

NATIONAL Assessment Centre Services

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	03/02/2023 13:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/02/2023 17:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS AFTER TOA PAYOH LORONG 6 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1771D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SAY LONG
NRIC No	SXXXX838C
Email Address	dave65tsl@hotmail.com
Mobile Phone No	(Phone) +65-90668303
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR002458-R02

DRIVER

Name of Driver	TAN SAY LONG
NRIC No	SXXXX838C
Date Of Birth	05/10/1965
Occupation	Outdoor

Date Of Driving Pass	27/12/1985
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90668303
Alt. Phone Number	-
Email Address	dave65tsl@hotmail.com
Address	BLK 486 CHOA CHU KANG AVENUE 5 #04-148
Address complement	-
Postcode	680486
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	Raining
Road Surface	Wet

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?	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/20230203/7026

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	SLU9629A
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	TAN SAY LONG
Gender	Male
Phone No	(Phone) +65-90668303
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND LOWER BACK PAIN
Injured person in which vehicle?	SLT1771D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

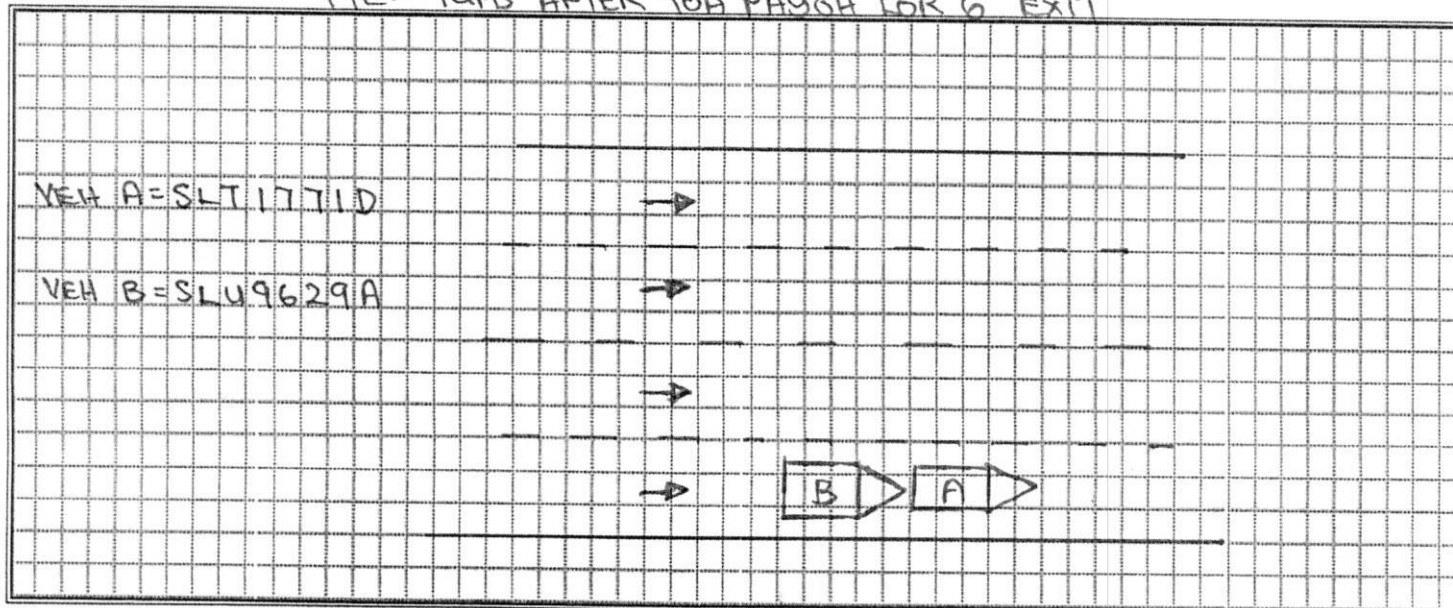


Driver's Signature (if driver is not the policyholder) / Date & Time


03/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

PIE - TUAS AFTER TOA PAYOH LOR 6 EXIT



Describe Circumstance of the Accident

As per Police Report No: T/20230203/7026

Declaration

I/We declare the foregoing particulars are true in every respect.

