

## 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	08/02/2019 16:55
Date Of Accident	07/02/2019 10:00
Exact Location Of Accident	SUNGEI RD TOWARDS OPHIR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3940T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MS CARZ LEASING PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98161716

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN015546
Cover Note Number	

### Driver

Name of Driver	MUHAMAD UZAIR BIN ISMAIL
NRIC No	S8705294Z
Date Of Birth	10/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98161716
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 807A CHOA CHU KANG AVENUE 1 #05-500
Postcode	681807
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 (including own vehicle) 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: : PAX 1 GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	NOTICE OF COMPLIANCE
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?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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

### 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. 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 "Purpose")
- (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.



*[Handwritten signature]*

Policyholder's Signature  
Date & Time:

*[Handwritten signature]*

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

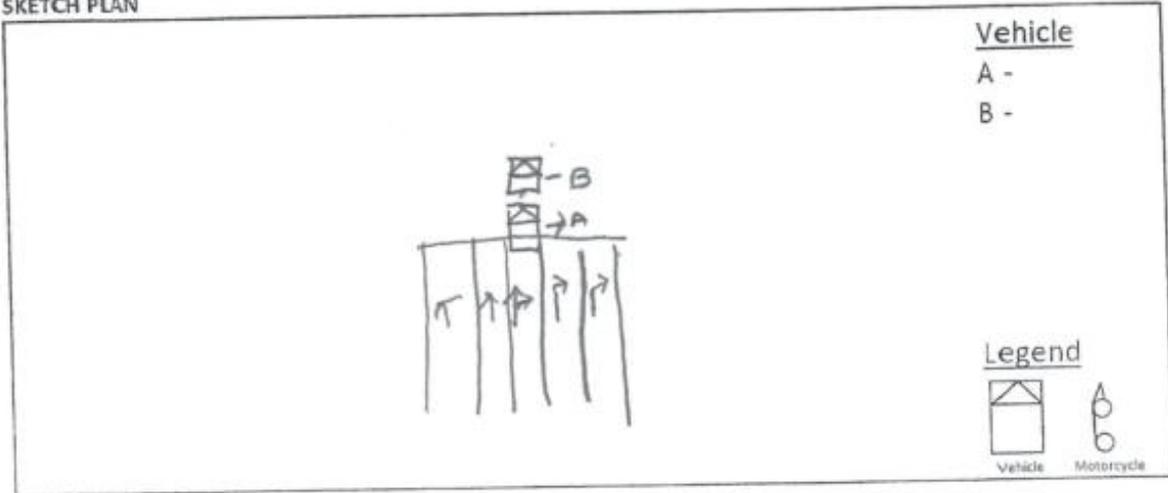
*[Handwritten signature]*



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sungai road third lane when approaching junction there was a white SUV car ahead me. As about to move the car ahead of me sudden brake causing my car to hit the rear side of the SUV car. The SUV car did not stop after the accident instead he turn towards Jalan besar. I headed to other road while waiting for him to stop but the SUV car just ~~passed~~ proceed. I don't have his vehicle number and model.

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 Signature  
Date & Time:




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



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




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

MS Chy.

1 Date of accident: 7/7/19 Time: 1000. 2 Exact location of accident: Sungai Road towards Ophir Road

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' names, 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): SJT 3940 T

6 Insured / policyholder (see insurance cert.): Name: MS (or/2) Hasing PIL. Address: \_\_\_\_\_ NRIC / Passport no.: 2041066R Tel no. (from 9am till 5pm): \_\_\_\_\_ HP: \_\_\_\_\_

7 Vehicle: Make, type: Honda Fit

8 Insurance company: AXA  C  TPFT  TPO. Does the policy cover damage to vehicle A? No  Yes . Policy No.: CN 015546.

9 Driver:  Same as Owner. Name: Muhammad Uzair B Ismail. NRIC / Passport no.: 587052942. Class of licence: \_\_\_\_\_ HP: 98161716. Gender: Male  Female

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

- Collided
- Collided into Bicycle
- Collided into Motorcycle
- Collided into Motor Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Side
- Collision - Mirror/Mirror Hit
- Collision - Opening Door of Vehicle
- Collision - Roadblock
- Collision - Station
- Driver Driving / Long Distance
- Fire, Explosion or Lightening
- Flood
- Hit by Heavy Vehicle(s) / Damaged vehicle Parked
- Hit by Police Van / Other Official
- Hit by Cyclist
- Hit by Train
- Hit by \_\_\_\_\_

Registration No. (VEHICLE B): Unknown.

