

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	30/03/2021 16:31 (SGT)
Date of Accident	29/03/2021 08:10 (SGT)
Exact Location of Accident	Woodlands Avenue 4 & Woodlands Drive 50, Singapore
Additional Location Information	WOODLANDS AVENUE 4 TURN TO WOODLANDS DRIVE 50
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3149Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Company Reg No	2XXXXXX734R
Email Address	rina@mkmcarleasing.com.sg
Mobile Phone No	(Phone) +65-67476880
Alternative Phone No	(Office) +65-67476880

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V08997/VPZ/R01
Cover Note Number	-

DRIVER

Name of Driver	SUZIRMAN BIN JUMARI
NRIC No	SXXXX425F

Date Of Birth	18/02/1967
Occupation	Outdoor
Date Of Driving Pass	25/03/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-97625286
Alt. Phone Number	-
Email Address	rina@mkmcarleasing.com.sg
Address	176 SIN MING DRIVE
Address complement	#04-08 SIN MING AUTO CARE SINGAPORE
Postcode	575721
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	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED

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	SMW3526E
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	SUZIRMAN BIN JUMARI
Address	176 SIN MING DRIVE
Address Complement	#04-08 SIN MING AUTO CARE SINGAPORE
Post Code	575721
Approximate Age Years Old	54
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SJR3149Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



A: STP 349 4

B: 3800 3506 E

Describe Circumstances of the Accident

On the stated date and time, I Vehicle 'A' stop slowly at the vehicle 'B' rear. Suddenly, I felt an impact from my rear, so I got out of my car and realized vehicle 'B' hit against my vehicle rear portion.

Declaration

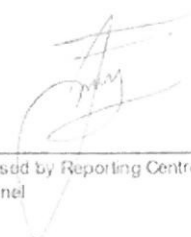
We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210330/2019

1 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20210330/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 09:12	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: SUZIRMAN BIN JUMARI			Address: APT BLK 886C WOODLANDS DRIVE 50 #03-557 SINGAPORE 733886	
ID Type / ID No.: NRIC NO / S1816425F			Contact No.: Home/Office: Mobile: 97625286	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 18/02/1967	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2021 08:10	Type of Location: Straight Road
Location: WOODLANDS AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SJR3149Y	Car				Slightly Damaged	0
SMW3526E	Car				Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20210330/2019

CONTINUATION OF REPORT

Driver			
Name	SUZIRMAN BIN JUMARI	ID No.	S1816425F
Related Vehicle	SJR3149Y (Car)	Contact No.	97625286
Hospital/Clinic	NORWOOD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LAU GUEK MING	ID No.	S7345720C
Related Vehicle	SMW3526E (Car)	Contact No.	NIL
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 29/03/2021 at about 0810hrs while I was driving my vehicle SJR3149Y along Woodlands Avenue 4 towards Woodlands Avenue 7 and upon reaching junction to turn left towards Woodlands Drive 50, the traffic light was red. I was the second vehicle waiting for the light to turn green. I have made my intentions clear to turn left, and on my signal light.

As the light turn green, the front car moved slowly to give way for the pedestrians to cross. I slowly moved forward and out of a sudden, there was a loud bang and my vehicle jerked forward. Upon the collision, I felt pain on my lower back and my neck area.

I alighted my vehicle to make a check and discovered that a vehicle SMW3526 has collided with the rear of my vehicle. The driver came out and apologised to me first and we both exchanged particulars. My vehicle suffered damages and dent on the rear right side and his vehicle suffered damages to the front left side.

After the accident, I went to the car workshop to repair my vehicle and went to the clinic as I still felt the pain on my lower back and the doctor issued me with 5 days MC.

I am making this report for insurance claim purposes.



**SINGAPORE
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T/20210330/2019

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Report No. T/20210330/2019

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210330/2019

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Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20210330/2019

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 2 MUHAMMAD FAUZI BIN MOHD ZAIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/03/2021 09:12

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
MID-20

**GENERAL
INSURANCE
ASSOCIATION**

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 1 Raffles Quay, #18-00 Singapore 048561
 Tel: (65) 6224 0000 Fax: (65) 6224 0400
 Operating hours: Monday to Friday 9:00 AM to 5:00 PM
 UEN: S64550023G / GST Reg. No. M600017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS21213 U0005 Vehicle Registration No: SGR 3149 Y
 Name (as shown on NRIC): Surizman Bin Juma'i NRIC/FIN/Passport No: 91816425 F
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: Bk 885 c woodlands Drive 50 #05-557 Singapore 738886
 Contact (Tel): 9762 5286 Mobile No: 9762 5286
 Email Address: nina@mkcarleasing.com.sg
 Date of Accident: 29/3/2021 Time of Accident: 8:10 am
 Place of Accident: woodlands ave 4 turn to woodlands Dr 50
 Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Amend - Injuries = 'Yes'
- Police Report = 'Yes'

Policyholder / Driver's Signature
 Date: 30.3.2021



UDAC - SIN MING
 STA Inspection Pte Ltd
 302 Sin Ming Road
 Singapore 575627
 Tel: 6555 6888
 Fax: 6454 3270
 Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No
 Date

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	SD20V08997 /VPZ /R01
Form	MZ406C
Date Of Issue	14-AUG-2020
1.Index Mark and Registration No. of Vehicle:	SJR3149Y
2.Chassis number of Vehicle:	ZGE200003838
3.Name of Policyholder:	MKM CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	17-AUG-2020 00:00 AM
5.Date of Expiry of Insurance:	16-AUG-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*: Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.	
7.Limitations as to use*: A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
8.Policy does not cover: A) Use for racing, pace-making, reliability trial or speed-testing. B) 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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Comprehensive, Unlimited Windscreen, Personal Accident Inc, Airside, PHV Extension (Geographical Area: Singapore only) SUM INSURED: MARKET VALUE AT THE TIME OF LOSS	

PLVCI-/20-AUG-20

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20-AUG-20