

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 | 07/07/2023 15:44 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 06/07/2023 19:20 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | LORONG 6 TOA PAYOH SLIP ROAD EXIT TO PIE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | SLJ129T |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | Yes |
| Name Of Registered Owner | SPEEDY TRADING |
| Company Reg No | 5XXXX601A |
| Email Address | ERICLIMLAIHENG@GMAIL.COM |
| Mobile Phone No | (Phone) +65-82993501 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Sienta |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|---|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | 22-mu012412-r05 |

DRIVER

| | |
|----------------------|--------------|
| Name of Driver | LIM LAI HENG |
| NRIC No | SXXXX431A |
| Date Of Birth | 11/04/1978 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 13/02/2007 |
| Driving experience | 16 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82993501 |
| Alt. Phone Number | - |
| Email Address | ERICLIMLAIHENG@GMAIL.COM |
| Address | BLK 467B FERNVALE LINK #11-527 |
| Address complement | - |
| Postcode | 792467 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | PASSENGER |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bishan Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005529999 |
| Alt. Police Station Phone No | (Fax) +65-65561905 |
| Police Station Address | 20 Bishan Street 23 Singapore 579757 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO THE 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 | VIDEO WITH OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|---------|
| Vehicle Registration Number | SH8118A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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 | LIM LAI HENG |
| Gender | Male |
| Phone No | (Phone) +65-82993501 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND UPPER BACK AREA, 5 DAYS MC |
| Injured person in which vehicle? | SLJ129T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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6. 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



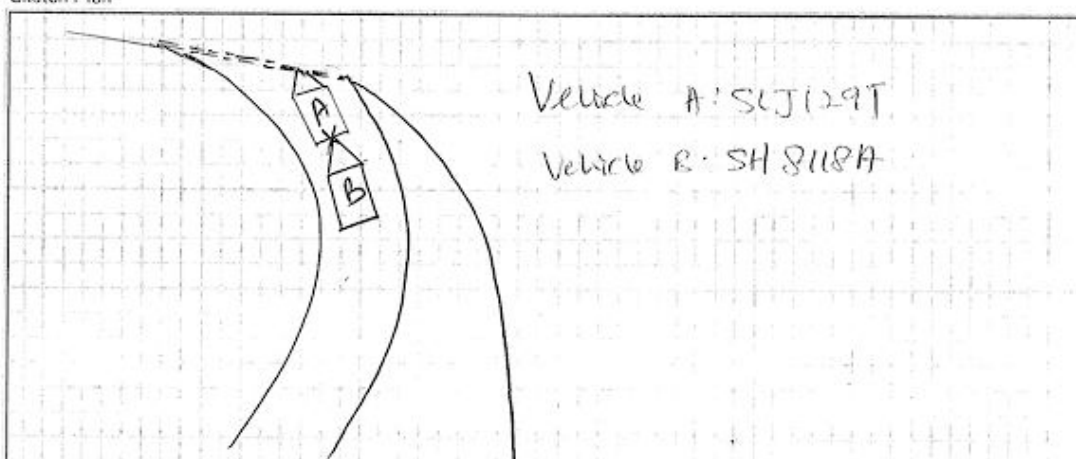
Policyholder's Signature / Date & Time

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



Witness Signature (if any) / Date & Time
(Name must be on ID card)

Sketch Plan

































SINGAPORE POLICE FORCE



T/20230707/2043

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20230707/2043

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|--|------------------------------|
| Date/Time Report Made: 07/07/2023 13:53 | | Vide Report No.: | Station Diary No.: 42 |
| Informant's Particulars | | | |
| Name of Informant: LIM LAI HENG | | Address: APT BLK 467B FERNVALE LINK #11-527 SINGAPORE 792467 | |
| ID Type / ID No.: NRIC NO / S7809431A | | Contact No.: | Mobile: 82993501 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 45 | Date of Birth: 11/04/1978 | Type of Informant: Driver |
| Race: Chinese | | Language: English | |
| Occupation: Private-hire car driver | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/07/2023 19:30 | Type of Location: Slip road |
| Location: LORONG 2 TOA PAYOH | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| 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 | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SH8118A | Taxi | | | | | 0 |
| SLJ129T | Car | | | | | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230707/2043

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20230707/2043

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Driver | | | |
| Name | RAJENDREN S/O RAMASWAMY | ID No. | S1173881H |
| Related Vehicle | SH8118A (Taxi) | Contact No. | NIL |
| 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 | LIM LAI HENG | ID No. | S7809431A |
| Related Vehicle | SLJ129T (Car) | Contact No. | 82993501 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 07/07/2023 | Date Discharge | 07/07/2023 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |

Brief Details.

On 6/7/23 at about 1930hrs, I was driving my car (SLJ129T) along Lorong 6 Toa Payoh and was sending my passenger to Eunus area. When I was entering the expressway (PIE) from Lorong 2 Toa Payoh and was waiting for the traffic to clear at the slip road, I felt an impact from the rear of my car as such got out to check. I noticed that a taxi (SH8118A) had collided into the rear of my car, I then exchange particulars with the taxi driver and continue sending my passenger to the destination before going home to rest. On 7.7.23 when I work up in the morning, I felt pain coming from the back of my neck and my back area as such I went to seek treatment and was given 5 days of medical certificate.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230707/2043

3 of 3

Report No. T/20230707/2043

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SR STAFF SGT LIM BENG LEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/07/2023 13:53

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 332300014M (G.S.T. Reg. No. M2-000073-0)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 059046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0835 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP

FORM MX1 H

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-MU012412-R05 (Private Motor Car)

- | | | |
|--|--|----------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLJ129T | Chassis No.: NSP1707052802 |
| 2. Name of Policyholder | SPEEDY TRADING | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 25/11/2022 | |
| 4. Date of Expiry of Insurance | 24/11/2023 | |
| 5. Persons or Class of Persons entitled to drive* | The Policyholder Any person who is driving on the Policyholder's order or with their 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 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 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 | | Account: 1636DDA |
|--------------------------------|--------------------------------------|---|
| Insurance Plan: | Comprehensive Approved Workshop Plan | |
| Limit for total loss or theft: | Prevailing Market Value | |
| Policy Excess: | Own Damage Claims | SGD 2,000 |
| Policy Excess: | Excess-Third Party (Sect II) | SGD 2,000 |
| | Young/Inexperienced Driver | SGD 3,500 (In addition to Section 1 & 2 separately) |
| | Windscreen Excess | SGD 100 |
| Financial Interest: | GOLDBELL FINANCIAL SERVICES PTE LTD | |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed: 22/11/2022