

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 Submission 19/01/2021 13:16 (SGT)
Date of Accident 15/01/2021 16:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT3936G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BS CAR RENTAL PTE. LTD.
Company Reg No 201736414R
Email Address bscar.rental01@gmail.com
Mobile Phone No (Phone) +65-81450033
Alternative Phone No +65-81450033

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number -
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SHAMIZIE BIN HALIM
NRIC No S9806256D
Date Of Birth 24/02/1998
Occupation Indoor

Date Of Driving Pass	01/04/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80144195
Alt. Phone Number	-
Email Address	bscar.rental01@gmail.com
Address	523 HOUGANG AVE 6 #02-117 SPORE 530523
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HANEY HAZWANI BINTE ROSLEY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SHD3014A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKA8034P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD SHAMIZIE BIN HALIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJT3936G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HANEY HAZWANI BINTE ROSLEY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJT3936G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 7. By the completion 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 *if required*.
- 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, regulator's, 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:
 NSIC/IN No.:

SKETCH PLAN



A - SJT3936G
B - SHD30144
C - SKA8084P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS travelling along PIE Changi,
I saw the front car slow down, I proceed
to slow down and suddenly I felt an
impact from the back.

*****for company vehicle only*****
I, MD SHAMIZIE, is the DRIVER of
company BS CAR RENTAL PTE LTD and in using the vehicle
SJT3936G for work / private purpose.

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**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538776
Tel No: 1800-4890999



15220116204

1 of 3
Report No: 10010116204

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2021 13:18		Video Report No.: EG02111160111	Station Diary No.: 79
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Informant's Particulars

Name of Informant: MURHAMAD SHAMZIE BIN HALIM		Address: APT BLK 823 HOUGANG AVENUE 9 #02-117 SINGAPORE 530623	
ID Type / ID No.: NRIC NG / S9809296D	Contact No.: Home/Office: Mobile: 80144195	Email:	
Sex: Male	Age: 22	Date of Birth: 24/02/1998	Type of Informant: Driver
Nationality: SINGAPORE CITIZEN		Institution / School Name:	
Race: Indian	Language:		Driving Licence Information: Class: 14
Occupation: STUDENT	Date of Expiry:		

General Information of the Accident

Type of Accident: Accident	Injury Admitted by Police: No	Drink Drive No.:	Date/Time of Accident: 16/01/2021 16:15	Type of Location: Straight Road
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Location:
PVAH HOUGANG CORNER/ROAD

Lamp Post Number: 53	Road Surface: Dry	Road Speed Limit:
Weather: Sunny	Traffic Control: Not Controlled	Traffic Volume: Moderate
Traffic Flow: One Way	Type of Collision: station moving vehicles - rear to rear	
		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD0214A	Car				Slightly Damaged	3
0VF0000	Car				Severely Damaged	1
SKA8034P	Car				Slightly Damaged	0

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin: Hougang N.P.C.
60 Hougang Avenue 6 SINGAPORE 538776
Tel No: 1800-4860999

12021716294

2 of 3
Report No: 103010162046

CONTINUATION OF REPORT

Brief Details:
On 15/01/2021 at about 1015hrs, I was driving my vehicle(SJ139360) with my fiance (100194071), Henry Hwee-Hai Biele Roady, HP-30087337) on the front left seat travelling at PSE(Changi) before Teo Payoh Exit(P63) at the rightmost lane and nothing was amiss.

Subsequently, the vehicle in front of me slammed on the brakes and I did so too. The taxi(S0023834A, Too Eng Hui, S4820144)with three passengers behind me braked on time but however, the car(S9467232, Daniel Yip Hong En, SKA9334P) behind the taxi could not stop on time and collided on to the rear of the taxi. As such, the taxi divided and collided on to the rear of my vehicle.

As parties came down to check and the taxi driver informed that his passenger was injured. The taxi then called for the police and the ambulance arrived soon after reference E202101150111. My car did not have any in-car CCTV. My vehicle's bumper sustained dents and scratches.

At that point of time, Ma and my fiance was feeling fine but both of us felt back aches the soon after and went to see the doctor. Both of us was given 3 days Medical Certificate from 15/01/2021 to 17/01/2021 inclusive. However, we handed over the Medical Certificate to the rental company(SB Car Rental) and as such, I am unable to produce a physical copy.

TP Officer informed us to make a police report and as such, came to lodge a police report.



<p>AXA INSURANCE PTE LTD 100 Raffles Place, 4th Fl AXA Tower, Singapore 048611 Contact Centre 6742 Tel: 65 6349 8888 Fax: 65 6349 8888 www.axa.com.sg 100 Raffles Place, 4th Fl AXA Tower, Singapore 048611 Contact Centre 6742 Tel: 65 6349 8888 Fax: 65 6349 8888 www.axa.com.sg</p>		<p style="text-align: center;">CERTIFICATE OF INSURANCE</p> <p>Motor Vehicle (Third-Party Risk and Compensation) Act (Chapter 187) Motor Vehicle (Third-Party Risk and Compensation) Rules, 1997 Road Transport Act, 1997 (Malaysia) Motor Vehicle (Third-Party Risk) Rules, 1997 (Malaysia)</p> <p>CERTIFICATE NO. : VFZ/9218063 Account No. : 05185</p> <p>Coverage : Third Party Only</p> <p>Risk Insured : NIE</p> <p>Name of Policy Holder : RS CAR RENTAL PTE LTD</p> <p>Vehicle Registration No. : SFT29362</p> <p>Period of Insurance : From 12/02/2020 To 31/02/2021 (Both Dates Inclusive)</p> <p>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</p> <p>Name of Driver(s) as stated in the Policy : 1. ANY LICENSED DRIVER</p> <p>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 suspension or forfeiture in that behalf lawfully driving the Motor Vehicle.</p> <p>LIMITATIONS AS TO USE*</p> <p>(a) Use for the carriage of passengers or goods in connection with the employment of business. (b) Use for social, domestic and pleasure purposes. The policy does not cover: (a) Use for racing, pace making, reliability trials or speed-testing (b) Use while being or having a learner's licence or while the driver is under the control of any one licensed mechanically propelled vehicle (04)</p> <p>EXCESS :</p> <p>Excess II-Used In Singapore Only : SGD 2,000.00 Excess II-Driven Outside S'pore : SGD 4,000.00</p> <p>* Limitations contained hereinafter by Section 7 of the Motor Vehicle (Third-Party Risk) Act or to be included under these headings</p> <p>2/We hereby certify that the policy to which this Certificate related is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act, (Chapter 187) and Part IV of the Road Transport Act, 1997 (Malaysia).</p>
<p>AXA INSURANCE PTE LTD</p> <p>Authorized Signature</p>		
<p>Issued by - SOOVEES on 21/02/2020</p> <p>DISCLAIMER Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, it is not valid under the Motor Vehicle (Third-Party Risk) Act and Compensation Act (Chapter 187).</p> <p>FOR REINSURANCE COVERAGE : cover under the policy is valid only upon the payment of the full premium stated on the policy.</p> <p>FOR NEW POLICYHOLDERS COVERAGE : please refer to the Premium Waiver Clause on the policy.</p>		