> Clear <input type="radio"/> Raining / Others:	Road Surface:	<input checked="" type="radio"/> Dry <input type="radio"/> Wet
Video available:	Yes / No		
Was anybody injured?	Yes / No		
No. of passenger onboard (including driver):	02		
Police Report Made?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SJA 1618 M		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS			
Name:		Contact Info:	

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.



Signature of Driver

Date and time

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 172300149G (SST Reg. No.: M2-033012-L4)
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: times@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MT114

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (MALAYSIA)

Policy No.: MP003484 (Private Car)

1. Index Mark and Registration Number of Vehicle: SMN506SR Chassis No.: MR053REH604599204
2. Name of Policyholder: QUEK SOO CHENG
3. Effective date of the Commencement of Insurance for the purpose of the Act: 15/06/2022 (00:00:00)
4. Date of Expiry of Insurance: 14/08/2023
5. Persons or Class of Persons entitled to drive*
The Policyholder
Any person who is driving on the Policyholder's order or with the Policyholder's 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 suspension or regulation as to that Person 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
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 (other than for reward) of any one disabled mechanically propelled vehicle.
3) Use for the carriage of passengers for hire or reward by any person except for private hire services.
4) Use for hire or reward except for (3) and rental by the Policyholder.

* Limitations mentioned inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) 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 whatever 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 169).

ADDITIONAL INFORMATION

Insurance Plan	Comprehensive	Account No: 1023036
Limit for total loss or theft	Preceding Market Value	
Policy Excess:	Over Damage Claims	SGD 2,000.00
	Additional Excess for Unnamed Driver(s)	SGD 500.00
	Additional Excess for Young or Inexperienced Drivers	SGD 1,500.00
	Windscreen Excess	SGD 100.00
	Excess Third Party (Sect 9)	SGD 2,000.00

Financial Interest: HONG LEE CHING FINANCE LTD

Additional Terms:

1. Private Hire Usage Vehicle Endorsement is included.
2. Unnamed Driver Excess is not applicable.
3. Car is licensed for private hire (PH) by LTA.
4. Only PH licensed Named Drivers can use car for PH in Singapore only.
5. No rental to unnamed driver.
6. Additional YTD excess applicable on Section 1 & 2 separately.
7. Approved workshop claim only.
8. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable.

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature