





## 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 Authorised 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 ability.
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 Report 29/01/2018 19:10  
Date Of Accident 28/01/2018 17:00  
Exact Location Of Accident TPE TOWARDS CHANGI AIRPORT  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP1151M  
**Insured/Policyholder**  
Name Of Registered Owner BZYCARs  
Co Reg No 53279849W  
Email Address MUSRE78@GMAIL.COM  
Mobile Phone No (LOCAL) +65-84088108  
Alternative Phone No OFFICE-84088108

### Vehicle Particulars

Manufacturer TOYOTA  
Model CAMRY-2.4 ABS AIRBAG (A)  
Exact Purpose for which vehicle was being used at time of accident DRIVING UBER  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken REPORTING ONLY  
Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company ALLIED WORLD ASSURANCE COMPANY, LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number MOMVP000003150-00-000  
Cover Note Number

### Driver

Name of Driver MUSA BIN IBRAHIM  
NRIC No S1347780I  
Date Of Birth 08/04/1959  
Occupation OUTDOOR  
Date Of Driving Pass 13/12/1989  
Driving Experience 28 YEARS AND 1 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-84088108  
Fax Number  
Contact Number OTHERS-84088108  
Email Address MUSRE78@GMAIL.COM

Address	BLK 672A YISHUN AVENUE 4 #06-502
Postcode	761672
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN (PASSENGER) GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7620J
Vehicle Make/Model/Colour	CHEVROLET
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	96606029
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2



## SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



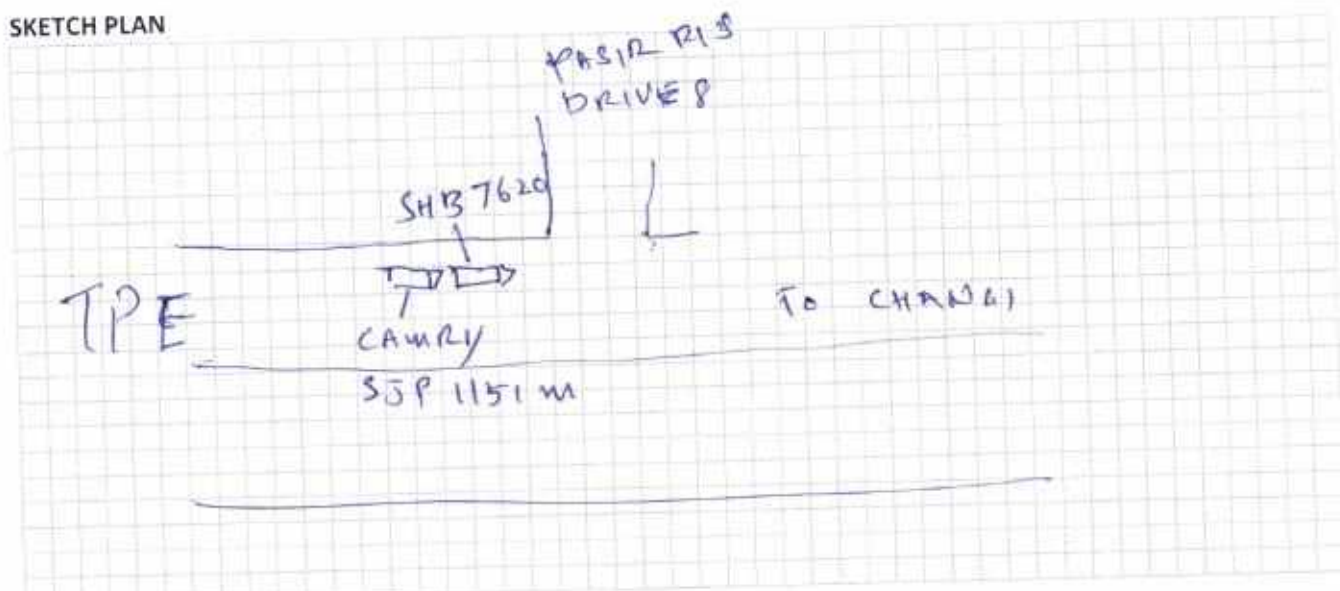
Policyholder's Signature  
Date & Time:

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

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

28/02/2018  
Resli Watan

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1700hrs I was travelling along TPE, once I reach a sliproad near Pasir Ris Drive 8, the traffic is slow moving suddenly a taxi in front of me stop ~~brake~~ and I was behind. The car is station and I stop my leg slip from the brake and the car move forward and was a slight bump. we stop and alighted at the spot. I found there is old crack at the rear left bumper and driver claim that damage is cause by me.

