

MSME18041288 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 27/03/2018 13:35  
SUBMITTED BY: Chia Pei Ying

**Your NCD will be affected due to late reporting**  
**Actual e-Filing Submission Date & Time: 27/03/2018 13:59**

## 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	27/03/2018 13:35
Date Of Accident	23/03/2018 08:50
Exact Location Of Accident	ALONG CLEMENTI RD TWDS BUKIT TIMAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5771E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSLI SAMSURI BIN MARDI
NRIC No	S7370471E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91070073
Alternative Phone No	OFFICE-91070073

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P1681624
Cover Note Number	

### Driver

Name of Driver	AZMI BIN AMZA
NRIC No	S1822748G
Date Of Birth	30/12/1967
Occupation	INDOOR
Date Of Driving Pass	15/07/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93756635
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 372 JURONG EAST ST 32 #05-400  
Postcode 600372  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - DRIVER  
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 ON COLLISION  
Weather Conditions CLEAR  
Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
Number of vehicles involved in the accident  
Was any body injured in the Accident? YES  
Was any injured conveyed to hospital by ambulance? YES  
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) 9

Passenger 1

NAME: : MEDHANSH WEI  
GENDER: : MALE

Passenger 2

NAME: : MISHIKA WEI  
GENDER: : FEMALE

Passenger 3

NAME: : KOO NOAH  
GENDER: : MALE

Passenger 4

NAME: : KIERAN NEO  
GENDER: : FEMALE

Passenger 5

NAME: : CAI ZHI HANG  
GENDER: : MALE

Passenger 6

NAME: : JENNA CHUA  
GENDER: : FEMALE

Passenger 7

NAME: : NEOH MING HAN  
GENDER: : MALE

Passenger 8

NAME: : AMNAH BINTE SAMRI  
GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFFIC POLICE DIVISION HQ  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20180326/2042.

**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	SJT6589E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	SOH LE MAY MINA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	AZMI BIN AMZA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	PA5771E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	AMNAH BINTE SAMRI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	PA5771E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	MEDHANSH WEI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	PA5771E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

Address

Postcode

**DETAILS OF INJURED PERSON 4**

Name MISHIKA WEI

Approximate Age

Injuries Sustain

Injured person in which vehicle? PA5771E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 5**

Name KOO NOAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? PA5771E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 6**

Name KIERAN NEO

Approximate Age

Injuries Sustain

Injured person in which vehicle? PA5771E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 7**

Name CAI ZHI HANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? PA5771E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 8**

Name JENNA CHUA

Approximate Age

Injuries Sustain

Injured person in which vehicle? PA5771E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address



Postcode

**DETAILS OF INJURED PERSON 9**

Name

NEOH MING HAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

PA5771E

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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. The 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 lodgment 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.
- (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.

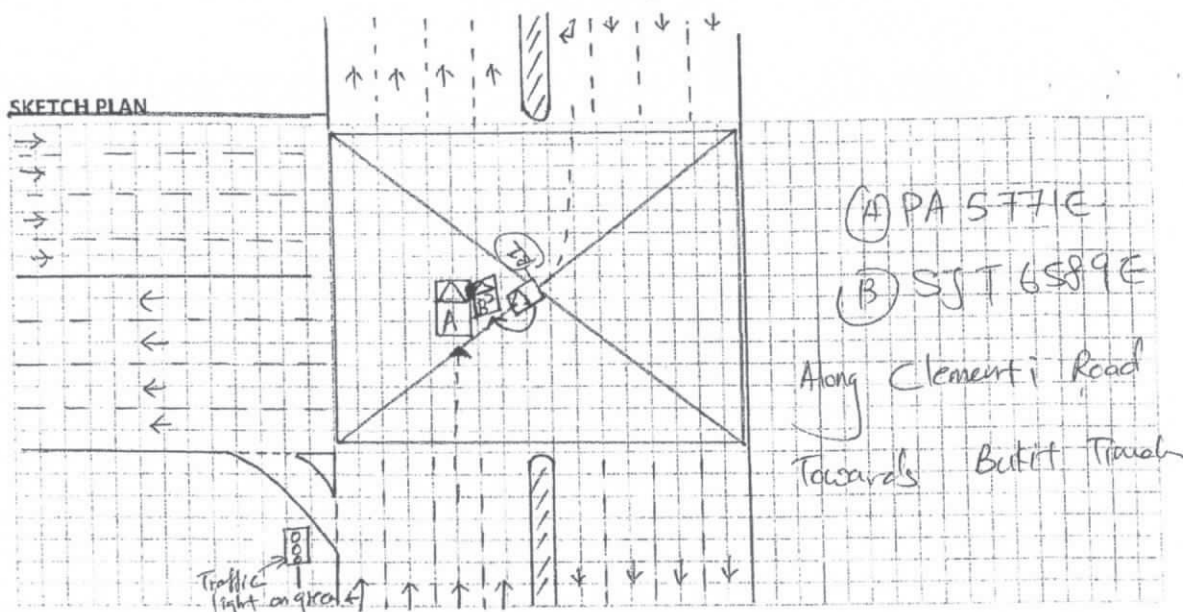
Policyholder's Signature  
Date & Time:

