

## 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             | 13/05/2020 09:18   |
| Date Of Accident           | 08/05/2020 13:40   |
| Exact Location Of Accident | ALONG SENOKO DRIVE |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBH3225H |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                             |
|--------------------------|-----------------------------|
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No                | 2XXXXX651D                  |
| Email Address            | NOEMAIL                     |
| Mobile Phone No          |                             |
| Alternative Phone No     | OFFICE-68386300             |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | NV200 1.5 MT       |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE       |
| 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   | COMMERCIAL VEHICLE |

#### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | YES                                  |
| Policy Number             | 20-ML000245-R00                      |
| Cover Note Number         |                                      |

#### Driver

|                      |                                |
|----------------------|--------------------------------|
| Name of Driver       | MOHAMED FADLI BIN ABDUL RASHID |
| NRIC No              | SXXXX477Z                      |
| Date Of Birth        | 09/11/1984                     |
| Occupation           | OUTDOOR                        |
| Date Of Driving Pass | 30/01/2013                     |
| Driving Experience   | 7 YEARS AND 3 MONTHS           |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-87547147           |
| Fax Number           |                                |
| Contact Number       |                                |
| Email Address        | NOEMAIL                        |

|   |   |
|---|---|
| Address   | BLK 815B CHOA CHU KANG AVENUE 7<br>#06-27 |
| Postcode  | 682815                                    |
| 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 | -<br>-<br>-                               |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                               |

#### General Information of the Accident

|                    |                              |
|--------------------|------------------------------|
| Type Of Accident   | COLLIDED INTO PARKED VEHICLE |
| 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?   | 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?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | CHOA CHU KANG NPC   |
| Police Station Address                    | <b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 ,<br><b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

Please refer to Police report: T/20200508/2070.

#### 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 | GBH7326Z           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |

Nature Of Damage  
No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1                         |  |
|---|--|
| Name  | MOHAMED FADLI BIN ABDUL RASHID         |
| Approximate Age                                     |  |
| Injuries Sustain                                    |  |
| Injured person in which vehicle?                    | GBH3225H                               |
| Were seat belts worn?                               | YES                                    |
| Was this injured conveyed to hospital by ambulance? | NO                                     |
| Address   | BLK 815B CHOA CHU KANG AVE 7<br>#06-27 |
| Postcode  | 682815                                 |

## Sketch Plan Pg. 1

### 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

#### 6. 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' law yers/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.

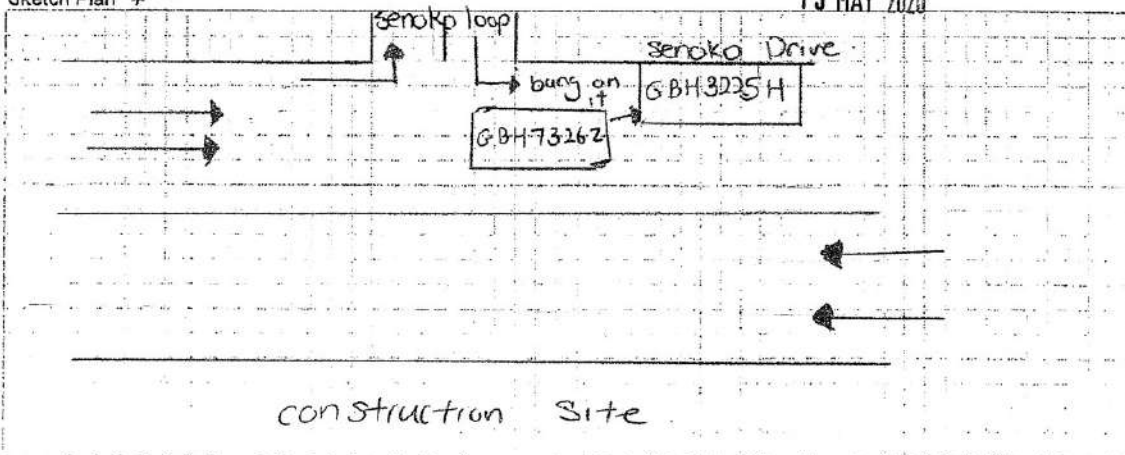
(collectively the "Purposes")

(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.

Policyholder's Signature / Date & Time  
Driver's Signature (if driver is not the policyholder) / Date & Time  
Witnessed by Reporting Centre Personnel  
Poh Kwee Choo  
13 MAY 2020

Sketch Plan \*



## Describe Circumstance of the Accident \*

On the 8th May 2020, approximately 1340hrs. I was on my way to customer site located at Senoko Loop. The weather was sunny and road conditions was dry. I have made an appointment with customer at 1400 hrs. I was early for the appointment so I decided to park at the road side of Senoko Drive. I pulled my handbrake, turned on the hazard lights and rest in the drivers seat. After around 5 minutes, I was thrown off my seat, accompanied by a loud bang, my van was pushed forward a few meters. That's when I realized a lorry had hit my rear.

I came down my vehicle to see the severity of both parties vehicle and well being. I was told he was driving straight when he was distracted and swerve onto my stationary van.


