

## 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	24/09/2018 15:45
Date Of Accident	23/09/2018 22:30
Exact Location Of Accident	SIN MING ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2299S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NINJA LOGISTICS PTE LTD
Co Reg No	201412014E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87485447

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1671150
Cover Note Number	

### Driver

Name of Driver	MOHAMMED EDDY AZMAN BIN ROSLI
NRIC No	S8841528J
Date Of Birth	29/09/1988
Occupation	INDOOR
Date Of Driving Pass	09/02/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87525672
Fax Number	
Contact Number	
Email Address	ABGSYGEDDYAZMAN@GMAIL.COM

Address	BLK 202 MARSILING DRIVE #11-132 SINGAPORE
Postcode	730202
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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: : NORASIDAH 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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA409P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD5604K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.:

**NINJA LOGISTICS PTE LTD**  
**ROC NO. 201412014E**

## Sketch Plan #2

### SKETCH PLAN

	<p><u>Vehicle</u></p> <p>A -</p> <p>B -</p> <p><u>Legend</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">   <small>Vehicle</small> </div> <div style="text-align: center;">   <small>Motorcycle</small> </div> </div>
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AFTER RIGHT TURN FROM TRAFFIC LIGHT, THE TAXI OVERTAKE ME, THEREFORE, THERE IS ANOTHER TAXI IN FRONT SUDDENLY SWERVE IN TO PICK UP A PASSENGER, THEN THE COLLISION OF EMERGENCY BRAKE FROM THE 1ST CAR, THEN THE 2ND VEHICLE (TAXI SHA409P), THEN VAN (GBE2299S), NO INJURY AT THAT POINT OF TIME.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

**NINJA LOGISTICS PTE LTD**  
**ROC NO. 201412014E**

# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 23/9/18 2230		2 Exact location of accident Sri Ming Road		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) GBE2299S

6 Insured / policyholder (see insurance cert.)

Name Ninja Logistics  
(capital letters) P.L.

Address

NRIC / Passport no. 201412014E

Tel no. (from 9am till 5pm)

HP 8748 5447

7 Vehicle

Make, type Toyota Hiace 30 BX

8 Insurance company

AAA ☒ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. P1671150

9 Driver

Same as Owner

Name Mohammed Eddy Azman

(capital letters) Bin Rosli

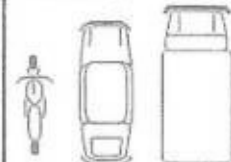
NRIC / Passport no. 508415287

Class of licence

HP 8752 5672

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

## 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- |   |     |   |
|---|-----|---|
| A | Q1  | Chain Collision                                 |
|   | Q2  | Collided into Bicyclist                         |
|   | Q3  | Collided into Motorcyclist                      |
|   | Q4  | Collided into Parked Vehicle                    |
|   | Q5  | Collided into Pedestrian                        |
|   | Q6  | Collided into Property                          |
|   | Q7  | Collision - Change/Cross Lane                   |
|   | Q8  | Collision - Cross Junction                      |
|   | Q9  | Collision - Head on Collision                   |
|   | Q10 | Collision - Head to Rear                        |
|   | Q11 | Collision - Major/Minor Hit                     |
|   | Q12 | Collision - Opening Door of Vehicle             |
|   | Q13 | Collision - Roundabout                          |
|   | Q14 | Collision - U-Turn                              |
|   | Q15 | Drunk Driving / Drug Influence                  |
|   | Q16 | Fire, Explosion or Lightning                    |
|   | Q17 | Flail   |
|   | Q18 | Hit and Run / Vandalism / Damaged whilst Parked |
|   | Q19 | Hit by Fallen Tree / Other Objects              |
|   | Q20 | No Collision                                    |
|   | Q21 | Side Swipe                                      |
|   | Q22 | Theft   |

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please mark your choice to one of the sketches on page 4

15 Signatures of drivers

A NINJA LOGISTICS PTE LTD  
ROC NO. 201412014E

B

14 My remarks

For insured's Individual Statement (Part II) see overleaf →

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

# Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all)		Email: <u>ABG-SYB-ECOM-AZMAN@GMAIL.COM</u>												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Employee</u>	State the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____													
	5 Is the vehicle still in use?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____	Tel no. _____												
	6 Are you claiming under your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)													
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	<u>29/9/88</u>	<u>Indoor</u> <u>Outdoor</u>	<u>9/2/2010</u>												
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
	Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____															
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
		<u>STD5601C</u>													
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____														
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>													
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>													
	16 Speed of vehicles	A <input type="text"/> km/hr B <input type="text"/> km/hr													
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
Declaration	22 State number of Passengers (including Driver) <u>2</u> <u>Norasidah</u> <u>(F)</u>														
1/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____															

**NINJA LOGISTICS PTE LTD**  
**ROC NO. 201412014E**

**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: (65) 63387288 Fax: (65) 63382522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.service@axa.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 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

<b>CERTIFICATE NO.</b>	<b>: VFX/P1671150</b>	<b>Account No. : 00066</b>
<b>Coverage</b>	<b>: Comprehensive</b>	
<b>Sum Insured</b>	<b>: Market Value At The Time Of Loss</b>	
<b>Name of Policy Holder</b>	<b>: NINJA LOGISTICS PTE LTD</b>	
<b>Vehicle Registration No.</b>	<b>: GBE22998</b>	
<b>Period of Insurance</b>	<b>: From 02/10/2017 To 01/10/2018 (Both Dates Inclusive)</b>	

## **PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

Any person who is driving on the Policyholder's order or with their 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.

