

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 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 Report	17/10/2018 15:55
Date Of Accident	16/10/2018 15:40
Exact Location Of Accident	JUNCTION OF PUNGGOL ROAD & PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU4948X
Insured/Policyholder	
Name Of Registered Owner	RHK ENTERPRISE
Co Reg No	NA
Email Address	RHK99@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-90280891

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 (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	THIRD PARTY
Fleet Policy	NO
Policy Number	P0192502
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AMEER BIN OTHMAN LETAK
NRIC No	S9717478D
Date Of Birth	28/05/1997
Occupation	INDOOR
Date Of Driving Pass	17/07/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87971772
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 349 TAMPINES STREET 33 #02-422 SINGAPORE
Postcode	520349
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	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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : JOLENE FO GENDER: : FEMALE
Passenger 2	NAME: : ANNABELLE MARIA JEFFREY 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?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	ANNABELLE MARIA JEFFREY
Phone Number	91597805
Email Address	

Sketch Plan

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.

RHK ENTERPRISE

[Signature] 16/7/19

17 10 18

[Signature]

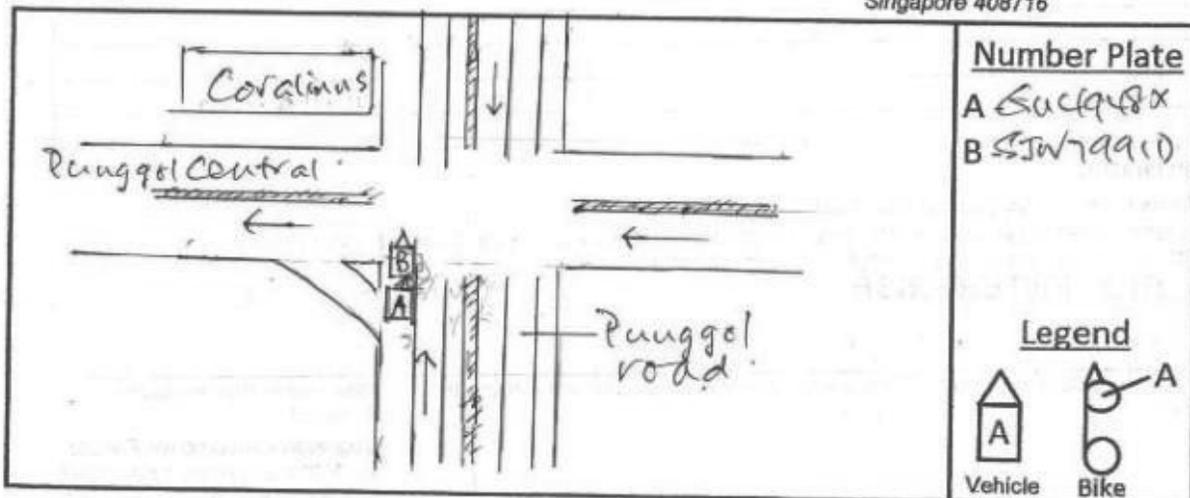
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

car care
Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan



Sketch Plan #2

SKETCH PLAN

Describe Circumstances of the Accident

Date of Accident:

Time of Accident:

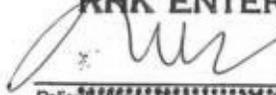
(See Police Report)

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

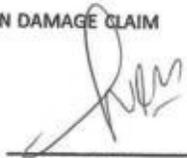
RHK ENTERPRISE

 17/10/18

Policyholder's Signature / Date & Time

 17/10/18

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



Witnessed by Reporting Centre Personnel *car care*
Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

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 16.10.2018 3:40pm		2 Exact location of accident Junction of Punggol rd & Punggol Central		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" 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) Annabelle Maria Jeffrey 60, Jalan Mata Air (91597805)	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) GUD948X

6 Insured / policyholder (see insurance cert.)
 Name: RHK ENTERPRISE A
 Address: 378A, Tanjong Katong road.
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 HP: 90280891

7 Vehicle: Nissan Cabstar
 Make, type _____

Insurance company: AXA C TPFT TPO

Does the policy cover damage to vehicle A?
 No Yes
 Policy No. P0192502

8 Driver: Same as Owner
 Name: BIL OTHMAN LEPAK
 (capital letters)
 NRIC / Passport no. 991174780
 Class of licence: 03
 HP: 991174780
 Gender: Male Female

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

<input type="checkbox"/>	1	parked / stopped (at the roadside)
<input type="checkbox"/>	2	leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3	entering a parking space (at the roadside)
<input type="checkbox"/>	4	emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5	entering a car park, private grounds, a minor road
<input type="checkbox"/>	6	entering a roundabout or similar traffic system
<input type="checkbox"/>	7	circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9	going in the same direction but different lane
<input type="checkbox"/>	10	changing lanes
<input type="checkbox"/>	11	overtaking
<input type="checkbox"/>	12	turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13	turning to the left
<input type="checkbox"/>	14	reversing
<input type="checkbox"/>	15	encroaching in the opposite traffic lane
<input type="checkbox"/>	16	coming from the right (at road junctions)
<input type="checkbox"/>	17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) SW1991D

