



## 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	02/05/2018 13:49
Date Of Accident	30/04/2018 18:15
Exact Location Of Accident	KJE TOWARDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6823K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAHIM BIN RUSDI
NRIC No	S1373598J
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-90270644
Alternative Phone No	OTHERS-90270644

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 L (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	17--MV0088280-R01
Cover Note Number	

### Driver

Name of Driver	SHARIFF BIN AHMAD
NRIC No	S0093876I
Date Of Birth	25/10/1954
Occupation	INDOOR
Date Of Driving Pass	13/04/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90270644
Fax Number	
Contact Number	OTHERS-90270644
EMail Address	NOEMAIL

Address	BLK 627 YISHUN STREET 61 #02-01
Postcode	760627
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	CHAIN 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	3
Was any body injured in the Accident?	YES
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)	1

#### 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	SJX3320L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PRASAD MIRETIKA
NRIC/Passport Number	S9170814J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ759Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YUNUS MOHAMED

NRIC/Passport Number

S7119893F

Contact Number

88161691

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

SHARIFF BIN AHMAD

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKZ6823K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

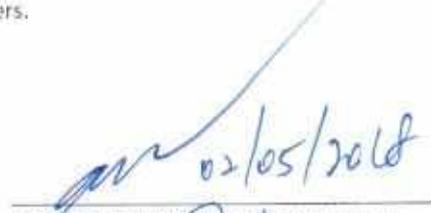
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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.: 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/4/18 @ 1815 hrs I was travelling on KJE > BKE  
 Traffic was heavy.

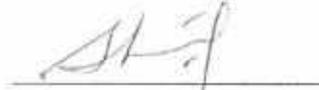
I was travelling slowly when suddenly I felt an  
 impact in my rear.

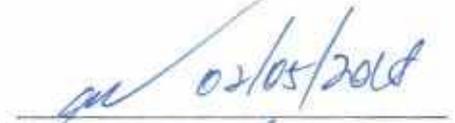
Vehicle B, SJX 3320L hit my rear and pushed  
 my car forward ~~with~~ hitting SJJ 759Z

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:

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

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	30/4/18	TIME:	1815	(hh:mm) 24 hrs Format
LOCATION	KTE > BEE			
VEHICLE NUMBER	SK7 6823 R			
INSURED NAME	Pahim Bin Rusdi			
NRIC/FIN	S1675598J	CONTACT:		
MAKE	Nissan	MODEL	Latio 1.5L A	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only				
INSURANCE COMPANY	Tokio Marine			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT				
POLICY NUMBER :	17-MV000280-201			
NAME DRIVER :	Shariff Bin Ahmad	( ) SAME AS INSURED		
NRIC/FIN	S0093876 I	CONTACT:	90270644	
DATE OF BIRTH:	25/10/54			
DRIVING PASS DATE:	13/1/86			
OCCUPATION :	( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER :	( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:				( ) NO EMAIL
ADDRESS OF DRIVER:	Blk 627 Yishun St 61 #02-61 (760627)			
Number Of Passenger Include Driver:	1 driver only			
Was driver an employee of the Insured's Company?	( ) YES ( <input checked="" type="checkbox"/> ) NO			
If No, Relationship Of The Driver With The Insured				
( ) Owner ( ) Spouse ( <input checked="" type="checkbox"/> ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others				
Does The Driver Own Any Other Vehicle? :	( ) YES ( <input checked="" type="checkbox"/> ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions:	( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface :	( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident?	( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident?	( <input checked="" type="checkbox"/> ) YES ( ) NO			
If YES, Injured details :	Neck Back Pain			
Convey By Ambulance: ( ) YES ( ) NO				
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO				
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party		Name / NRIC	S9170814 J	
Veh B	SJX 3320L	Prasad Mivehka	- (N/A)	
Veh C	SJJ 7597	Yunus Mohamed	88161691	
Veh D		S7119893F		
Veh E				
Veh F				
Veh G				

5655422



NRIC No. S00938761



Date of issue

16-08-2016

Address

APT BLK 627 YISHUN STREET 61  
#02-61  
SINGAPORE 760627

*DRWAH*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S00938761



Name

SHARIFF BIN AHMAD

شاريف بن احمد

Race

JAVANESE

Date of birth

25-10-1954

Sex

M

Country/Place of birth

SINGAPORE

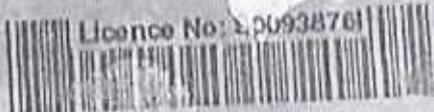


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	04 Mar 1978
Class 2A	Motorcycles between 201 cc and 400 cc	04 Mar 1978
Class 2	Motorcycles exceeding 400 cc	04 Mar 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 Kilograms	13 Apr 1984

NP 428A

Licence No: S00938761



*Driver*

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S00938761**

Name: **SHARIFF BIN AHMAD**

Birth Date: 25 Oct 19...

Issue Date: 26 Feb 200...

