

## 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 .....	29/07/2024 18:33 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/07/2024 22:49 (SGT)
Exact Location of Accident .....	Jln Besar, Singapore
Additional Location Information .....	JALAN BESAR
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF4703G
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	1AXIS CORPORATE LEASING PTE LTD
Company Reg No .....	202342244H
Email Address .....	izlyn.rental@1axis.com.sg
Mobile Phone No .....	(Phone) +65-83631043
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Noah
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1797
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD24V04378/VPZ/R00

#### DRIVER

Name of Driver .....	AHMAD ILZAM BIN ADNAN
NRIC No .....	S1568098I
Date Of Birth .....	22/10/1962
Occupation .....	Outdoor
Driving Pass Date .....	24/06/1983
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	41 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-89393500
Alt. Phone Number .....	-
Email Address .....	isteadymat@hotmail.com
Address .....	APT BLK 506C YISHUN AVENUE 4 #09-120
Address complement .....	-
Postcode .....	763506
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO 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 .....	File size larger than 50MB.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMX4410T
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Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Noah
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MUHAMMAD FARIS BIN KAMIS
NRIC No .....	S9219913D
Contact Number .....	-
Address .....	APT BLK 435C BUKIT BATOK WEST AVENUE 5 #04-960
Address complement .....	-
Postcode .....	653435
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

Describe Circumstances of the Accident

① ACCIDENT HAPPENED ON 27-7-2024 AT 22-20 PM.

② ROAD JABAL BESAN RD TOWARDS CITY

③ ACCIDENT OCCURRED BETWEEN

A) SMX 44105 (BLACK TOYOTA MOBI) AND B) SMF 47036 (WHITE TOYOTA MOBI). SMF 47036 SLIGHTLY DAMAGED ON THE FRONT LEFT SIDE PANEL, WHILE SMX 44105 ALSO SLIGHTLY DAMAGED ON REAR RIGHT SIDE PANEL.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

