

SS1Y21570008 / SME MOTOR PTE LTD  
 ENTRY DATE & TIME: 07/05/2021 15:32 (SGT)  
 SUBMITTED BY: Chia Pei Ying  
 VERSION: 1 (07/05/2021 15:32 (SGT))



## 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	07/05/2021 15:32 (SGT)
Date of Accident	07/05/2021 09:55 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	FILTER LANE TWDS TPE (PIE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8853J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KARZ-TA LEASING
Company Reg No	5XXXX368E
Email Address	karztaleasing@gmail.com
Mobile Phone No	(Phone) +65-83223232
Alternative Phone No	+65-83223232

### 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 car
Transmission	Auto
CC	1797

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2320276
Cover Note Number	-

### DRIVER

Name of Driver	MOHAMAD REDUAN BIN MANSOR
NRIC No	SXXXX558H



Accident report SS1Y21570008

Date Of Birth	17/09/1978
Occupation	Outdoor
Date Of Driving Pass	22/01/2010
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82062165
Alt. Phone Number	-
Email Address	karztalesing@gmail.com
Address	BLK 459 YISHUN AVE 11 #04-706
Address complement	-
Postcode	760459
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

## PASSENGER 1

Name	UNKNOWN
Gender	Female

## PASSENGER 2

Name	UNKNOWN
Gender	Female

## DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

ON 07/05/2021 AT ABOUT 09.55AM, I WAS TRAVELLING ALONG LOYANG AVENUE. AS I REACHED THE FILTER LANE, I STOPPED TO CHECK ON THE ONCOMING VEHICLE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. VEHICLE B DID NOT STOP AND COLLIDED ONTO MY VEHICLE. MY VEHICLE REAR PORTION WAS DAMAGED. DUE TO THE IMPACT, I FELT PAIN ON MY NECK AND BACK. SO, I PROCEEDED TO SEE THE DOCTORS. I WAS USING THE VEHICLE FOR PRIVATE HIRE USE DURING THE ACCIDENT.

## ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP WORKSHOP
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6555X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RETHINAKUMAR THAVAKUMAR
Passport No/FIN	GXXXX342Q
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	MOHAMAD REDUAN BIN MANSOR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX8853J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

## SKETCH PLAN

## IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance company to repudiate policy liability.
4. The issue and acceptance of this form by Insurer constitutes a confirmation of policy liability on the part of the Insurer only.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Roadside Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and test copies of this report will for a fee be made available upon request by interested parties.
7. By the lodgment of this report to the Insurer, you hereby consent to the archiving of this report, its content and to copies of the report being made available if possible.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge and agree and consent that:

- (a) My Insurer, my work/employer 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/or for such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (to Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' Insurers/Insurers, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police), for the purposes 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/their functions or responding to my/their enquiries;
  - (iv) administering my claims (including the handling of correspondence, statements, notices, reports or survey forms, which could involve disclosure of certain personal data about me to bring about delivery of the claims as well as on the external disclosure of vehicle/traffic accident information;
  - (v) complying with any public law or regulatory, processing, handling and/or dealing with my claims, related to the Purpose(s).
- (b) My Insurer, who has insured my vehicle, included in this report of the Insurers' Insurers/Insurers may/are permitted to collect, use, disclose and/or process my Personal Information for purposes more of the above for insurance.
- (c) My Personal Information may/are be disclosed by the Insurers to the GIA to train third party involved parties or agents including their Insurers/Insurers who have insured vehicle(s) involved in this accident for the purpose of the investigation.
- (d) My Personal Information may also be collected and/or processed by the Insurers for the purpose of the investigation, investigation and/or related to process and/or future claims.
- (e) My Personal Information collected, used, disclosed, processed, handled, and/or dealt with my/their functions or responding to my/their enquiries.
- (f) I consent to my Insurer or other third party who may/are permitted to collect, use, disclose and/or process my Personal Information for the purpose of the investigation, investigation and/or related to process and/or future claims.
- (g) For the purpose of the investigation, investigation and/or related to process and/or future claims.

→ GIA report to be fax  
to 66342122.



Signature of Insured Person  
(to be signed by Insured Person)

Signature of Authorised Driver  
(to be signed by Authorised Driver)

Signature of Insurer  
(to be signed by Insurer)

2 - ONE

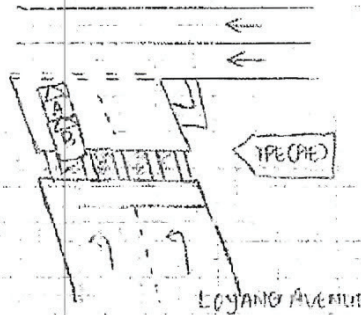


SKETCH PLAN #2

SKETCH PLAN

Vehicle A: SLX8853J

Vehicle B:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07.05.2021 at about 09:55am, I was travelling along Loyang Avenue. As I reached the filter lane, I stopped to check on the oncoming vehicle. Suddenly, I felt a huge impact from the rear portion of my vehicle. Vehicle B did not stop & collided onto my vehicle. My vehicle rear portion was damaged.

Due to the impact, I felt pain on my neck & back so I proceeded to see the doctors.

I was using the vehicle for private hire use during the accident.

## DECLARATION

SKETCH PLAN #3

## LITTER DE UNDERTAKING

1. Name: Kar2- Ta Leasing 2. Policy No: SLX8853J

As per the policy conditions of the Motor Vehicle Insurance Policy, the insured shall be liable for the cost of the loss or damage to the vehicle, including the cost of the loss or damage to the vehicle, including the cost of the loss or damage to the vehicle, including the cost of the loss or damage to the vehicle, within 14 (fourteen) days of occurrence or discovery of damage.

My Car Third Party claim is handled by my car preferred workshop Z- One Automotive Pte Ltd

Signed and Acknowledged by:

Name & signature of policyholder

Company stamp

07/05/2021  
Date