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SN09232E0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/02/2023 10:12 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (14/02/2023 10:12 (SGT))



# 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 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 14/02/2023 10:12 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 13/02/2023 07:25 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information TOWARDS CHANGI AFTER JURONG TOWN HALL EXIT Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMY4983B

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TOH PEI PING NRIC No SXXXX102H Email Address lawsontoh74@gmail.com Mobile Phone No. (Phone) +65-81392727 Alternative Phone No.

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Noah 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 1797

#### INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number MP000885

#### DRIVER

Name of Driver TOH PEI PING NRIC No SXXXX102H Date Of Birth 17/05/1974 Occupation Outdoor

Date Of Driving Pass	30/09/1994
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81392727
Alt. Phone Number	-
Email Address	lawsontoh74@gmail.com
Address	BLK 393 BUKIT BATOK WEST AVENUE 5 #02-468
Address complement	- DER 333 BORT BATOR WEST AVENUE 5 #02-408
Postcode	650393
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	- Al-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Termine the global during the filter verificite Ownled by Diffver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
T-000000 ( A 000 A 00000	
Type of Accident	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	
Gender	LIM HUI YING
Gendel	Female
DETAILS OF POLICE ACTION	
Was the second of the second o	
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/20230213/7100	
ATTACHMENT(S)	
And and the same of the same o	
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	SME2476S
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
	Private car
Name of Driver	-
Contact Number	-
Address	_
Address complement	
Postcode	-
Insurance Company Name	-0
	-
Nature Of Damage	=
Details of property damaged in accident	8
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	SLV5672U Private car
Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR8398B
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	5.5
Vehicle Category	- Drivete eer
Name of Driver	Private car
Contact Number	1.5
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 4

Vehicle Registration Number Vehicle Manufacturer	SHD6701E
	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	-
	Taxi
Name of Driver	-
Contact Number	re
Address	
	-
Address complement	-
Postcode	_
	-

Insurance Company Name	
Nature Of Damage	
Details of property damaged in acc	cident
No. Of Passenger (Including Drive	

## INJURED PERSONS DETAILS

#### INJURED 1

INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	TOH PEI PING Male (Phone) +65-81392727 SERIOUS INJURY SMY4983B Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	

#### 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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

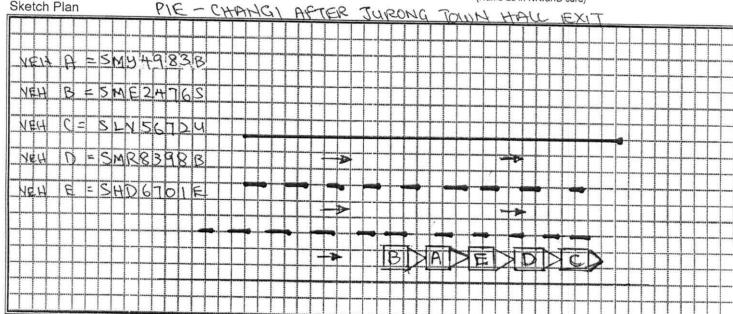
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident 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 (Name as in NRIC/ID card)



Describe Circumstance of the Accident	
Please refer to Police Report T/20230213/7100	) 0
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	/
/	/
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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)





1 of 4

Report No. T/20230213/7100

### Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2023 19:52	Vide Report No.: D/20230213/0025	Station Diary No.:
Informant's Particulars		
Name of Informant: TOH PEI PING	Address: 393 BUKIT BATOK WEST AV 650393	ENUE 5 #02-468 SINGAPORE
ID Type / ID No.: NRIC NO / S7417102H	Contact No.: Home/Office:	Mobile: 81392727
Nationality: SINGAPORE CITIZEN	Email: LAWSONTOH74@GMAIL.CC	M
Sex:         Age:         Date of Birth:           Male         48         17/05/1974	Type of Informant: Driver	
Race: Chinese	Language: English	Institution / School Name:
Occupation: Manager	Driving Licence Information: Class:	Date of Expiry:

General Informat	ion of the Accident	ilientrasia inter	Santania de la Compania de la Compa		
Type of Accident:	Injury Conveyed By Ambulance	Drink e Drive: No	Date/Time of Accident: 13/02/2023 07:28	5	Type of Location:
Location:					
JURONG EAST S	STREET 24				
Weather:	Ro	ad Surface:		Road	Speed Limit:
Traffic Flow:	Tra	affic Control:		Traffi	c Volume:
Type of Collision:					ne conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMY4983B	Car	TOYOTA	NOAH HYBRID 1.8X CVT	Brown		1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMY4983B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP000885	11/03/2022	10/03/2023	





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 4 Report No. T/20230213/7100