## 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: 29/1/18 1600 hrs

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 01 / 2019 (DD/MM/YYYY), TIME: 17.00 hr (HH:MM)

LOCATION: G TPE TOWARDS COTONS AIRPORT

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: STP 1151 M  
 b) INSURANCE COMPANY: GREY AMERICAN  
 c) POLICY NUMBER: MOMVP000003150-00-000  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA CAMRY  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: UBER  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: BZY CARS (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53279049W CONTACT: 84088108  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER  
 a) NAME: MUSA B IbrahIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 513477802 CONTACT: 84088108  
 c) ADDRESS: BLK 672 A YISAVN AVE 4 #06-502  
 d) DATE OF BIRTH: 08 / 04 / 1989 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 13 / 12 / 1989

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIKER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAIN  
 b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / NO)  
 7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHB 7620J MODEL: CHEVROLET  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: 96606029  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

UNKNOWN  
(F)

No. of passenger  
(including driver)  
(2)

No. of passenger  
(including driver)  
(2)

No. of passenger  
(including driver)  
( )

Email = muste78@gmail.com

Fax =

V1 080

bzycars@gmail.com

**SINGAPORE**  
 ENTITY CARD NO. **S13477801**



Name  
**MUSA B IBRAHIM**

يوسا بن ابراهيم

Race  
**MALAY**

Date of birth **08-04-1959** Sex **M**

Country of birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S13477801**

Name:  
**MUSA B IBRAHIM**

Birth Date: **08 Apr 1959**  
 Issue Date: **13 Jan 2003**





NRIC No: **S13477801**



Date of issue  
**29-11-2004**

APT BLK 872A YISHUN AVENUE 4 #06-502  
 SINGAPORE 761672


NRIC No: **S13477801** Date: **25/07/2017**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 Aug 1979
Class 2A	Motorcycles between 201 cc and 400 cc	17 Aug 1979
Class 2	Motorcycles exceeding 400 cc	17 Aug 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	13 Dec 1968

NP 426A

Licence No: **S13477801**



**PRIVATE CAR COMPREHENSIVE  
POLICY SCHEDULE**

ORIGINAL

We, Great American Insurance Company (hereinafter called the Insurer), hereby agree, in consideration of the payment to us by or on behalf of the Insured of the premium specified in the Schedule, to insure against loss, liability or expense in the manner hereinafter provided. Subject to the following terms, conditions, exclusions, clauses, endorsements and warranties printed hereon or attached hereto.

<b>Policy No.</b>	: MOMVP000003150-00-000	<b>Issue Date</b>	: 09/11/2017
<b>Intermediary</b>	: NLE Insurance Agencies Pte Ltd		
<b>Insured</b>	: Bzycars		
<b>Address</b>	: 7500A Beach Road #04-324 The Plaza Singapore 199591		
<b>Period of Insurance</b>	: From 15/09/2017 (00:00) To 14/09/2018 (23:59) (Both Dates Inclusive)		
<b>Policy Version</b>	: MVP_0116_V1.4		

**Coverage Details**

<b>Sum Insured</b>	: Market Value of Insured Vehicle at Time of Loss		
<b>Premium Inclusive GST</b>	: SGD 1,600.00		
<b>Cover Type</b>	: Private Car (Comprehensive)		
<b>Primary Driver</b>	: Any persons who is driving on the policyholder's order or with their permission		
<b>Named Driver 1</b>	: N/A		
<b>Named Driver 2</b>	: N/A		
<b>Named Driver 3</b>	: N/A		
<b>Vehicle Make Model</b>	: TOYOTA CAMRY 2.4 AUTO ABS AIRBAG	<b>Manufacturing Year</b>	: 2009
<b>Registration Number</b>	: SJP1151M	<b>Vehicle Capacity</b>	: 2362
<b>Off Peak Car</b>	: No		
<b>Chassis Number</b>	: MR053BK4007032630	<b>Engine Number</b>	: 2AZE127989
<b>NCD Entitlement</b>	: 10% No Claim Discount	<b>NCD Protection</b>	: No
<b>Workshop</b>	: Authorised Workshop		
<b>Excess (Section 1)</b>	: SGD 2,000.00		
<b>Excess (Section 2)</b>	: SGD 1,500.00		
<b>Windscreen Excess</b>	: SGD 100.00		
<b>Hire Purchase Company</b>	: YES MOTORING PTE. LTD.		

Subjected to the following terms, conditions, clauses, endorsements and warranties printed hereon or attached hereto:

THE FOLLOWING ENDORSEMENTS AND CLAUSES ARE APPLICABLE TO THIS POLICY

Additional Excess for Authorized Driver – Own Damage Claims.  
Hire Purchase (where applicable)