SN09216T0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 29/06/2021 19:42 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (29/06/2021 19:42 (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 witholding 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.

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   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 29/06/2021 19:42 (SGT) Date of Accident 24/06/2021 21:45 (SGT) Exact Location of Accident Singapore Additional Location Information SLE TOWARDS BUKIT TIMAH EXPRESSWAY Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNA6556C

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 2XXXXX722Z **Email Address** KHIERTHII@ROSETLIMO.COM Mobile Phone No (Phone) +65-87841899 Alternative Phone No (Office) +65-68445225

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Vellfire Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2494

#### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD20V13100/VPZ/R02 Cover Note Number

### DRIVER

Name of Driver POH LAY TIN NRIC No. SXXXX981A

Date Of Birth 27/12/1969 Occupation Outdoor Date Of Driving Pass 02/11/1991 Driving experience 29 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-87841899 Alt. Phone Number Email Address LAYTINERA@GMAIL.COM Address **BLK 36 MARSILING DRIVE** Address complement #24-407 Postcode 730036 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBH8799K Vehicle Manufacturer Vehicle Model Vehicle Variant

Motorcycle

Vehicle Colour
Vehicle Category

Name of Driver NAUFAL ILHAM MUHAMMAD NRIC No SXXXX139G Contact Number (Phone) +65-81687453 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 2 PASSENGER 1 Name **MEGS** Gender

# **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person NAUFAL ILHAM MUHAMMAD Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **ABRASION** Injured person in which vehicle? FBH8799K Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes INJURED 2

Name of injured person **MEGS** Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **ABRASION** Injured person in which vehicle? FBH8799K Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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' law yers/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")

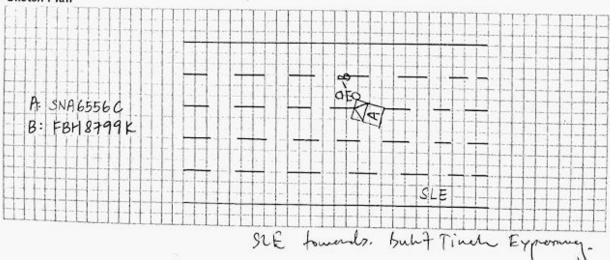
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



	Rofor to police report	
	Refer to police report	
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# Declaration

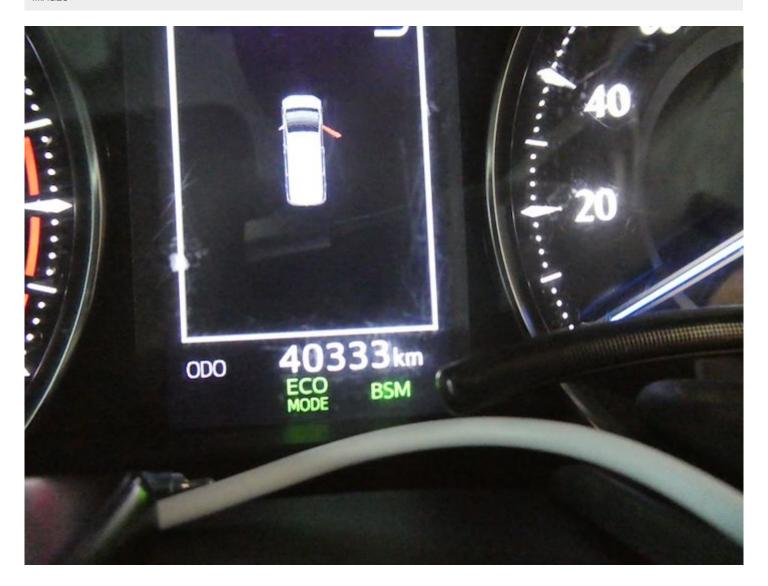
We declare the foregoing particulars are true in every respect.