6 Insured / policyholder (see insurance cert.)
 Name: _____
 (capital letters)
 Address: _____
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 HP: _____

7 Vehicle: TOYOTA PREMIO
 Make, type _____

Insurance company: C TPFT TPO

Does the policy cover damage to vehicle B?
 No Yes
 Policy No. (if available) _____

8 Driver (See driving licence) (if different from insured B above)
 Name: _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence: _____
 HP: _____
 Gender: Male Female

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

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 make reference to one of the sketches on page 2: _____

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

11 Visible damage to vehicle A
 Left front panel, lights, bumper damage

11 Visible damage to vehicle B
 Right rear bumper, lights & trunk dented in

14 My remarks

RHK ENTERPRISE
 A

15 Signatures of drivers

B

14 My remarks

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

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

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>rk99@singnet.com.sg</u>						
	2 Vehicle registration no. <u>CA 4948X CC 3155cc</u>		If commercial vehicle, state permissible carrying capacity <u>1850 kg</u>						
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner <u>Driver</u>						
	4 Exact purpose for which vehicle was being used at time of accident		Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input checked="" type="checkbox"/>						
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, state where it is at present <u>308A, TG. KATOYU</u> Tel no. <u>674110300</u>						
	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>12/7/2018</u>						
	<u>28.5.97</u>	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	Was vehicle driven with the insured's permission? 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 <u>no</u>								
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><u>no</u></td> <td></td> <td></td> </tr> </tbody> </table>				Date	Offence	Penalty	<u>no</u>		
Date	Offence	Penalty							
<u>no</u>									
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle						
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>						
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>						
			Yes <input type="checkbox"/> No <input type="checkbox"/>						
			Yes <input type="checkbox"/> No <input type="checkbox"/>						
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>no</u>		Insurer's name and address (if known)						
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
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 <u>30</u> km/hr B <input type="checkbox"/> km/hr								
	17 What warnings were given by driver or other party? <u>no</u>								
	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 <u>1000 kg</u>								
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)								
22 State number of Passengers (including Driver) <u>02</u> RK ENTERPRISE									
Declaration	I/We declare the foregoing particulars are true in every respect								
	Policyholder's signature <u>[Signature]</u>	Date <u>17.10.2018</u>	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>						



**SINGAPORE
POLICE FORCE**



G/201810177006

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/201810177006

I didnt had time to properly stop as the vehicle was very heavy. So i stalled the lorry and swerved to the right to avoid major injuries and minimise contact from car and lorry. I remembered her crossing the line before she jammed her brakes, thats why i didnt brake fully. My front left side of the lorry collided with the car resulting in minor injuries for both me,my passengers and the woman infront.

Subjects Involved			
Suspect			
Person Name	Jolene Foo		
ID Type	NRIC NO	ID No	S9642792A
Gender	Female	Age	22
Race	Chinese	Language	English
Occupation	Production	Address	Block 121 Potong Pasir Ave 1 #20-287
Mobile No	97472929	Complexion	Fair
Build	Plump	Height About	160cm
Attire Last Worn	Black short,black shirt and orange bandana	Hair Colour	Brown
Hair Style	Short-Permed	Relation To Informant	Colleague
Habits & Oddities	No		
Person Name	Annabelle Maria Jeffrey		
ID Type	NRIC NO	ID No	S9402113H
Gender	Female	Age	24
Race	Indian	Language	English
Occupation	Production	Address	69 Jalan Mata Ayer #02-09

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
17/10/2018 11:00

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20181017/7006

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181017/7006

Mobile No	91597805	Complexion	Dark
Build	Small	Height About	155cm
Attire Last Worn	Green jumper	Hair Colour	Black
Hair Style	Medium-Natural Curls	Relation To Informant	Colleague
Habits & Oddities	Tatto at back		
Victim			
Person Name	MUHAMMAD AMEER BIN OTHMAN LETAK		
ID Type	NRIC NO	ID No	S9717478D
Gender	Male	Age	21
Race	Malay	Language	English
Occupation	Student	Address Type	
Address	APT BLK 349 TAMPINES STREET 33 #02-422 SINGAPORE 520349	Mobile No	87971772
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD AMEER BIN OTHMAN LETAK (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/10/2018 11:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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)		
CERTIFICATE NO.	: VFX/P0192502	Account No. : 04183
Coverage	: Third Party Only	
Sum Insured	: NIL	
Name of Policy Holder	: RHK ENTERPRISE	
Vehicle Registration No.	: GU4948X	
Period of Insurance	: From 01/06/2018 To 31/05/2019 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE* Any person who is driving on the hirer'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 for the carriage of passengers or goods in connection with the hirer's business. (b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover (a) Use for racing, pace making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired		
(09)		
EXCESS : Sect II-Used In Singapore Only : SGD 2,000.00 * 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 - SGOVKRS on 31/05/2018