25:23 PM  
29.7.24 camifer

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



Witnessed by Reporting Centre Personnel

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



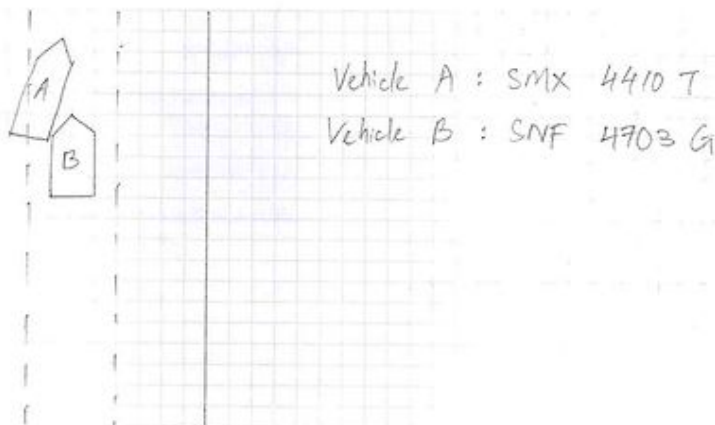
Policyholder's Signature / Date & Time

Sketch Plan

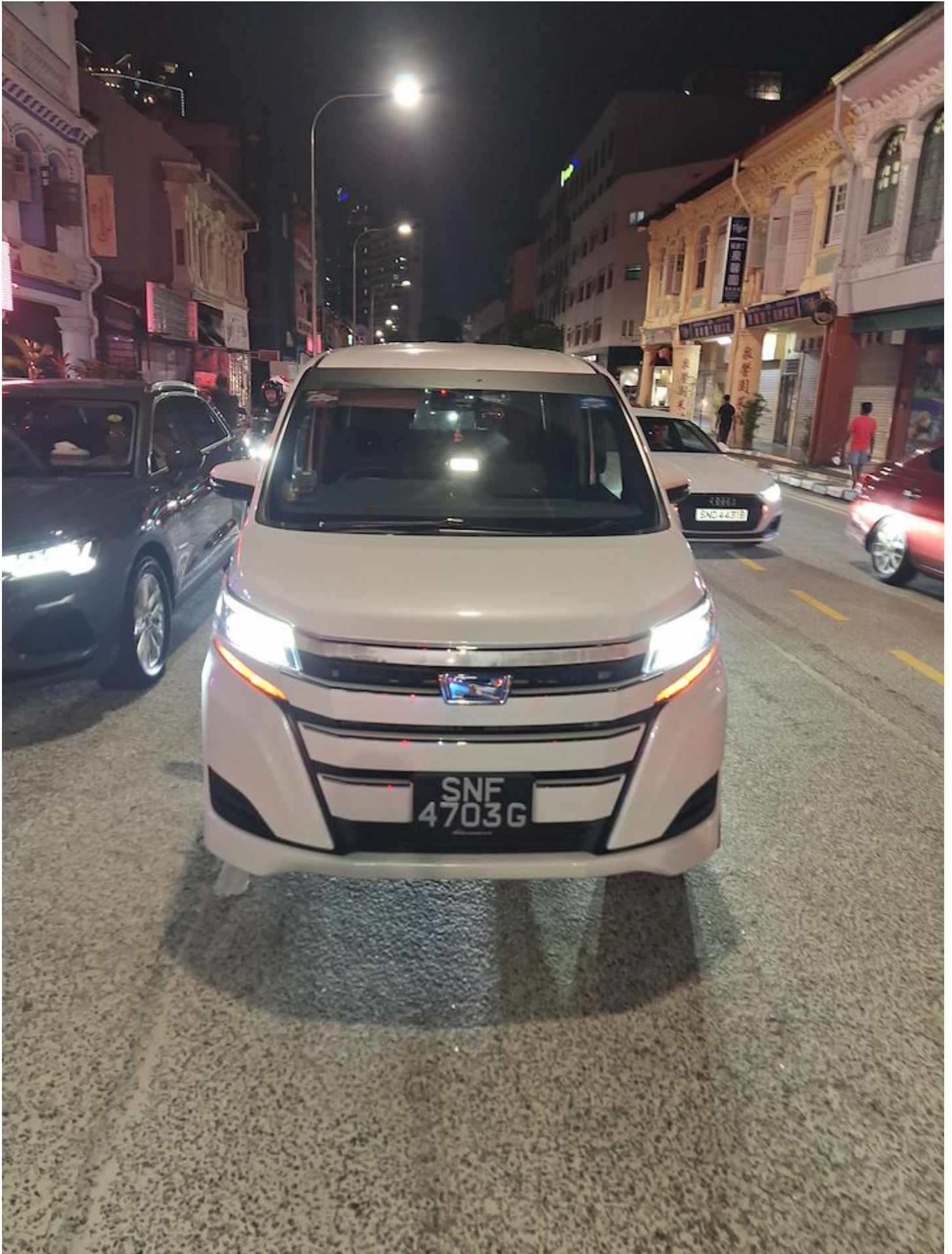
Driver's Signature (If driver is not the policyholder) / Date & Time