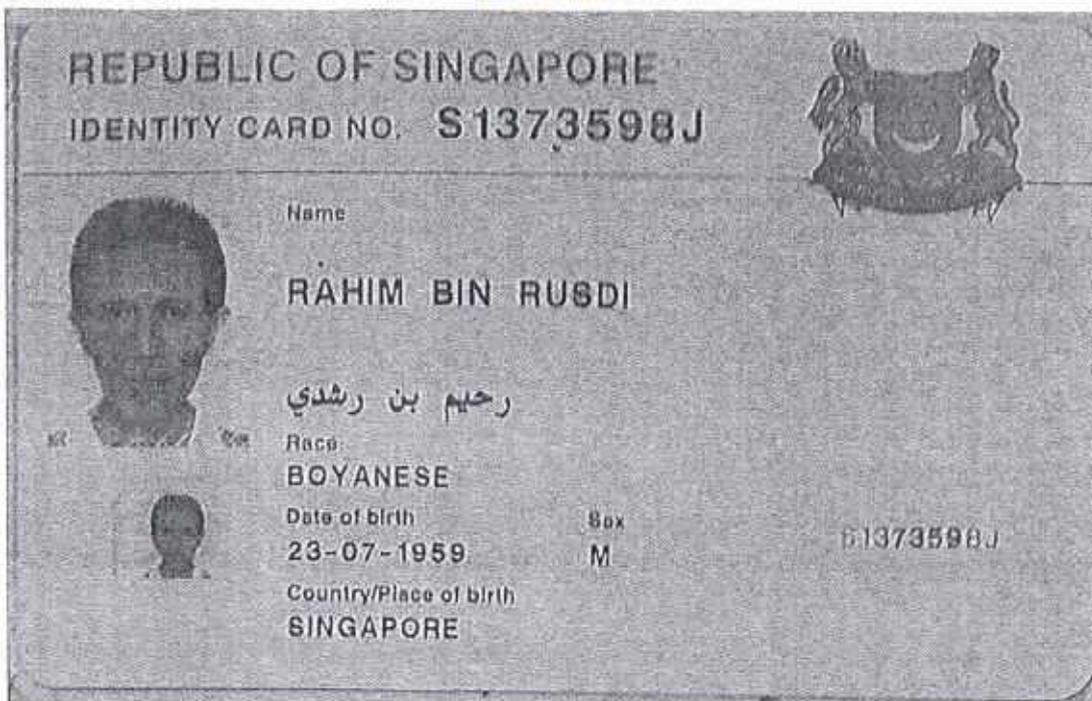


000286810K





OWNER





**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.: 17-MV008280-R01 (Private Motor Car)

- 1. Index Mark and Registration Number of Vehicle: SKZ6823K      Chassis No.: JN1BAACH1Z0001698
- 2. Name of Policyholder: MR RAHIM BIN RUSDI
- 3. Effective date of the Commencement of Insurance for the purposes of the Act: 20/09/2017
- 4. Date of Expiry of Insurance: 19/09/2018
- 5. Persons or Class of Persons entitled to drive\*
  - (a) The Policyholder.
  - (b) Any other person who is driving on the Policyholder's order or with his 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 only for social domestic and pleasure purposes and for the Policyholder's business
  - The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade

\* 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)

<b>ADDITIONAL INFORMATION</b>		Account: 2438DDA
Insurance Plan:	Third Party, Fire & Theft	
Limit for total loss or theft:	Prevailing Market Value	
Financial Interest:	BFIZZIO CREDIT PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC  
 Owner ID: 3598J

**Vehicle Details**

Vehicle No.: SKZ6823K  
 Vehicle to be Exported: No  
 Intended De-registration Date: 31 May 2018  
 Vehicle Make: NISSAN  
 Vehicle Model: LATIO 1.5LA  
 Primary Colour: Grey  
 Manufacturing Year: 2006  
 Engine No.: HR15396767  
 Chassis No.: JN1BAAC11Z0001698  
 Maximum Power Output: 80.0 kW (107 bhp)  
 Open Market Value: \$14,442.00  
 Original Registration Date: 20 Sep 2006  
 First Registration Date: 20 Sep 2006  
 Transfer Count: 3  
 Actual ARF Paid: \$15,887.00

**Intended PARF Rebate Details**

PARF Eligibility: Forfeited  
 PARF Eligibility Expiry Date: -  
 PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 19 Sep 2021  
 COE Category: A - Car (1600cc & below)  
 COE Period(Years): 5  
 PQP Paid: \$26,670.00  
 COE Rebate Amount: \$17,617.00  
**Total Rebate Amount: \$17,617.00**

**Message**

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 02 May 2018

OK

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

**ADDENDUM**

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

Original Report No: MNAU8057154 Vehicle Registration No: SKZ6823 K

Name (as shown in NRIC): SHARIFF BIN AHMAD NRIC/FIN/Passport No.: 80093876 I

Vehicle Driver  Vehicle Owner (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 90270644

Email Address: \_\_\_\_\_

Date of Accident: 30/04/2018 Time of Accident: 18:15

Place of Accident: KJK TOWARDS BKE

Insurance Company: TOKIO MARINE INSURANCE (S) LTD

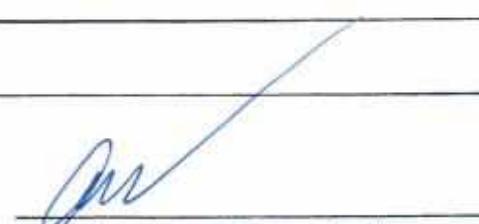
**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

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

CHANGE TO THIRD PARTY CLAIMS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name: Keethi Weerasinghe  
 NRIC/FIN No: \_\_\_\_\_  
 Date: 02/05/2018