

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	24/07/2021 11:57 (SGT)
Date of Accident	22/07/2021 18:10 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	ALONG SLIP ROAD OF TOA PAYOH LORONG 2 TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6426K
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
NRIC No	S8338747E
Email Address	SHAHIANA83@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90088345
Alternative Phone No	+65-91075884

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VA1/GA551383
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
----------------------	---------------------------------------

NRIC No	S8338747E
Date Of Birth	13/12/1983
Occupation	Indoor
Date Of Driving Pass	16/01/2008
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90088345
Alt. Phone Number	+65-91075884
Email Address	SHAHIANA83@YAHOO.COM.SG
Address	BLK 440A FERNVALE LINK #08-175
Address complement	-
Postcode	791440
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HARIANA BINTE MOHAMAD AKIF
Gender	Female

PASSENGER 2

Name	SHAURA HADIFAH BINTE MUHAMMAD SHAHIDIN
Gender	Female

PASSENGER 3

Name	SHAQEEL HARITH BIN MUHAMMAD SHAHIDIN
Gender	Male

PASSENGER 4

Name	SHARAH HADIRAH BINTE MUHAMMAD SHAHIDIN
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

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 SJR2128P
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 SHAHIDIN BIN MUHAMMAD SHARIF
Address BLK 440A FERNVALE LINK #08-175
Address Complement -
Post Code 791440
Approximate Age Years Old 38
Injuries Sustained BACK & NECK PAIN
Injured person in which vehicle? SME6426K
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person HARIANA BINTE MOHAMAD AKIP
Address BLK 440A FERNVALE LINK #08-175
Address Complement -
Post Code 791440
Approximate Age Years Old 38
Injuries Sustained BACK & NECK PAIN
Injured person in which vehicle? SME6426K
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person SHAURA HADIFAH BINTE MUHAMMAD SHAHIDIN
Address BLK 440A FERNVALE LINK #08-175
Address Complement -
Post Code 791440
Approximate Age Years Old 10
Injuries Sustained BACK & NECK PAIN
Injured person in which vehicle? SME6426K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person	SHARAH HADIRAH BINTE MUHAMMAD SHAHIDIN
Address	BLK 440A FERNVALE LINK #08-175
Address Complement	-
Post Code	791440
Approximate Age Years Old	5
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SME6426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	SHAQEEL HARITH BIN MUHAMMAD SHAHIDIN
Address	BLK 440A FERNVALE LINK #08-175
Address Complement	-
Post Code	791440
Approximate Age Years Old	8
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SME6426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

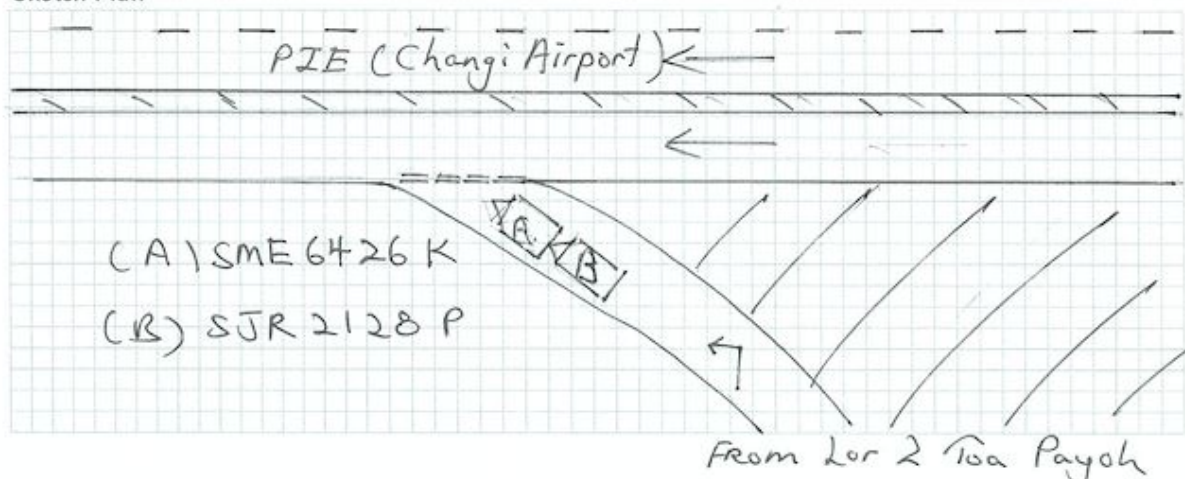
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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