ANSO PRINTING OF A

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

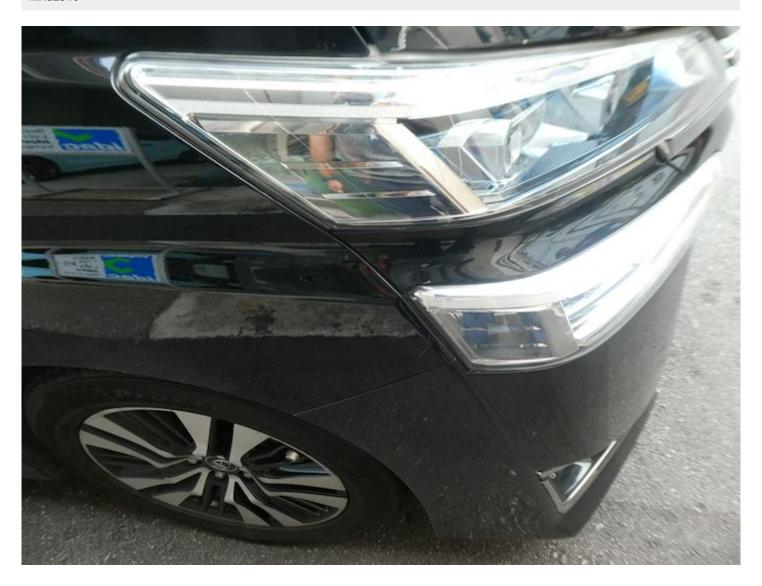






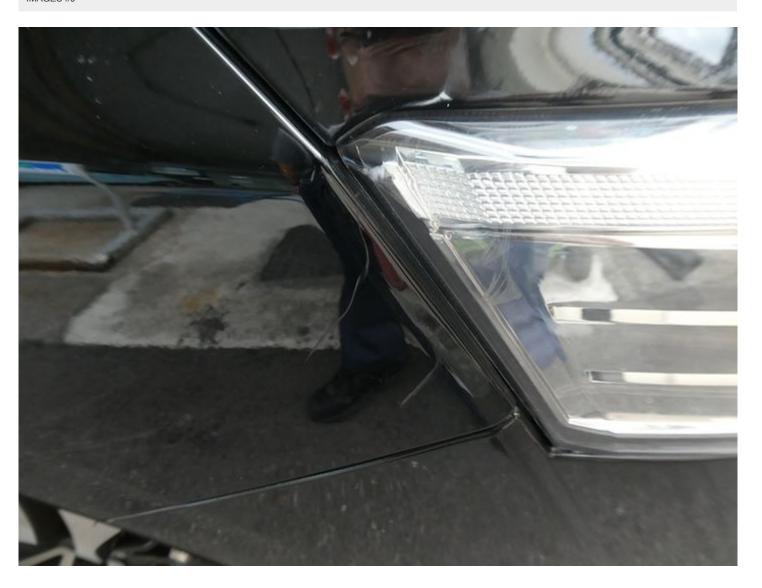


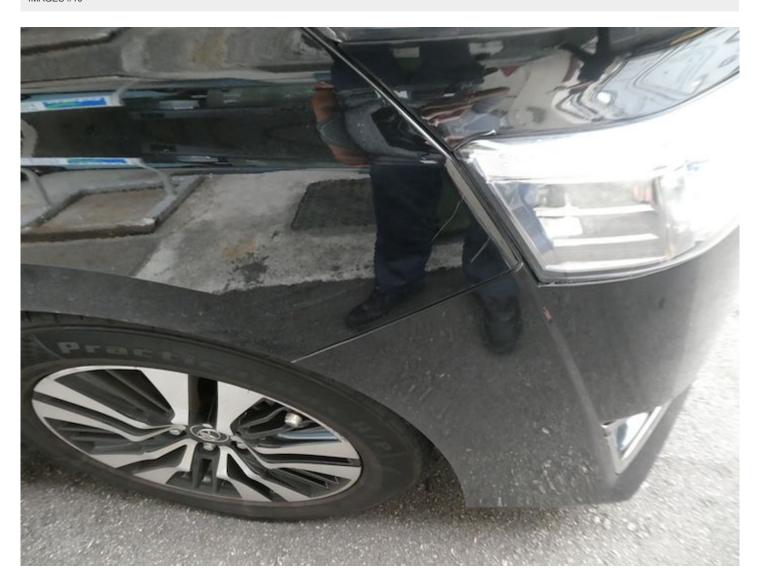




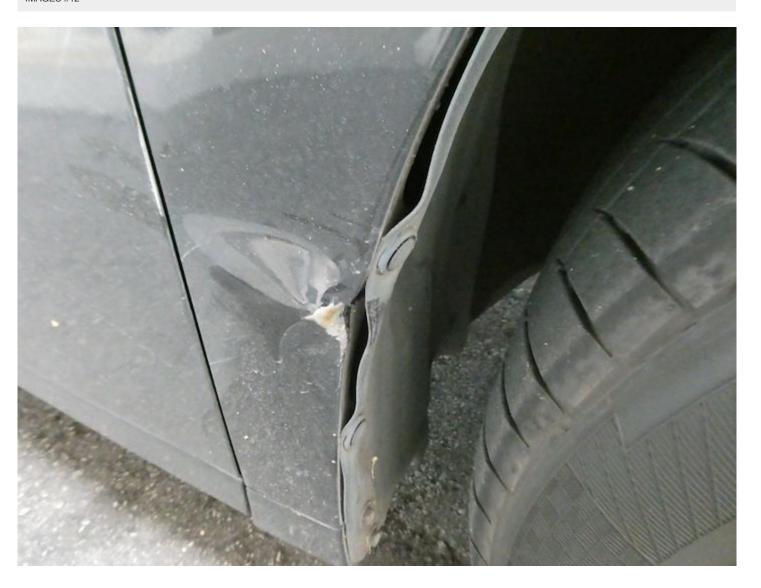






















1 of 4

Report No. T/20210625/7008

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

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2021 10:11		Vide Report No.: F/20210624/0164	Station Diary No.:	
Informan	t's Partic	ulars		
Name of Informant: POH LAY TIN		Address: 36 MARSILING DRIVE #24-407 SINGAPORE 730036		
ID Type / ID No.: NRIC NO / S6945981A		Contact No.: Home/Office:	Mobile: 87841899	
Nationality: SINGAPORE CITIZEN		Email: LAYTINERA@GMAIL.COM		
Sex: Female	Age: 51	Date of Birth: 27/12/1969	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink   Date/Time of     Drive:   Accident:   No   24/06/2021		Type of Location Straight Road
Lamp Post Nu	PRESSWAY towards Buk		ray	
Weather: Raining		Road Surface: Road Sp Wet 90 Km/h		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collisi Between Movi	on: ng Vehicles - Head To Re	а	Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH8799K	Motorcycle				Slightly Damaged	2
SNA6556C	Car	TOYOTA	Vellfire	Black	Slightly Damaged	0





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

2 of 4 Report No. T/20210625/7008

# CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8799K	income	5105036712-02	08/11/2020	07/11/2021
SNA6556C	LIBERTY INSURANCE PTE LTD	SD20V13100/VPZ/ R02	11/05/2020	31/10/2021

Details of Pers						
Any Pedestrian	Involved: No					
No. of Pedestria	ns Injured: NIL		Use of P	edestr	ian Cro	ssing: NA
Pillion						
Name	MEGS			ID N	No.	NIL