Ambulance attended to me around 1400 hrs followed by SPF and Traffic Police. I was told that I had lip lacerations by the ambulance and did not choose to convey to hospital.

## Declaration

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature



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

  
Witnessed by Reporting Centre Personnel

13 MAY 2020



**SINGAPORE  
POLICE FORCE**



T/20200508/2070

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20200508/2070

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>08/05/2020 19:53 | Vide Report No.: | Station Diary No.:<br>101 |
|--|------------------|---------------------------|

**Informant's Particulars**

|   |  |                              |                              |
|---|--|------------------------------|------------------------------|
| Name of Informant:<br>MOHAMED FADLI BIN ABDUL<br>RASHID | Address:<br>APT BLK 815B CHOA CHU KANG AVENUE 7 #06-27<br>SINGAPORE 682815 |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S8434477Z                | Contact No.:<br>Home/Office: Mobile: 87547147                              |                              |                              |
| Nationality:<br>SINGAPORE CITIZEN                       | Email:   |                              |                              |
| Sex:<br>Male  | Age:<br>35   | Date of Birth:<br>09/11/1984 | Type of Informant:<br>Driver |
| Race:<br>Malay  | Language:  |                              | Institution / School Name:   |
| Occupation:<br>SERVICE TECHNICIAN                       | Driving Licence Information:<br>Class: 2B,2A,3,4 Date of Expiry:           |                              |                              |

**General Information of the Accident**

|  |            |                                    |  |                                     |
|--|------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                 | Date/Time of Accident:<br>08/05/2020 13:40 | Type of Location:<br>Straight Road  |
| Location:<br><br>SENOKO DRIVE<br><br>ALONG SENOKO DRIVE      |            |                                    |  |                                     |
| Weather:<br>Clear  |            | Road Surface:<br>Dry               |  | Road Speed Limit:<br>60 Km/h        |
| Traffic Flow:<br>Dual Carriage Way                           |            | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |            |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make   | Model | Color | Condition            | No. of Passenger |
|-------------|-------|--------|-------|-------|----------------------|------------------|
| GBH3225H    | Van   | NISSAN | NV200 |       | Seriously<br>Damaged | 0                |
| GBH7326Z    | Lorry | TOYOTA | DYNA  |       | Seriously<br>Damaged | 0                |

**Details of Person Involved**

|                                 |                                |  |
|---------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No     | Use of Pedestrian Crossing: NA |  |
| No. of Pedestrians Injured: NIL |                                |  |



**SINGAPORE  
POLICE FORCE**



T/20200508/2070

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20200508/2070

**CONTINUATION OF REPORT**

|                                   |                                |  |   |
|-----------------------------------|--------------------------------|--|---|
| <b>Driver</b>                     |                                |  |   |
| Name                              | MOHAMED FADLI BIN ABDUL RASHID | ID No.                                 | S8434477Z                               |
| Related Vehicle                   | GBH3225H (Van)                 | Contact No.                            | 87547147                                |
| Hospital/Clinic                   | ROYAL CARE MEDICAL             | Class of Driving Licence & Expiry Date | Class: 2B,2A,3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                            | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave | 01                             | Degree of Injury                       | Slight                                  |
| <b>Driver</b>                     |                                |  |   |
| Name                              | WANG ZHIWEI                    | ID No.                                 | G8620327N                               |
| Related Vehicle                   | GBH7326Z (Lorry)               | Contact No.                            | 91022266                                |
| Hospital/Clinic                   | NIL                            | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL       |
| Date Treatment                    | NIL                            | Date Discharge                         | NIL                                     |
| No. of Days granted Medical Leave | NIL                            | Degree of Injury                       | NIL                                     |

**Brief Details.**

On 08/05/2020 at 1340hrs, As I was working, I decided to park at the side of the road of Senoko Drive. All of sudden, there was a loud bang from the rear of my van. I was lost and shock. Traffic Police and Ambulance attended to me at 1400hrs. Traffic Police informed that there will not be any investigation regarding this matter as I did not convey to the hospital.

SCDF attended to me at scene and informed that I have sustain a Lip Laceration on the top lip. I went to Royal Care Medical and got 1 day MC from 08/05/2020 to 09/05/2020.

This is the first time such incident happen to me and I am lodging this report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20200508/2070

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20200508/2070

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 1 Lim Jing Yi

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

08/05/2020 19:53

Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8434477Z**



Name  
**MOHAMED FADLI BIN ABDUL RASHID**  
محمد فديلي بن عبدالرشيد

Race  
**MALAY**

Date of birth  
**09-11-1984**


Sex  
**M**

Country/Place of birth  
**SINGAPORE**




**S8434477Z**

5481722



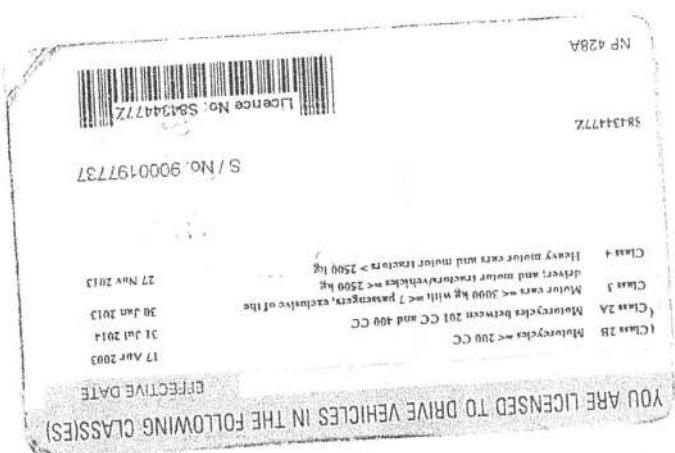
NRIC No. **S8434477Z**



Date of issue  
**09-06-2015**

APT BLK 815B CHOA CHU KANG AVENUE 7 #06-27  
SINGAPORE 682815

NRIC No. **S8434477Z** Date **11/04/2016**



## Certificate of Insurance Pg. 1

Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)  
McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
Tel: (65) 6221 6111 Fax: (65) 6221 4355 / (65) 6224 0895 E: tms@tokiomarine.com.sg W: www.tokiomarine.com

Member of the  
Tokio Marine Group



**TOKIO MARINE**  
**INSURANCE GROUP**

FORM MZ406

### 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.:** 20-ML000245-R00 (Comm Vehicle Carry Other Goods)

- 1. Index Mark and Registration Number of Vehicle** GBH3225H **Chassis No.:** VSKYBAM20Z0157695
- 2. Name of Policyholder** GOLDBELL CAR RENTAL PTE LTD
- 3. Effective date of the Commencement of Insurance for the purposes of the Act** 01/04/2020
- 4. Date of Expiry of Insurance** 31/03/2021
- 5. Persons or Class of Persons entitled to drive\***  
Any person who is driving on the Policyholder's order or with their permission.  
The hirer.  
Any other person who is driving on the hirer's order or with his/ 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. 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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.  
The Policy does not cover:-  
1) Use for racing, pace-making, reliability trial or speed-testing.  
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.  
3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.

\* 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).

#### **ADDITIONAL INFORMATION**

**Account:** 3092DDZ

**Insurance Plan:** Comprehensive Approved Workshop Plan  
**Limit for total loss or theft:** Prevailing Market Value

**Financial Interest:** DBS BANK LTD

**Tokio Marine Insurance Singapore Ltd.**

Authorized Signature



**SCDF EMERGENCY MEDICAL SERVICES  
TREATMENT FORM**

Dear Sir / Madam

We have assessed your current medical concerns and your condition does not require conveyance to hospital in an SCDF emergency ambulance at this point of time.

**WHAT YOU SHOULD DO NEXT:**

- It is recommended that you visit either a polyclinic or a general practitioner (GP) for a medical review. You should bring along this form for reference.
- If you do insist to go to a hospital, you will be required to make your own travel arrangements or call 1777 for a non-emergency ambulance at a fee.
- If your symptoms worsen at any time, call 995 immediately.

**ASSESSMENT AND TREATMENT DETAILS**

Incident No.: 2020050810453

|                        |                                     |                |  |
|------------------------|-------------------------------------|----------------|--|
| Patient's Name:        | <u>MOHAMED FADY BIN ABDEL RAHIM</u> | Date of Birth: | <u>09/11/84</u>  |
| NRIC/FIN/PASSPORT NO.: | <u>S84344772</u>                    | Gender:        | <input checked="" type="radio"/> M <input type="radio"/> F |

Time & Date: 08/05/2020

Presenting Complaint: Lip Laceration (Top Lip)

Vital signs: Temperature 36.9 BP: 133/93 HR 106 SpO2 98% GCS 15 Pain score: 2/10

Physical Examination Findings: NO VISIBLE INJURY, NO OTHER COMPLAINT 0.5cm Lip laceration (NO ACTIVE BLEEDING)

Treatment administered: PRESSURE BANDAGE, Advise to seek medical assistance if swelling & bleeding persist. No teeth/foreign

|                   |                         |                        |  |
|-------------------|-------------------------|------------------------|--|
| Paramedic's Name: | <u>SGT HAZMI</u>        | Paramedic's Signature: |  |
| Date & Time:      | <u>08/05/2020 1112.</u> |                        |  |



ROYAL CARE MEDICAL FAMILY CLINIC  
CHOA CHU KANG  
Block 818 Choa Chu Kang Ave 1  
#01-13 Singapore 680818  
Tel: 6760 8784 Fax: 6760 8740

### Medical Certificate

Date : 08 May 2020  
MC No. : 0000031147

This is to certify that:

Name : MOHAMED FADLI BIN ABDUL RASHID

NRIC : S8434477Z

is Unfit for Work/School for 1 day  
on 08/05/2020 only.

  
Dr Tan Teck Tee  
ROYAL CARE MEDICAL  
MBBS Singapore

DR TAN TECK TEE

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



## Identification Card