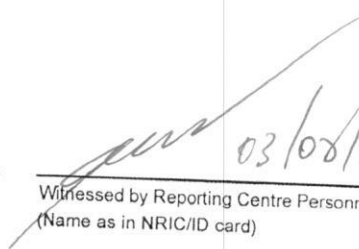


Policyholder's Signature / Date & Time



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

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

 03/08/2023



**SINGAPORE
POLICE FORCE**



T/20230203/7026

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

1 of 4

Report No. T/20230203/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2023 11:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN SAY LONG			Address: 486 CHOA CHU KANG AVENUE 5 #04-148 SINGAPORE 680486		
ID Type / ID No.: NRIC NO / S1687838C			Contact No.: Home/Office: Mobile: 90668303		
Nationality: SINGAPORE CITIZEN			Email: dave65tsl@hotmail.com		
Sex: Male	Age: 57	Date of Birth: 05/10/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SITE ASST MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2023 17:55	Type of Location: Straight Road
Location: LORONG 1 TOA PAYOH				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SLT1771D	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White		0
SLU99629A	Car	MAZDA	3			1



**SINGAPORE
POLICE FORCE**



T/20230203/7026

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

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Report No. T/20230203/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT1771D	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR002458	19/05/2020	18/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN SAY LONG		ID No.	S1687838C
Related Vehicle	SLT1771D (Car)		Contact No.	90668303
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	03/02/2023		Date	03/02/2023
No. of Days granted Medical Leave	05	Degree of	Slight	
Driver				
Name	TAN SAY LONG		ID No.	S1687838C
Related Vehicle	SLT1771D (Car)		Contact No.	90668303
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On the stated date and time, I was driving vehicle SLT1771D along PIE (TUAS) after Toa Payoh Lor 6 exit, when I gradually came to a stop due to traffic conditions.

Suddenly, a huge impact hit my vehicle causing it to jerk forward and my body lurched forward as a result.

I alighted to realized that vehicle SLU9629A had collided into my vehicle's rear.

The following morning, I woke up with aches in my neck and back areas.

Hence, I went to seek treatment at Unihealth Jurong East and was given 5 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20230203/7026

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

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Report No. T/20230203/7026

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20230203/7026

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Report No. T/20230203/7026

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

NP168

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

Date/Time:
03/02/2023 11:50

Classification Of Case:

Date of Accident : 2/2/2023 Accident Time: 1755 (24-HR-Format)
Accident Place : PIE - TUAS AFTER TOA PAYOH LOR 6 EXIT
Vehicle. No. (Car Plate No.) : SLT 1771D Make/Model: NISSAN QASHQAI
Insurance Company : TOKIO MARINE Policy No: 22-MR002458-R02
Owner or Company Name /IC No. : TAN SAY LONG S1687838C
Owner or Company Contact No. : 9066 8303 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : 05/10/1965 DRIVER'S License Pass Date 27/12/1985
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others OWNER
DRIVER'S Address : BLK 486 CHOA CHU KANG AVE 5 #04-148 S680486
DRIVER'S Contact No./ Alt No. : 1) 9066 8303 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : dave65tsl@hotmail.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
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 Injury (If YES, Pls state): YES, NECK and LOWER BACK

(B)

Other Party Driver's Particular (if any)

Vehicle. No: SLU9629A
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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-MR002458-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLT1771D

Chassis No.: SJNFEAJ11U1947121

2. Name of Policyholder TAN SAY LONG

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 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 600
	Windscreen Excess SGD 100
Financial Interest:	MALAYAN BANKING BERHAD

Account: 2509DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

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