

## 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	12/11/2018 14:16
Date Of Accident	10/11/2018 15:00
Exact Location Of Accident	C/P @ BUKIT BATOK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8288U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SG BROS ENTREPRENEURS PTE. LTD.
Co Reg No	201410780Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88229295

### 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	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	P1583754
Cover Note Number	

### Driver

Name of Driver	MOHAMED ISKANDAR MIRZA B MOHAMED NASIR
NRIC No	S8415116E
Date Of Birth	25/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88229295
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 227 TAMPINES ST 23 #04-191
Postcode	521227
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	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?	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: : PAX 1 GENDER: : MALE

#### 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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3580P
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.:

## Sketch Plan #2


### SKETCH PLAN


Vehicle

A -

B -

Legend

 Vehicle

 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was turning to Exit the car park B was moving slow, As I was near he suddenly brake without hazard light and I hit his back.

## 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 &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Driver IC & LIC Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8415116E



Name

MOHAMED ISKANDAR MIRZA BIN  
MOHAMED NASIR

محمد ايسكندرميرزا بن محمد ناسير

Race

MALAY

Date of birth

25-05-1984

Sex

M

S8415116E

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8415116E

Name: MOHAMED ISKANDAR MIRZA BIN MOHAMED NASIR

Birth Date: 25 May 1984

Issue Date: 09 Dec 2005

001385871J

5430121



NRIC No. S8415116E



Date of issue

02-03-2015

Address

APT BLK 227 TAMPINES STREET 23  
#04-191  
SINGAPORE 521227

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2B	Motorcycles =< 200 CC	09 Dec 2005
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	24 Feb 2011

S8415116E

S / No. 9000135886

Licence No: S8415116E

NP 42BA



**Sg Bros Entrepreneurs Pte. Ltd.**

25 Ubi Road 4,  
#03-02 Weltech Industrial Building,  
Singapore 408621

Tel: 6848 2118

Fax: 6848 2824

Website: [www.sgbros.com](http://www.sgbros.com)

Company Registration No. 201410780Z

GST No. 201410780Z

12 Nov 2018

**To** : Whom it may concern

**RE** : Authorised driver for vehicle GBC8288U

This letter is to confirm that Mohamed Iskandar Mirza Bin Mohamed Nasir, IC number S8415116E, under the employment of Sg Bros Entrepreneurs Pte Ltd, is the authorised driver for vehicle GBC8288U.



Verified by,

Watt Xiu Wei (Ms)

Head Administrator

Sg Bros Entrepreneurs Pte Ltd



# 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 10/11/18 Time 3pm 2 Exact location of accident CIP - @ Bukit Batok

3 Injuries even if slight No ☒ Yes ☐  
4 Material damage To vehicles other than vehicles A and B No ☒ Yes ☐  
To objects other than vehicles No ☒ Yes ☐  
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 ☐ Yes ☒

Registration No. (VEHICLE A) KBC8288 U

6 Insured / policyholder (see insurance cert.)

Name St Bros Enterprise Pte. Ltd.  
(capital letters) P.L.

Address

NRIC / Passport no.

Tel no. (from 8am till 5pm)

HP

7 Vehicle Make, type Toyota Hiace

8 Insurance company AXA ☒ TPFT ☐ TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☒

Policy No. P1583754

9 Driver ☐ Same as Insured

Name Mohamed Iskandar  
(capital letters) Mizan B Mohd Nair

NRIC / Passport no. 5841516E

Class of licence 80229295

HP

Gender Male ☒ Female ☐

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



11 Visible damage to vehicle A

12 My remarks

13 Signature of driver A

14 My remarks

15 Signature of driver B

16 My remarks

17 Signature of driver C

18 My remarks

19 Signature of driver D

20 My remarks

21 Signature of driver E

22 My remarks

## 12 CIRCUMSTANCES

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

- ☐ Chain Collision
- ☐ Collided into Bicyclist
- ☐ Collided into Motorcyclist
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Cross Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Tail
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Runabout
- ☐ Collision - U-Turn
- ☐ Drunk Driving / Drug Influence
- ☐ Fire, Explosion or Unstopping
- ☐ Road
- ☐ Hit and Run / Vanishing / Damaged when Parked
- ☐ Hit by fallen Tree / Other Object
- ☐ Hit Collision
- ☐ Side Squeeze
- ☐ Theft

State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred

Please refer to: 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



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



15 Visible damage to vehicle B

16 My remarks

17 Signature of driver

18 My remarks

19 Signature of driver

20 My remarks

21 Signature of driver

22 My remarks

Registration No. (VEHICLE B) SLV 3580 P

6 Insured / policyholder (see insurance cert.)

Name St Bros Enterprise Pte. Ltd.  
(capital letters) P.L.

Address

NRIC / Passport no.

Tel no. (from 8am till 5pm)

HP

7 Vehicle Make, type

8 Insurance company ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence) (if different from insured B above)

Name Mohamed Iskandar  
(capital letters) Mizan B Mohd Nair

NRIC / Passport no. 5841516E

Class of licence 80229295

HP

Gender Male ☒ Female ☐

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



11 Visible damage to vehicle B

12 My remarks

13 Signature of driver

14 My remarks

15 Signature of driver

16 My remarks

17 Signature of driver

18 My remarks

19 Signature of driver

20 My remarks

21 Signature of driver

22 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

<b>INDIVIDUAL STATEMENT (Part II)</b> <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop Email / Fax (if any)</small>																										
Insured	1 Occupation (if more than one, state all) _____ Email: _____ 2 Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____																											
Of which vehicle are you the owner?  <input type="checkbox"/> A  <input type="checkbox"/> B	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner _____ 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 checked="" 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 _____ 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 type="checkbox"/> No <input checked="" 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">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																						
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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 _____ km/hr B _____ 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) _____ 22 State number of Passengers (Including Driver) <u>2</u> Pax 1 (male)																											
Declaration	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																											

Accident Photo



Accident Photo





Accident Photo



Accident Photo

CHASSIS NO : JTFHT02P50-0134322  
U.L.W. : 1740 KG  
M.L.W. : 2800 KG  
PASS.CAP : 02  
TYRE SIZE : F.195R15C 8PR LT  
: R.195R15C 8PR LT (S)

Accident Photo