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved		Parkening St.				NAME OF THE STREET, OF THE
Any Pedestrian II	nvolved: No						
No. of Pedestriar	Use of Pedestrian Crossing: NA				A		
Passenger							
Name	LIM HUI TING			ID No.		NIL	
Related Vehicle	SMY4983B (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class	: NIL of Expiry: NIL
Date	NIL		Date		NIL		
No. of Days granted Medical Leave NIL			Degree of		Serio	us	
Driver	P\$ 医多角管 \$ \$ \$ \$ \$ \$ \$ \$	235741			100		The production of the
Name	TOH PEI PING			ID No		S741	7102H
Related Vehicle	SMY4983B (Car)		Contact No.		81392727		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class Date	: NIL of Expiry: NIL
Date	NIL		Date		NIL		
No. of Days granted Medical Leave 05			Degree of Serio		us		

#### Brief Details.

On the stated date and time i was driving a passenger (Lim Hui Ting) on board vehicle SMY4983B. We were travelling straight along PIE towards Changi.

After we went passed Jurong Town Hall exit, the vehicle in front stopped and we follow suit. Suddenly I felt a great impact from behind and the impact propelled my vehicle forward and hit onto the front vehicle.

The impact causes my right knee to hit the dashboard, my right hand slipped and hit onto my steering. I then alighted and realised i was involved in a 5 vehicles chain collision and I am the 4th vehicle. Order of the vehicles are as follow:

- 1. SLV5672U
- 2. SMR8398B
- 3. SHD6701E
- 4. SMY4983B
- 5. SME2476S

After a while I start to feel pain on my neck, shoulder and lower back areas.

I later send my passenger to the nearest petrol kiosk and left.





3 of 4

Report No. T/20230213/7100

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

### CONTINUATION OF REPORT

She told me she's waiting for the ambulance to come.

The pain was unbearable and I quickly proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and I was given 5 days MC.





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

4 of 4 Report No. T/20230213/7100

#### CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.				
Signature Of Interpreter:	Date/Time:				
Not applicable	13/02/2023 19:52				
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:				
MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246					

NP168

Date of Accident	: 13 02 2023 Accident Time: 0725 (24-HR-Format)
Accident Place	: PIE - CHANGI AFTER JURONG TOWN HALL EXIT.
Vehicle. No. (Car Plate No.)	: SMY4983B Make/Model: TOYOTA NOAH.
Insurace Company	: TOKIO MARINE Policy No: MP 000885
Owner or Company Name /IC No.	: TOH PEI PING STHIT 102 H
Owner or Company Contact No.	: 8139 2727 Owner's Hp Company Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	: 17/05/1974 DRIVER'S License Pass Date 30/09/1994
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others. OWNER
DRIVER'S Address	: BLK 393 #02-468 BUKIT BATOK WEST AUES S650393
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: lawson tot 740 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 D	river): 02
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES) Pls state):	w camera: YES(NO) s being used at the time of accident: Private use (Work purpose) NECK, SHOULDER, KNEE & LOWER BACK.
(B) Other I	Party Driver's Particular (if any)
Vehicle. No: SME 24765	(c) Vehicle. No: SLN 5672 4
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW Dogg	Veh D: SMR8398B
* NEW - Passenger's name &	gender: Veh € SHD6701E

# 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

A member of the Tokio Marine Group



## Certificate of Insurance

FORM MX1 H

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.: MP000885 (Private Car)

Index Mark and Registration Number of Vehicle

SMY4983R

Chassis No.: ZWR800437877

2. Name of Policyholder

TOH PEI PING

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

11/03/2022 (00:00:00)

Date of Expiry of Insurance

10/03/2023

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 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.

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.

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 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 and (Chapter 190). ADDITIONAL INFORMATION

Account No: 3188DDA Insurance Plan: Comprehensive Essential Limit for total loss or theft: Prevailing Market Value Policy Excess: Own Damage Claims Additional Excess for Unnamed Driver(s) Additional Excess for Young or Inexperience SGD 2,500.00 (Original Excess : SGD 2.500.00) SGD 500.00 Driver(s)
WindScreen Excess SGD 1,500.00 Excess-Third Party (Sect II) SGD 100 00 SGD 2,000.00 Financial Interest: SPARK CREDIT PTE LTD Additional Terms: 1. Unnamed Driver Excess is not applicable
2. Vehicle is licensed for private hire (PH) by LTA
3. Only Named Drivers with PH licence can use carrfor PH
4. No rental to unnamed driver
5. YID excess applied on Section 1 & Section 2 separately
6. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable
7. Private Hire Usage Vehicle Endorsement is applicable
8. PH service in Singapore only
9. Approved workshop plan only

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature