

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 | 07/09/2020 15:59 |
| Date Of Accident | 05/09/2020 23:20 |
| Exact Location Of Accident | PASIR RIS FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SJU9717C |
| Insured/Policyholder | |
| Name Of Registered Owner | L K AUTO LEASING PTE LTD |
| Co Reg No | 2XXXXX694W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | ALTIS |
| 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 | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | ETIQA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | M0016037 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | MUHAMMAD HAKIM BIN SAIMEN |
| NRIC No | SXXXX856G |
| Date Of Birth | 19/06/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/02/2012 |
| Driving Experience | 8 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86067638 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 9 NORTH BRIDGE ROAD #13-4160 |
| Postcode | 190009 |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT: T/20200906/7007.

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 | SLS5621H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| 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)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD HAKIM BIN SAIMEN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJU9717C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE


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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 "**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.

L. K. AUTO

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

Vehicle A: SJU9717C

Vehicle B: SLG5621H

PASIR RIS TIMOUPH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer. to Police Report

DECLARATION

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

L. K. AUTO

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.:

LETTER OF UNDERTAKING

I/We, L.K Auto Leasing P/L, the owner of vehicle no. SJU 9717C

My/Our Insurance is under M/s Etiqa Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s Etiqa Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

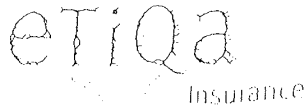
Signed and Acknowledge by:

L.K AUTO

.....
Signature of authorised holder

.....
Company stamp

07/09/20
.....
Date



INTERVIEW FORM

Name (Driver) : Muhammad Hakim Bin Saimeh
 Policy No : M0016037
 Vehicle No : 8JU977C
 Place of Accident : PASIR RIS Flyover
 Insured Driver's relationship with Insured : HIVEN
 Drink Driving of Insured and/or Insured Driver : NO
 No of passenger(s) in Insured vehicle : 01 female pax
 Injury to Insured and/or Insured driver, please indicate which hospital:


Third Party Vehicle No (if any) : 8LS5621H
 No of passenger(s) in Third Party Vehicle : 01 female pax
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
head - rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NO

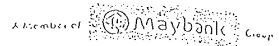
Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

L.K AUTO 
 Driver (Name & Signature) / Date
 I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date
 Workshop Name: _____

etiqa Insurance Pte Ltd
 Raffles Quay
 01 North Tower
 #01-04 048383
 63500477
 63382109
 67200130
 67200130



Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200906/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200906/7007

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 06/09/2020 14:10 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | |
|---|------------|---|------------------------------|
| Name of Informant: MUHAMMAD HAKIM BIN SAIMEN | | Address: 9 NORTH BRIDGE ROAD #13-4160 SINGAPORE 190009 | |
| ID Type / ID No.: NRIC NO / S9220856G | | Contact No.: Home/Office: Mobile: 86067638 | |
| Nationality: SINGAPORE CITIZEN | | Email: mdhakim2040@hotmail.com | |
| Sex: Male | Age: 28 | Date of Birth: 19/06/1992 | Type of Informant: Driver |
| Race: Javanese | | Language: English | Institution / School Name: |
| Occupation: Delivery Driver | | Driving Licence Information: Class: Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 05/09/2020 23:20 | Type of Location: Flyover |
| Location: PASIR RIS DRIVE 8 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|--------|-------|-------|-------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SJU9717C | Car | TOYOTA | ALTIS | | Seriously Damaged | 1 |
| SLS5621H | Car | | | | Slightly Damaged | 1 |

Sketch Plan #6 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200906/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20200906/7007

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | NURUL LIYANA BINTE ROSLI | ID No. | S9443841A |
| Related Vehicle | SJU9717C (Car) | Contact No. | 96216162 |
| Hospital/Clinic | LILY AW PASIR RIS FAMILY CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 06/09/2020 | Date | 06/09/2020 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |
| Driver | | | |
| Name | MUHAMMAD HAKIM BIN SAIMEN | ID No. | S9220856G |
| Related Vehicle | SJU9717C (Car) | Contact No. | 86067638 |
| Hospital/Clinic | LILY AW PASIR RIS FAMILY CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 06/09/2020 | Date | 06/09/2020 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

ON 05/09/2020 AT ABOUT 23:20HR, I WAS DRIVING MY VEHICLE - SJU9717C, ALONG WITH MY FIANCE. AS WE WERE ON THE PASIR RIS FLYOVER, WAITING FOR THE GREEN LIGHT, VEHICLE NUMBER - SLS5621H, SUDDENLY HIT ONTO OUR VEHICLE'S REAR PORTION. I WISH TO STATE THAT I WAS STATIONARY PRIOR TO THE IMPACT.

SUBSEQUENTLY, BOTH OF US FELT DISCOMFORT AND SEEK MEDICAL ATTENTION AT LILY AW FAMILY CLINIC & SURGERY AND WERE BOTH GIVEN 3 DAYS MC.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200906/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200906/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

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

Date/Time:
06/09/2020 14:10

Classification Of Case:

Driving License Pg. 1

Licence Number: **S9220856G**
Name:
MUHAMMAD HAKIM BIN SAIMEN
Birth Date: **19 Jun 1992**
Issue Date: **16 Dec 2010**
001920585F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9220856G**
Name: **MUHAMMAD HAKIM BIN SAIMEN**
Race: **JAVANESE**
Date of birth: **19-06-1992** Sex: **M**
Country of birth: **SINGAPORE**
Scanned with CamScanner

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| | | |
|----------|---|-------------|
| Class 2B | Motorcycles =< 200 CC | 16 Dec 2010 |
| Class 3 | Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg | 13 Feb 2012 |

S / No. 9000152691
Licence No: S9220856G
NP 428A

4064900
NRIC No. **S9220856G**
Date of issue: **29-06-2007**
APT BLK 9 NORTH BRIDGE ROAD #13-4160
SINGAPORE 190009
NRIC No: **S8220856G** Date: **01/04/2010** No: **6487776**
Scanned with CamScanner

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only
Vehicle no: **SJM977c**
Date of Accident: **09/01/20**



M2400
71120037
Cov. Type: Third Party, Fire & Theft

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. M0016037

- 1. Index Mark and Registration Number of Vehicle SJU9717C
- 2. Name of Policyholder L.K Auto Leasing Pte. Ltd.
- 3. Effective Date of Commencement of Insurance for the purposes of the Act 11/08/2020 Excess: Section II S\$ 2,000
- 4. Date of Expiry of Insurance 10/08/2021
- 5. Persons or Classes of Persons entitled to drive
 - Engine No : 3224943553
 - Chassis No : MR053ZEE106158994
 - Hire Purchase : Omega Credit Pte. Ltd.

(A) THE POLICYHOLDER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
THE POLICY DOES NOT COVER:
(i) USE FOR RACING, PACI, MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iii) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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).

88994167 14/08/2020 20:20:14



For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer

Authorised Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