Related Vehicle	FBH8799K (Motorcycle)			Con	tact No	. NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Driv	nce &	Class: NIL Date of Expiry: NIL
Date	24/06/2021		Deta	Exp	-	
No. of Days gran	Date				NIL	
Driver	23,00, 200,0	IVIL	Degree o	)I	Sligh	nt
Name	POH LAY TIN			IDN	0.	S6945981A
Related Vehicle	SNA6556C (Car)			Cont	tact No.	87841899
Hospital/Clinic	NIL				ng nce &	Class: 3 Date of Expiry: NIL
Date	NIL		D.,	Expir	-	
No. of Days grant	111	VIL	Date		NIL	
Rider	Tours Louis	VIL.	Degree o	Ī	NIL	
Name	NAUFAL ILHAM MUHA	MMAD		ID No	Э.	S9675139G
Related Vehicle	NIL	NIL		Conta	act No.	81687453
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Drivin Licen	ig ce &	Class: NIL Date of Expiry: NIL	
Date	24/06/2021		1-	Expin	/	
No. of Days grant	and Mary III		Date		NIL	
	N N	IL	Degree of	cown	Slight	



Police Station Of Origin: Traffic Police

Report No. T/20210625/7008

3 of 4

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Pillion				-	
Name	MEGS			ID No.	NIL
Related Vehicle	NIL		NIL Contact N		NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2021 Date		Date	NIL	
No. of Days gran	1.4.4	VIL	Degree of	Sligh	

# Brief Details.

i had came out from TPE onto SLE and was filtering out onto SLE towards woodlands. I was looking at my right then i filter out but didnt realised there was a motocycle on my right front. Hence my front right hit the left rear and the motorcycle fell. Rider and Pillion sustained minor abrasions.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210625/7008

CONTINUATION OF REPORT

C	La	loh	D	an

Informant is not able to provide sketch

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: 25/06/2021 10:11
Officer In Charge Of Case:	
IP/IPIB/	Classification Of Case:
MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476224	
Authentication Stamp	