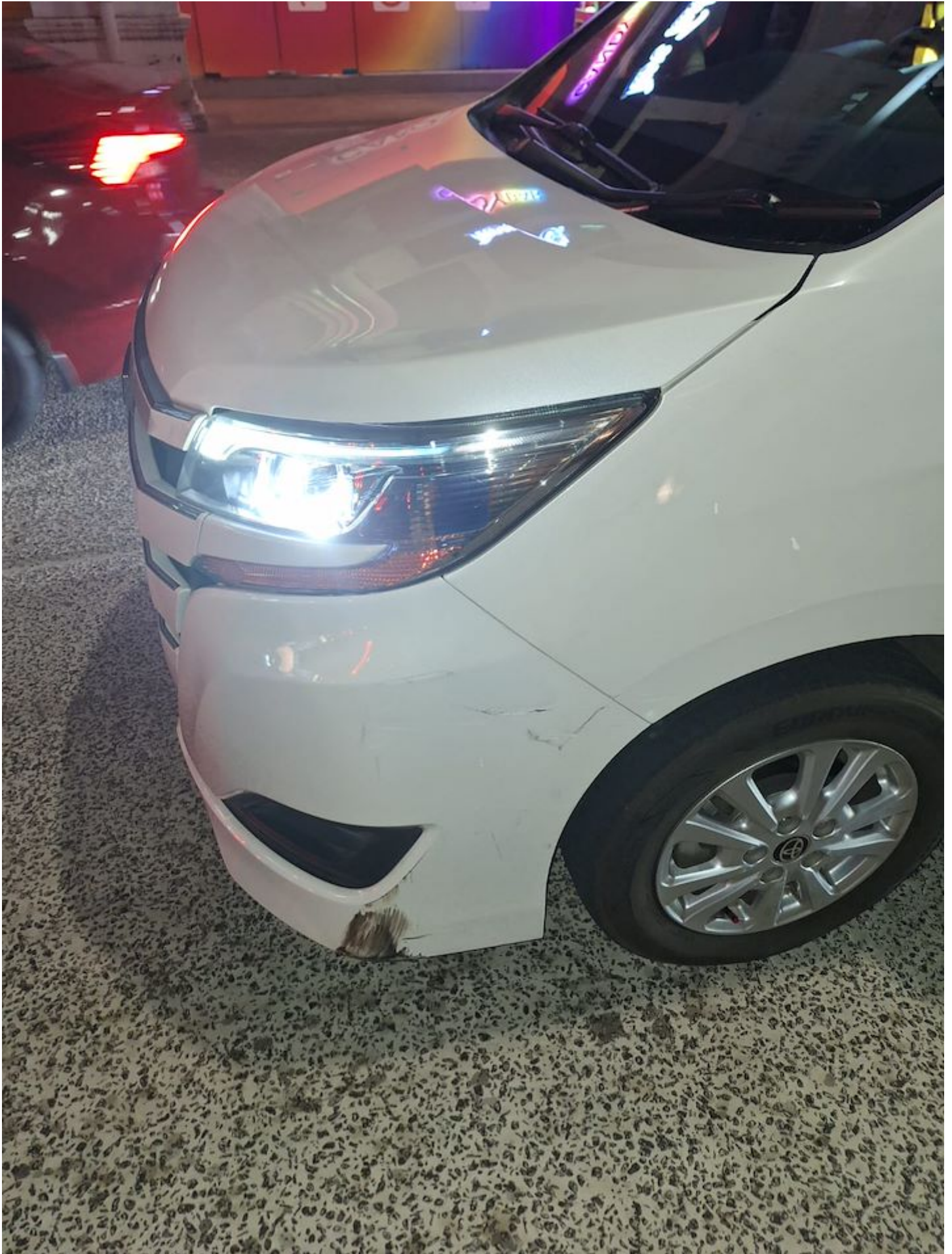
Witnessed by Reporting Centre Personnel













**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SD08247T0006 Vehicle Registration No: SNF 47036  
 Name (as shown in NRIC): AXIS CORPORATE LEASING NRIC/FIN/Passport No: 202342244H  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 5 YISHUN INDUSTRIAL ST. 1 #01-18 NORTHSPRING BIZHUB 5768161 Singapore (763161)  
 Contact (Tel): 65 8363 1043 Mobile No.: 65 8460 1410  
 Email Address: RENTAL@AXIS.COM.SG  
 Date of Accident: 27/07/24 Time of Accident: 10:49 PM  
 Place of Accident: ALONG JALAN BESAR PD TOWARDS CITY.  
 Insurance Company: LIBERTY INSURANCE.

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

WRONG INSURANCE LEFT WAS PROVIDED. AMENDED THE INSURANCE LEFT.



Policyholder / Driver's Signature  
 Date:

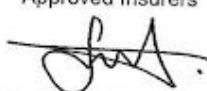
Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



**Liberty Insurance Pte Ltd**  
 Registration no.199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069428  
 Tel: (65) 6221 8611  
 Website: <http://www.libertyinsurance.com.sg>

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

<b>Certificate No</b>	SD24V04378 /VPZ /R00
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	21-MAR-2024
<b>1.Index Mark and Registration No. of Vehicle:</b>	SNF4703G
<b>2.Chassis number of Vehicle:</b>	ZWR800492140
<b>3.Name of Policyholder:</b>	1AXIS CORPORATE LEASING PTE. LTD.
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	20-MAR-2024 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	19-MAR-2025 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p>
<b>7.Limitations as to use*:</b>	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.</p>
<b>8.Policy does not cover:</b>	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>
<p>*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 are not to be included under these headings.</p>	
<p>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.</p>	
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>  Authorised Signature	
<p><b>For Information only:</b></p> <p><b>COVERAGE :</b> Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)</p> <p><b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS</p> <p><b>EXCESS:</b> Section I S\$1500, Section II S\$2000, Additional Excess for Young, Elderly &amp; Inexperienced Drivers S\$3000, Windscreen Excess S\$100</p> <p><b>FINANCE COMPANY:</b> RICARDO CARS PTE LTD</p> <p><b>PRODUCER NAME:</b> DICKSON INSURANCE BROKER PTE LTD</p>	


PLSL/-/21-MAR-24


S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

21-MAR-24

Mar 21, 2024, 4:10 PM

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S9219913D**



  
Name  
**MUHAMMAD FARIS BIN KAMIS**  
محمد فاریس بن کامیس  
Race  
**JAVANESE**  
Date of birth  
**15-06-1992** Sex  
**M**  
Country/Place of birth  
**SINGAPORE**