6 Insured / policyholder (see insurance cert.): Name: \_\_\_\_\_ (capital letters) Address: \_\_\_\_\_ NRIC / Passport no.: \_\_\_\_\_ Tel no. (from 9am 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: \_\_\_\_\_ (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: 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

State TOTAL number of boxes marked with a cross: \_\_\_\_\_

REFER TO ATTACHED

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

11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

11 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

14 My remarks:

\_\_\_\_\_

\_\_\_\_\_

15 Signatures of drivers:

A

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**

<b>INDIVIDUAL STATEMENT (Part II)</b> <span style="float: right; font-size: small;">Own Workshop Email / Fax (if any) _____</span>																																								
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  Of which vehicle are you the owner? <input type="checkbox"/> A <input checked="" type="checkbox"/> B	1 Occupation (if more than one, state all) _____ Email: _____ 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 _____ 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 checked="" type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____ 5 Is the vehicle still in use? Yes <input 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 type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input 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; font-size: x-small;"> <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																																						
Injury of persons	<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th rowspan="2">Name(s), address(es) and approximate age(s)</th> <th rowspan="2">Injuries sustained</th> <th rowspan="2">If vehicle occupants, state in which vehicle</th> <th colspan="2">Were seat belts being worn?</th> <th colspan="2">Was injured conveyed to hospital by ambulance?</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?		Yes	No	Yes	No																												
Name(s), address(es) and approximate age(s)	Injuries sustained				If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?																																
		Yes	No	Yes		No																																		
Damage to property of vehicle (other than within A and B)	11 Name(s) and address(es) of owner(s) _____ Vehicle registration no. or details of property _____ 12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____ <b>Yew Tee NPC</b> 13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____																																							
Accident details	14 Weather conditions Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____ 15 Road surface Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others _____ 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) <input checked="" type="checkbox"/> (M) Pax																																							
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) <b>Uza</b> Date _____																																							

Driver IC & LIC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8705294Z**  
Name: **MUHAMAD UZAIR BIN ISMAIL**  
Birth Date: **10 Mar 1987**  
Issue Date: **25 Feb 2016**



002541107H

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8705294Z**



Name: **MUHAMAD UZAIR BIN ISMAIL**

Race: **MALAY**  
Date of birth: **10-03-1987**  
Country/Place of birth: **SINGAPORE**

Sex: **M**  
NRIC No: **S8705294Z**

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	28 Apr 2010
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg	25 Feb 2016

NP 428A

Licence No: S8705294Z

5730573



NRIC No. **S8705294Z**



Date of issue: **18-04-2017**

Address: **APT BLK 807A CHOA CHU KANG AVENUE 1 #05-500 SINGAPORE 681807**

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Muhamad Uzair Bin Ismail  
 NRIC/FIN S8705294Z, has reported to the Police a non-injury accident  
 which occurred at Cross Junction of Sungei Road Towards Ophir Road  
 on 07/02/2019 at about 1000 am/pm involving the following  
 vehicles:

1. SJT 3940T
- 2.

2. If this accident was reported to the Police within 24 hrs of its  
 Occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act  
 Cap 276

Rank/Name of Issuing Officer: SGT LIEW KIAN HOW, T170238

Date: 07/02/2019

Time: 1250hrs

Original - To be issued to informant  
 Duplicate - To be submitted to Traffic Police

Version as 15 Sep 2000



Signature: 

Singapore Police Force

CONFIDENTIAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

