

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 First Submission	24/10/2024 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	23/10/2024 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH AVE 3 TOWARD BEDOK NORTH ROAD (FILTER LANE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3029Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	200406722Z
Email Address	KHIERTHII@ROSETLIMO.COM
Mobile Phone No	(Phone) +65-67428888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS 1.6 AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	MR053ZEE106178118
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124311472-03

DRIVER

Name of Driver	ALI NAJIB BAKSHER
NRIC No	S9335254H
Date Of Birth	26/09/1993
Occupation	Outdoor
Driving Pass Date	27/02/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86248821
Alt. Phone Number	-
Email Address	ALINAJIB@EVBGROUP.SG
Address	BLK 149 BEDOK RESERVOIR ROAD 03-1709 SINGAPORE 470149
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	MUHAMMAD FAUZAN IHSAN BIN ABDULLAH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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 SLN5679T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver GOH CHIN BENG
 NRIC No S2652402D
 Contact Number (Phone) +65-98393935
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ALI NAJIB BAKSHER
 Gender Male
 Phone No (Phone) +65-86248821
 Address BLK 149 BEDOK RESERVOIR ROAD 03-1709 SINGAPORE 470149
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained CHANGI GENERAL HOSPITAL - 4 DAYS MC
 Injured person in which vehicle? SKR3029Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person MUHAMMAD FAUZAN IHSAN BIN ABDULLAH
 Gender Male
 Phone No (Phone) +65-82569652
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained CHANGI GENERAL HOSPITAL - 3 DAYS MC
 Injured person in which vehicle? SKR3029Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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.



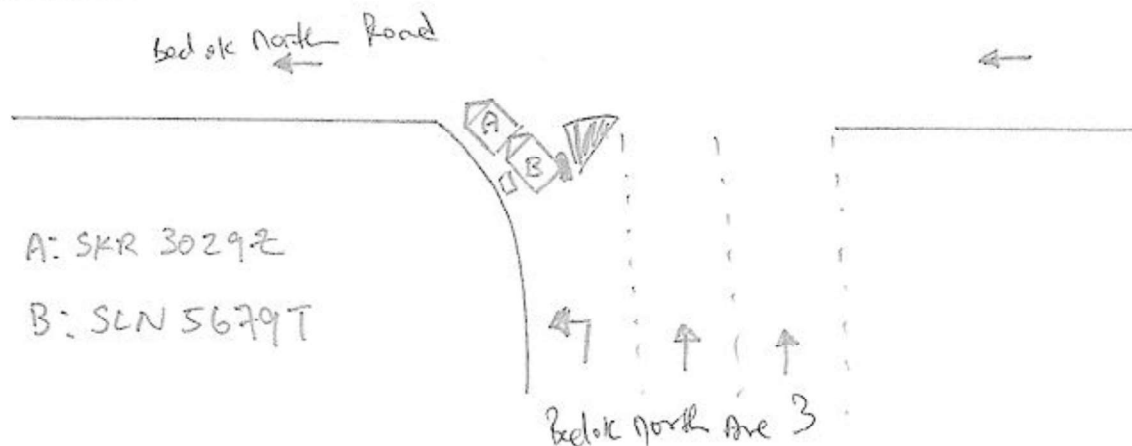
Policyholder's Signature / Date & Time

24/10/24
15:20

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



Witnessed by Reporting Centre Personnel

Sketch Plan

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REFER TO POLICE REPORT NO. T/20241023/2107.

Declaration

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



Policyholder's Signature / Date &
Time

24/10/24
15:21

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

Witnessed by Reporting Centre
Personnel





































**SINGAPORE
POLICE FORCE**



T/20241023/2107

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3
Report No. T/20241023/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2024 23:18	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: ALI NAJIB BAKSHER			Address: 149 BEDOK RESERVOIR ROAD #03-1709 SINGAPORE 470149		
ID Type / ID No.: NRIC NO / S9335254H			Contact No.: Home/Office: Mobile: 86248821		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 26/09/1993	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: SELF EMPLOYED			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: 23/10/2024 17:45	Type of Location: Bend
Location: BEDOK NORTH AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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 Passenger
SKR3029Z	Motor car	TOYOTA	COROLLA ALTIS	Red	Slightly Damaged	1
SLN5679T	Motor car	TOYOTA	COROLLA ALTIS	Brown	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241023/2107

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20241023/2107

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD FAUZAN IHSAN BIN ABDULLAH	ID No.	T0622792E
Related Vehicle	SKR3029Z (Motor car)	Contact No.	82569652
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2024	Date Discharge	23/10/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ALI NAJIB BAKSHER	ID No.	S9335254H
Related Vehicle	SKR3029Z (Motor car)	Contact No.	86248821
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	23/10/2024	Date Discharge	23/10/2024
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On the 23/10/24 at about 1745hrs, I was driving a rental vehicle from Tribecar bearing the plate number SKR3029Z. I was driving along Bedok North Ave 3 turning left towards Bedok North Rd. While I was at the slip road, merging on to Bedok North Rd slightly after the zebra crossing, my vehicle was moving very slowly subsequently I felt an impact from the back of the vehicle.

I came down to make a check to see that another car bearing the plate number SLN5679T had collided with me from the back.

My vehicle damages were cracks at the back and bumper came off.

I sustained neck strained and lower back pain from the impact, was given 4 days of MC (EMD2024179811) from CGH, and my passenger sustained sudden shocked and back pain, was given 3 days of MC (EMD2024179819) from CGH.



**SINGAPORE
POLICE FORCE**



T/20241023/2107

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20241023/2107

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 2 Regina Lim

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

Signature Of Informant:

Date/Time:
23/10/2024 23:18

Classification Of Case:



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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5124311472-03-000556

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SKR3029Z
 Chassis Number : MROS3ZEE106178118
2. Name of Policyholder : ROSET LIMOUSINE SERVICES PTE LTD
3. Effective Date of Insurance : 15 May 2024
4. Expiry Date of Insurance : 14 May 2025
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her 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.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NEWSTATE STENHOUSE (S) PTE LTD (00000690452)

Date of Issue : 15 May 2024 15:28 hrs

For INCOME INSURANCE LIMITED

Chief Executive