

## 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             | 29/08/2020 11:46                              |
| Date Of Accident           | 27/08/2020 22:20                              |
| Exact Location Of Accident | CALTEX PETROL STATION ALONG JURONG WEST ST 93 |
| Country/State of Loss      | SINGAPORE                                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMQ5527X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LUMENS AUTO PTE LTD  |
| Co Reg No                   | 2XXXXX961K           |
| Email Address               | OPERATIONS@LUMENS.SG |
| Mobile Phone No             |                      |
| Alternative Phone No        | OFFICE-87781765      |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | TOYOTA       |
| Model  | WISH         |
| 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 HIRE |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | THIRD PARTY                          |
| Fleet Policy              | YES                                  |
| Policy Number             | 19-MK000823-R00                      |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SAFIEE BIN MUJID      |
| NRIC No              | SXXXX302G             |
| Date Of Birth        | 18/04/1962            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 15/05/1990            |
| Driving Experience   | 30 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-82880040  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|   |   |
|---|---|
| Address   | APT BLK 932 JURONG WEST STREET 92 #13-183 |
| Postcode  | 640932                                    |
| 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   | CHAIN COLLISION |
| 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                         | 3   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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                       | TRAFFIC POLICE DIVISION HQ   |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20200828/7013

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SMS6242A    |
| 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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLA2043R    |
| 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) |             |

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



Policyholder's Signature  
Date & Time:

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

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

# Accident Sketch Plan

## SKETCH PLAN

Handwritten sketch plan on grid paper showing a kiosk area with 'Entrance' and 'Exit' labels. The kiosk is labeled 'CATER PAPER Kiosk'. Below the kiosk, it says 'JURONG W/way of 93'. To the right, vehicle registration numbers are listed:

- Car A = SMS 6042A
- Car B = SMO 527X
- Car C = SLA 2043R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMC SketchPlan Form\_73

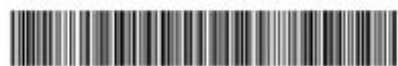
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/61 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Police report



**SINGAPORE  
POLICE FORCE**



1/20200828/7013

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

1 of 3

Report No. T/20200828/7013

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>28/08/2020 15:27 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>SAFIEE BIN MUJID     |            |                              | Address:<br>932 JURONG WEST STREET 92 #13-183 SINGAPORE 640932 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1532302G   |            |                              | Contact No.:<br>Home/Office: Mobile: 82880040                  |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>riofoebian95@gmail.com                               |                    |                            |
| Sex:<br>Male                               | Age:<br>58 | Date of Birth:<br>18/04/1962 | Type of Informant:<br>Driver                                   |                    |                            |
| Race:<br>Boyanese                          |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Taxi driver                 |            |                              | Driving Licence Information:<br>Class:                         |                    | Date of Expiry:            |

## General Information of the Accident

|  |                              |                                    |  |                                     |
|--|------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Police Vehicle | Drink Drive:<br>No                 | Date/Time of Accident:<br>27/08/2020 22:20 | Type of Location:<br>Straight Road  |
| Location:<br><br>JURONG WEST STREET 93                     |                              |                                    |  |                                     |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                   |                              | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Stationary vehicle - Chain Collision |                              |                                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

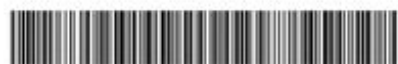
| Vehicle No.                | Type | Make | Model | Color | Conditio | No of |
|----------------------------|------|------|-------|-------|----------|-------|
| SLA2043R<br>(Not Accurate) | Car  |      |       |       |          | 0     |
| SMQ5527X                   | Car  |      |       |       |          | 0     |
| SMS6242A                   | Car  |      |       |       |          | 0     |



# Police report



**SINGAPORE  
POLICE FORCE**



T/20200828/7013

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

2 of 3

Report No. T/20200828/7013

## CONTINUATION OF REPORT

| Details of Person Involved        |                  |                                   |                                   |
|-----------------------------------|------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                  |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                  | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                  |                                   |                                   |
| Name                              | SAFIEE BIN MUJID | ID No.                            | S1532302G                         |
| Related Vehicle                   | SMQ5527X (Car)   | Contact No.                       | 82880040                          |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL              | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL              | Degree of                         | NIL                               |

### Brief Details.

At around 1020 pm happen inside caltex patrol station. I stop my car along the drive way. I saw one black car reversed toward my vehicle and stop very close ,i try to honk ,in a second i feel the jerking impact from my car.at that i was holding one of my hanphone and it drop down.

After that some boddy approched to me ,open the door and pull me out .iv heard the voice from mentioning they are cnb officer.after they pulle out of the car they handcuff me.

They drive me to the jurong west stadium car park near by.they ask me to go in to my car, sitting at the back sit and one of them drive my car to the stadium carpark.

At the carpark they search and check my car avery angle and ask me to witness the inspection.and dont find anything suspicious in my car.

After that they frisk my body , pockets and nothing suspicious was found on me.

Neck after 12 midnight they drive me to Jurong west police station at jurong west ave 5.

In the police station the do the urine test and do the report and for the result.

After the result out and it showed negative.and then at 0400 hrs they drive me to Woodlands Division HQ.

From there, i was granted bail by my friend. I am lodging this report for damage claims purposes

## Police report



**SINGAPORE  
POLICE FORCE**



T/20200828/7013

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

3 of 3

Report No. T/20200828/7013

### 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 / TP1B /  
TANG SIEW PING  
Contact No.: 65476430

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:  
28/08/2020 15:27

Classification Of Case:



## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine GroupTOKIO MARINE  
INSURANCE GROUP  
FORM MX1H

## 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.: 19-MK000823-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMQ5527X Chassis No.: JTDGG20W40J003634
2. Name of Policyholder LUMENS AUTO PTE. LTD.
3. Effective date of the Commencement of Insurance for the purposes of the Act 04/12/2019
4. Date of Expiry of Insurance 29/09/2020
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.

\* 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: 2910DDA

|                     |                        |           |
|---------------------|------------------------|-----------|
| Insurance Plan:     | Third Party Cover Only |           |
| Policy Excess:      | Excess - All Claims    | SGD 3,000 |
| Financial Interest: | DBS BANK LTD           |           |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Tay Pui Leng Katherine -

Printed 03/12/2019

# Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1532302G



Name  
**SAFIE BIN MUJID**

Race  
**INDONESIAN**

Date of Birth  
**18-08-1983**

Country of Birth  
**SINGAPORE**



Sex  
**M**

Card No.  
**S1532302G**



REPUBLIC OF SINGAPORE DRIVING LICENSE

Card No. S1532302G

Name  
**SAFIE BIN MUJID**

Date of Birth  
**18-Apr-1983**

Valid From  
**14-Oct-2003**




S1532302G



Card No. S1532302G




Date of Issue  
**17-05-2007**

Address  
**APT BLK 422 JURONG WEST STREET 422  
#10-183  
SINGAPORE 640222**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

|          |   | VALID UNTIL |
|----------|---|-------------|
| Class 1A | Motorcycles not exceeding 250 cc  | 30-Nov-2009 |
| Class 1A | Motorcycles between 251 cc and 400 cc   | 20-Nov-2009 |
| Class 2  | Motor Cars and Motor Vehicles (the weight of which exceeds 1000 kg) and 2500 cc and above | 18-May-2009 |

Card No. S1532302G



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

