

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	23/11/2020 10:26
Date Of Accident	17/11/2020 08:35
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE8818T
Insured/Policyholder	
Name Of Registered Owner	ECHAN STUDIO
Co Reg No	5XXXX454D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93883383

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA0000222001
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZRY BIN MUHAMMAD
NRIC No	SXXXX141I
Date Of Birth	28/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87484810
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 182 AMK AVE 5 #07-2904
Postcode	560182
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)	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	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/20201119/2046

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	SME650T
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 INJURED PERSON 1

Name	MUHAMMAD AZRY BIN MUHAMMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SCE8818T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

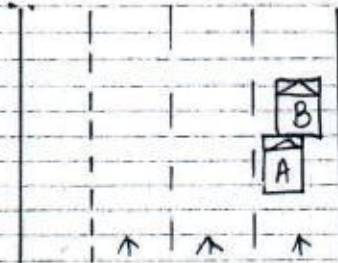
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE towards Changi

Vehicle A: SCE881BT

Vehicle B: SME650T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police Report No: T/20201119 / 2046

DECLARATION

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



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.:



**SINGAPORE
POLICE FORCE**



T/20201119/2046

1 of 3

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

Report No. T/20201119/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2020 13:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars		
Name of Informant: MUHAMMAD AZRY BIN MUHAMMAD		Address: APT BLK 182 ANG MO KIO AVENUE 5 #07-2904 KEBUN BARU LINK 2 SINGAPORE 560182
ID Type / ID No.: NRIC NO / S88221411		Contact No.: Home/Office: Mobile: 87484810
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 32	Date of Birth: 28/06/1988
Type of Informant: Driver		
Race: Malay		Language: English
Institution / School Name:		
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/11/2020 08:35	Type of Location: Straight Road
Location: JURONG PIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCE8818T		TOYOTA	COROLLA ALTIS 1.6 AUTO			0
SME650T	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR			0



**SINGAPORE
POLICE FORCE**



T/20201119/2046

2 of 3

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

Report No. T/20201119/2046

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD AZRY BIN MUHAMMAD	ID No.	S88221411
Related Vehicle	NIL	Contact No.	87484810
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/11/2020	Date Discharge	17/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAI KAI JIE	ID No.	NIL
Related Vehicle	NIL	Contact No.	91598277
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION

ON 17/11/2020 AT ABOUT 0845HRS, I WAS BEARING A PLATE NUMBER SCE8818T AND THE OTHER PARTY WAS BEARING A PLATE NUMBER SME650T. I WAS DRIVING IN LANE 1 WHEN I NOTICE A CAR INFRONT OF ME STARTED BRAKING SO I STARTED TO SLOW DOWN WHEN OUT OF SUDDEN, HE JAM BRAKE WHICH CAUSE ME NOT MUCH TIME TO BRAKE IN TIME, THEREFORE I AM MAKING THIS POLICE REPORT.



SINGAPORE
POLICE FORCE



T/20201119/2046

3 of 3

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

Report No. T/20201119/2046

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:
TP /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/11/2020 13:25

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

Date of Accident : 17/11/2020 Accident Time: 0835hrs (24-HR-FORMAT)
Accident Place : PIE towards Changi
Vehicle Reg. No (Car plate No.) : SCE8818T Vehicle Make/Model: Toyota Altis
Insurance Company : China Taiping Policy No. DMHCSNA00002222001
Name of Registered Owner : Company / Individual ECHAN STUDIO
ID of Registered Owner : Co Reg No: 53243454D Owner's NRIC No: -
Co Contact No: 93883383 Owner's Contact No: -

DRIVER'S Name : Muhammad Azmy Bin Muhammad DRIVER'S NRIC No: S862141E

DRIVER'S Date of Birth : 28-06-1988 DRIVER'S License Pass Date 08 May 2018

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer

DRIVER'S Address : APT B1K 182 Ang Mo Kio Avenue 5 #07-2904 S (560182)

DRIVER'S Contact No./ Alt No. : 1) 8748 4810 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : muhammadazmy1988@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Muhammad Azmy Bin Muhammad
Injured Name: -

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SME660T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Motor Hire Car

MZ406L/B

E SN

AN0420A

Cov. Type:F

CERTIFICATE OF INSURANCEMotor 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.

DMHCSNA00002222001

Engine No.: 3ZZ4882067

Chs. No.:MR053ZEE106143654

1. Index Mark and Registration
Number of Vehicle

SCE8818T

2. Name of Policy Holder

ECHAN STUDIO

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

07/04/2020

Excess Sect. II

S\$1,500.00

Excess Sect.II (Outside Singapore).

S\$3,000.00

4. Date of Expiry of Insurance

27/04/2021

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED HIRER/DRIVER ONLY

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes 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.

HIRE PURCHASE CO.: LIAN HONG PTE LTD AS HP OWNER

** 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.*

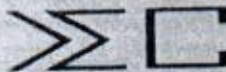
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the
provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road
Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Irene Hor
Authorised Officer
Authorised Signatory

247 EXPRESS



ECHAN STUDIO

21 Toh Guan Road East, Toh Guan Centre #01-03 (s) 608609
TEL: 93883383 / 86853000 ROC: 53243454D

Date: 14/9/20

S/N: _____

247 EXPRESS ENTERPRISE PTE LTD.

Car Rental Agreement

HIRER / COMPANY PARTICULARS

Name (as per NRIC): Dzul Awa bin Yusoff License Pass Date: _____
NRIC No.: 818844341 C DOB: _____
Address: DUL 324 R 01-573 (J42324)
Contact No. (1) 98005384 Contact No. (2) _____

RELIEF / GUARANTOR PARTICULARS

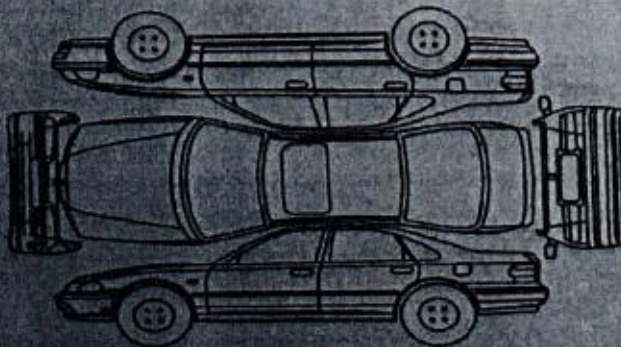
Name (as per NRIC): _____ License Pass Date: _____
NRIC No.: _____ DOB: _____
Address: _____
Contact No. (1) _____ Contact No. (2) _____

VEHICLE DETAILS

Make & Model : TOYOTA ALTIS
Vehicle Registration Number: SCE8818 T Contract Period : _____
Date/Time Collection : 14/9/20
Date/Time Return : 4 34 PM
Mileage Out (KM) : _____ Mileage In (KM) : _____
Fuel Level Out : _____ Fuel Level In : _____

PRE RENTAL CHECKLIST

Identify areas of damage on the diagram and include comments within the remarks below.



REMARKS:

Everyday driver must check radiator water and engine oil, driver must ensure that it is always at sufficient level

S\$3000 Excess is applicable for driver who is 22 years old (or older) or with minimum 2 years driving experience

S\$5000 Excess is applicable for driver who is 21 year old or with minimum 1 years driving experience.

S\$10000 Excess is applicable for driver who is below 20 year old or with less than 1 years driving experience

PAYMENT

Rental Amount: _____ (Day/Week/Month) Deposit Amount: _____
Refund Deposit: _____ (Signature/Date)

Authorized Staff Signature & Date

Hire Signature & Date