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

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

*PRECISE*

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To  
Police Report No: T/2018-0326/2042

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

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



## Sketch Plan #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180326/2042

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

1 of 3

Report No. T/20180326/2042

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2018 12:06		Vide Report No.: E/20180323/0067		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AZMI BIN AMZA			Address: APT BLK 372 JURONG EAST ST 32 #05-400 HDB JURONG EAST SINGAPORE 600372		
ID Type / ID No.: NRIC NO / S1822748G			Contact No.: Home/Office: Mobile: 93756635		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 30/12/1967	Type of Informant: Driver		
Race: Boyanesse			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/03/2018 08:50	Type of Location: X-Junction
Location: Along Road 1 CLEMENTI ROAD  CLEMENTI ROAD TOWARDS BUKIT TIMAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA5771E	Bus/Coach/Minibus	TOYOTA	HIACE MANUAL	Silver	Seriously Damaged	8
SJT6589E	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged	0

## Details of Person Involved

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



## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180326/2042

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

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Report No. T/20180326/2042

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	AZMI BIN AMZA		ID No. S1822748G
Related Vehicle	PA5771E (Bus/Coach/Minibus)		Contact No. 93756635
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	23/03/2018	Date Discharge	24/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>ATTENDANT</b>			
Name	AMNAH BINTESAMRI		ID No. S7039649A
Related Vehicle	NIL		Contact No. 86787617
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	23/03/2018	Date Discharge	24/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

ON THE ABOVE MENTION DATE TIME AND LOCATION

I WAS TRAVELLING ALONG CLEMENTI ROAD TOWARDS BUKIT TIMAH. ALONG THE CROSS JUNCTION, I WANTED TO TRAVEL STRAIGHT BUT HOWEVER, THE MENTION VEHICLE DECIDED TO TURN RIGHT AND IT RESULTS IN A HEAD TO HEAD COLLISION. I SUFFERED SLIGHT INJURY BUT HOWEVER, MY BUS ATTENDANT HIT THE METAL POLE DURING THE COLLISION. THE CHILDREN IN THE BUS WENT TO SEE DOCTOR. PASSERBY HELPED OUT TO CALL THE AMBULANCE, TRAFFIC POLICE CAME DOWN TO ATTEND TO THE MATTER. MY ATTENDANT AND I WERE SENT TO NATIONAL UNIVERSITY OF HOSPITAL FOR CHECKUP. WE STAYED THERE FOR 1 DAY AND WERE BOTH GIVEN 5 DAYS OF MC.

## Sketch Plan #5 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180326/2042

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

3 of 3

Report No. T/20180326/2042

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /  
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/03/2018 12:06

Officer In Charge Of Case:

TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature: \_\_\_\_\_

## Sketch Plan #6 Pg. 1


LETTER OF UNDERTAKING

I/We, ~~Ramli~~ Rosli Samsuri bin Nugrahi, the owner of vehicle no. PA 5771E.

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Precise Auto Service.

Signed and Acknowledge by:

  
.....  
Nric no. and signature of policyholder



.....  
Company Stamp

26/3/18  
.....  
Date