

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 05/04/2021 17:15 (SGT)
Date of Accident 01/04/2021 21:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SCOTTS ROAD BEFORE NEWTON CIRCUS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX9237U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FARAH ATIKAH BINTE SUKRI
NRIC No SXXXX871D
Email Address bebrahman786@gmail.com
Mobile Phone No (Phone) +65-86685504
Alternative Phone No +65-86685504

VEHICLE PARTICULARS

Manufacturer BMW
Model 335i
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 car
Transmission Auto
CC 2979

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver AHMAD HABIIBUR RAHMAN BIN ABDUL TALIB
NRIC No SXXXX023I

Date Of Birth	27/12/1991
Occupation	Indoor
Date Of Driving Pass	17/04/2015
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-82229597
Alt. Phone Number	-
Email Address	bebrahman786@gmail.com
Address	336C ANCHORVALE CRESCENT #03-54 SPORE 543336
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FARAH ATIKAH BTE SUKRI
Gender	Female

PASSENGER 2

Name	FIRRAH AMELADIERA
Gender	Female

PASSENGER 3

Name	FARAH ALEA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SH6008Y
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FARAH ATIKAH BINTE SUKRI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX9237U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	AHMAD HABIIBUR RAHMAN BIN ABDUL TALIB
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX9237U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

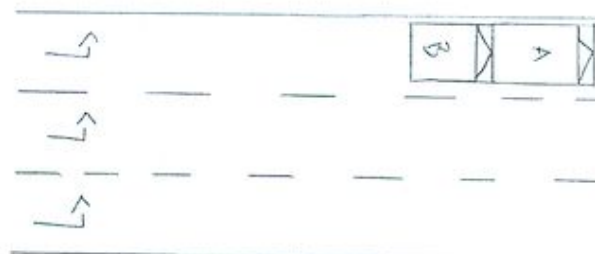
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SMX 9137U

B = SH 6008Y

[illegible][illegible]

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/20210405/7016

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

1 of 4

Report No. T/20210405/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2021 13:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHMAD HABIIBUR RAHMAN BIN ABDUL TALIB			Address: 336C ANCHORVALE CRESCENT #03-54 SINGAPORE 543336		
ID Type / ID No.: NRIC NO / S9148023I			Contact No.: Home/Office: Mobile: 82229597		
Nationality: SINGAPORE CITIZEN			Email: BEBRAHMAN786@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 27/12/1991	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: safety coordinator			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/04/2021 21:15	Type of Location:
Location: SCOTTS ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SH6008Y	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20210405/7016

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

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Report No. T/20210405/7016

CONTINUATION OF REPORT

Driver			
Name	AHMAD HABIIBUR RAHMAN BIN ABDUL TALIB		ID No. S91480231
Related Vehicle	SH6008Y (Car)		Contact No. 82229597
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	FIRRAH AMELADIERA		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	FARAH ALEA		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	FARAH ATIKAH BTE SUKRI		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20210405/7016

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

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Report No. T/20210405/7016

CONTINUATION OF REPORT

Brief Details.

On the stated date and time, I was stationary at Scotts Road behind a stop line waiting for the traffic to clear up so that I can proceed when suddenly I felt an impact from the back. Vehicle SH6008Y had collided onto the rear portion of my vehicle. I would like to state that both my wife (Farah Atikah Bte Sukri) and I (Ahmad Habiibur Rahman Bin Abdul) suffered injuries in this accident and was given 3 days MC.

**SINGAPORE
POLICE FORCE**

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



T/20210405/7016

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Report No. T/20210405/7016

CONTINUATION OF REPORTSketch 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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
05/04/2021 13:23

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20210210/7005

1 of 2

POLICE REPORT (NP299)

Report No. L/20210210/7005

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 10/02/2021 08:14	Vide Report No.	Station Diary No.
Name Of Informant AHMAD HABIIBUR RAHMAN BIN ABDUL TALIB	Address 336C ANCHORVALE CRESCENT #03-54 SINGAPORE 543336	
ID Type / ID No. NRIC NO / S9148023I	Contact No. Home/Office: Mobile: 82229597	
Nationality SINGAPORE CITIZEN	Email Address BEBRAHMAN786@GMAIL.COM	
Occupation Supervisor/General foreman (building and related trades)	Sex Male	Age 29
Institution/School Name	Date of Birth 27/12/1991	Race Malay
Date/Time Of Incident 09/02/2021 21:30 - 10/02/2021 08:05	Location Of Incident 406A SEMBAWANG DRIVE #4-A MULTI STOREY CAR PARK SINGAPORE 751406	

Brief details.

I lost my wallet. Cant recall where. The last I remember holding my wallet is in my office when I keep my worksite access badge in it. I realise i lost my wallet when i reached my MSCP to transfer some items from my friend's car to my wife's car.

Im currently residing at my wife's flat, 406 sembawang drive. The abovementioned MSCP is Block 406A

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2021 08:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210210/7005

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210210/7005

sembawang drive, Deck 4A.

This morning I reached my worksite office at 6.20am and decided to search my desk and my office premises but to no avail. Informed the security guard about my lost wallet. I also update my worksite whatsapp groupchat about my lost wallet. Till now there are no respond.

Therefore this report is being made.

Subjects Involved			
Victim			
Person Name	AHMAD HABIIBUR RAHMAN BIN ABDUL TALIB		
ID Type	NRIC NO	ID No	S9148023I
Gender	Male	Age	29
Race	Malay	Language	English
Occupation	Supervisor/General foreman (building and related trades)	Address	336C ANCHORVALE CRESCENT #03-54 SINGAPORE 543336
Mobile No	82229597	Is Informant A Victim?	Yes
Person Name	AHMAD HABIIBUR RAHMAN BIN ABDUL TALIB (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2021 08:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4886 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 04247

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, 1950 (Malaysia)

Policy details

Policyholder name	FARAH ATIKAH BINTE SUKRI	Certificate number	GA565136 / 1
Cover	Comprehensive	Chassis number	WBAPM72060A381029
Plan name	Essential	Engine number	06706958N54830A
NCD applicable	0%		
Vehicle registration number	SMX9237U		
Period of Insurance	from 08/02/2021 to 07/02/2022 (both dates inclusive)		
Finance loan company	WAH SOON HENG VEHICLE TRADING		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

EXCESS	Basic Own Damage Excess	\$60,000.00
	Windscreen Excess	\$60,000.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorized Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/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).

AXA Insurance Pte Ltd

Authorised signatory

Insure Link Pte Ltd
 2 Kallang Avenue #06-16
 CT Hub S(339407)
 Off : 6444 4644
 Fax: 6444 0040

Important note

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 a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

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