## **LIMITATIONS AS TO USE\***

- (a) Use in connection with the Policyholder's business
  - (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
  - (c) Use for social, domestic and pleasure purposes
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
  - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

## **EXCESS :**

**Sect I - Used In S'pore Only : SGD 750.00**  
**Windscreen Excess : SGD 100.00**

\* 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.

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).

**AXA INSURANCE PTE LTD**

**Authorized Signature**

Issued by - SGOAKAS2 on 03/10/2017



DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8841528J



Name  
MOHAMMED EDDY AZMAN BIN ROSLI

Race  
MALAY

Date of birth  
29-09-1988

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
Name  
S8841528J  
MOHAMMED EDDY AZMAN BIN ROSLI

Birth Date  
29 Sep 1988

Issue Date  
10 Sep 2013

002215804C

REPUBLIC OF SINGAPORE

IC No. S8841528J

Date of issue  
13-10-2003

APT BLK 202 MARSILING DRIVE #11-132  
SINGAPORE 730202

IC No: S8841528J Date: 29/05/2015

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

	EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	09 Feb 2010

Licence No: S8841528J

NP 428A

Accident Photo



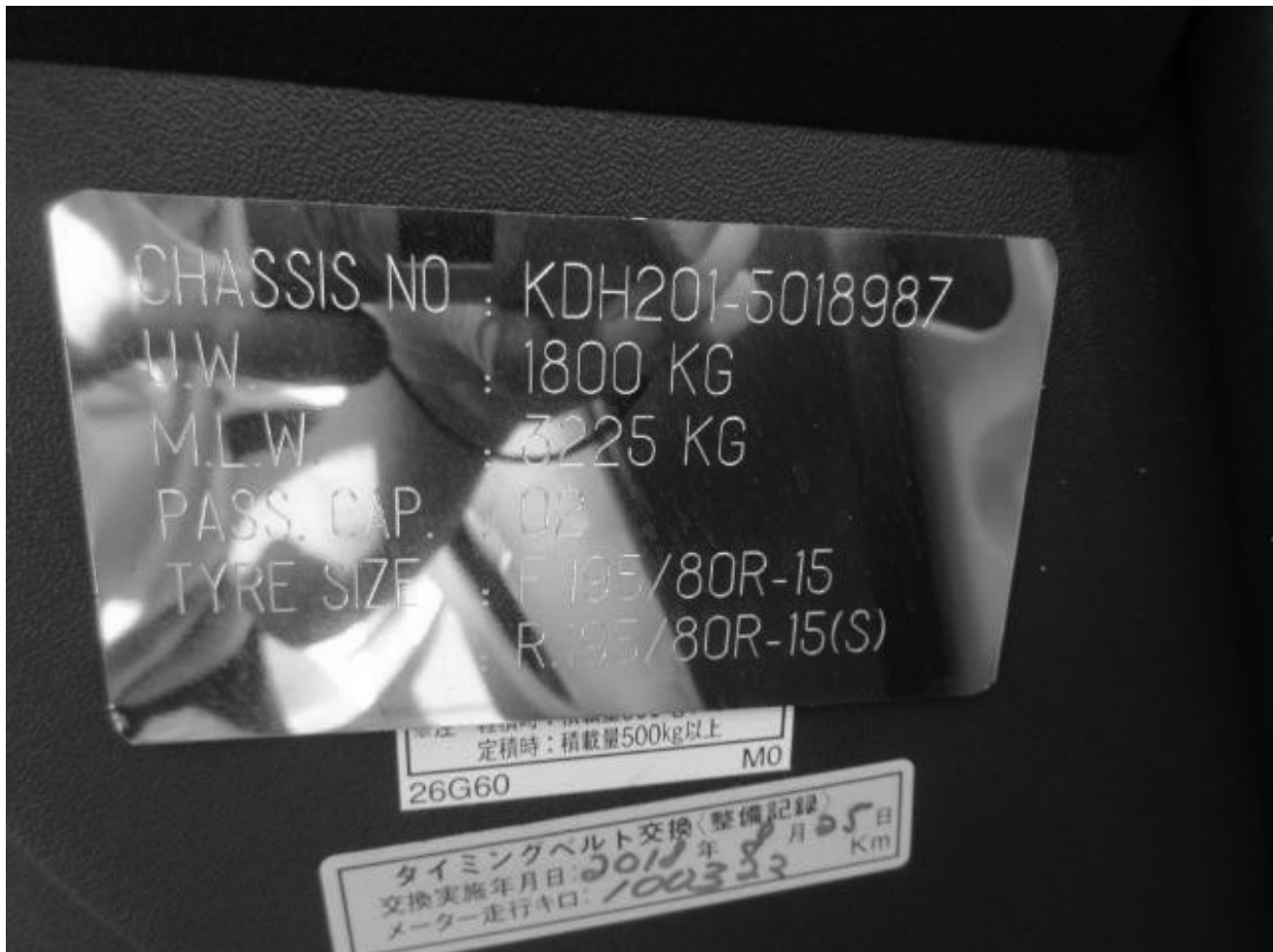
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