IMPORTANT :
 Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9717478D



Name
**MUHAMMAD AMEER BIN
OTHMAN LETAK**

Race
MALAY

Date of birth
28-05-1997

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S9717478D

Name
**MUHAMMAD AMEER BIN OTHMAN
LETAK**

Birth Date: **28 May 1997**

Issue Date: **17 Jul 2018**



002824992F

4883832



NRIC No. S9717478D



Date of Issue
12-09-2012

Address
**APT BLK 349 TAMPINES STREET 33
#02-422
SINGAPORE 520349**



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	17 Jul 2018
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	17 Jul 2018

NP 428A



Licence No: S9717478D

Accident Photo



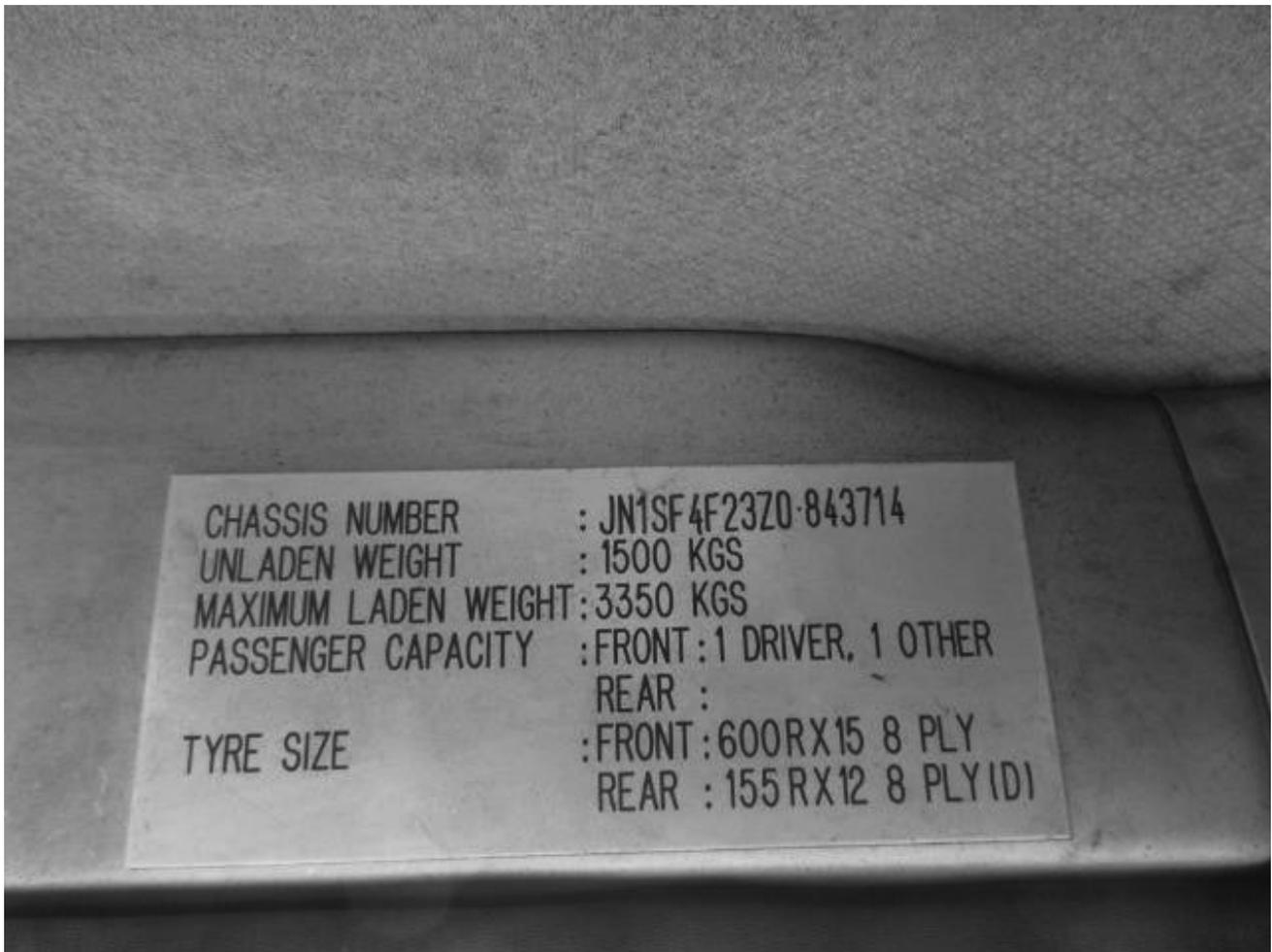
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