Describe Circumstances of the Accident

Refer to Police Report

Report No:-

T	20210723	7032
---	----------	------

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

2

Policyholder's Signature / Date &
Time

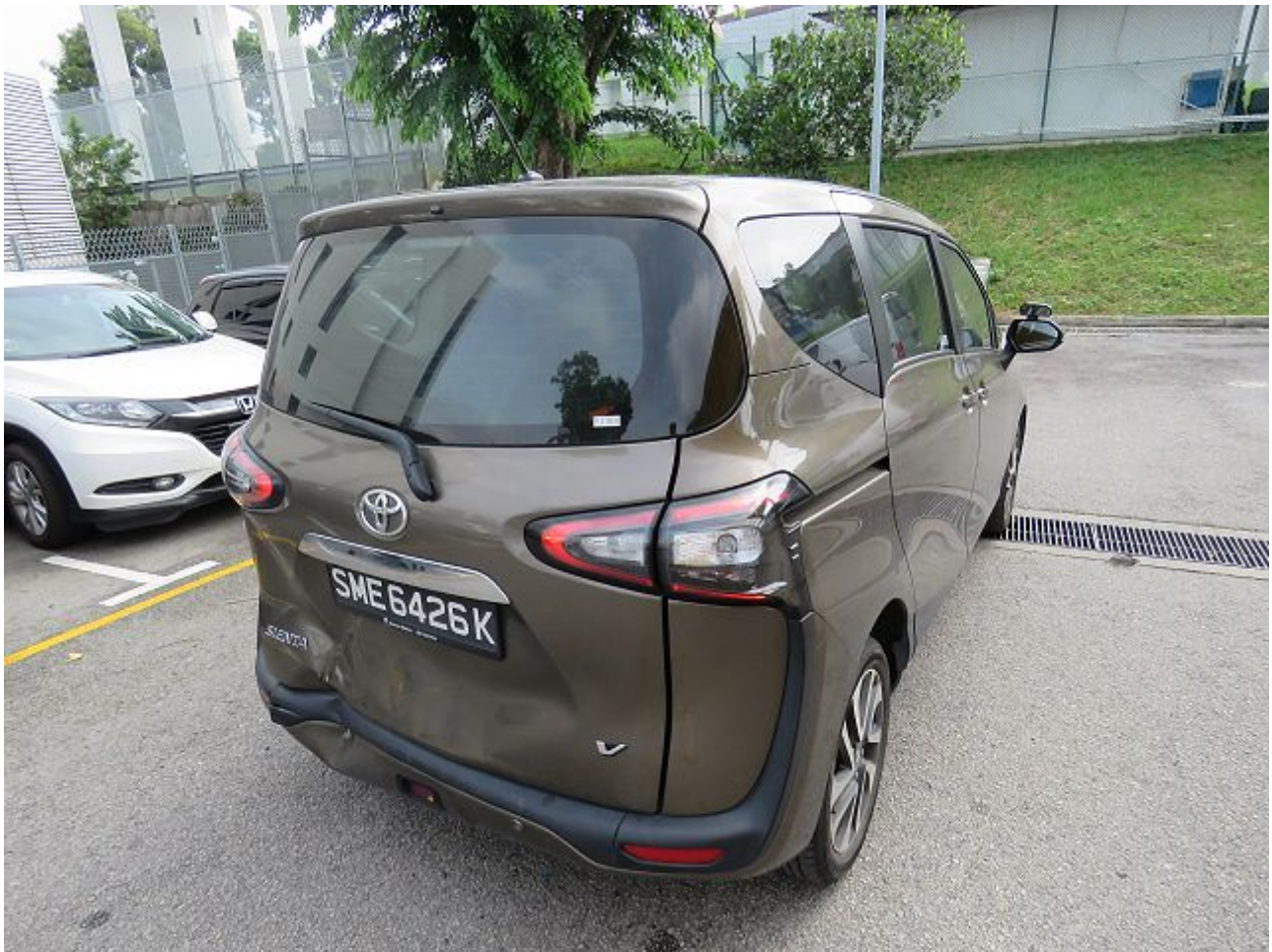
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20210723/7032

1 of 4

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

Report No. T/20210723/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2021 17:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF			Address: 440A FERNVALE LINK #08-175 SINGAPORE 791440		
ID Type / ID No.: NRIC NO / S8338747E			Contact No.: Home/Office: Mobile: 90088345		
Nationality: SINGAPORE CITIZEN			Email: shahiana83@yahoo.com.sg		
Sex: Male	Age: 37	Date of Birth: 13/12/1983	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2021 18:10	Type of Location: Straight Road
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR2128P	Car					0
SME6426K	Car	TOYOTA	SIENTA ELEGANCE (AUTO)	Brown		4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20210723/7032

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

2 of 4

Report No. T/20210723/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME6426K	AXA INSURANCE SINGAPORE PTE LTD	GA551383	10/10/2020	09/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF	ID No.	S8338747E	
Related Vehicle	SME6426K (Car)	Contact No.	90088345	
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	23/07/2021	Date	NIL	
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	HARIANA BINTE MOHAMAD AKIP	ID No.	S8324842D	
Related Vehicle	SME6426K (Car)	Contact No.	91075884	
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	23/07/2021	Date	NIL	
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	SHAURA HADIFAH BINTE MUHAMMAD SHAHIDIN	ID No.	T1128597F	
Related Vehicle	SME6426K (Car)	Contact No.	91075884	
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Serious	



**SINGAPORE
POLICE FORCE**



T/20210723/7032

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

3 of 4
Report No. T/20210723/7032

CONTINUATION OF REPORT

Passenger			
Name	SHARAH HADIRAH BINTE MUHAMMAD SHAHIDIN	ID No.	T1605331C
Related Vehicle	SME6426K (Car)	Contact No.	91075884
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/07/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	SHAQEEL HARITH BIN MUHAMMAD SHAHIDIN	ID No.	T1327041J
Related Vehicle	SME6426K (Car)	Contact No.	91075884
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/07/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 22/07/2021 AT ABOUT 1810 HOURS AT ALONG SLIP ROAD OF TOA PAYOH LORONG 2 TOWARDS PIE (CHANGI). I WERE TRAVELLING AT THE ABOVE MENTIONED SLIP ROAD AND CAME TO A COMPLETE STOP WHILE WAITING FOR THE CLEARANCE OF THE MAIN TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM THE REAR AND WHEN I ALIGHT, I REALISE IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 4 PASSENGERS INSIDE MY VEHICLE. AFTER THE ACCIDENT, WE WENT TO CONSULT THE DOCTOR, MY WIFE AND I RECEIVED 5 DAYS MC EACH. MY KIDS ARE AWARDED 3 DAYS MC RESPECTIVELY.

(A) SME6426K
(B) SJR2128P



**SINGAPORE
POLICE FORCE**



T/20210723/7032

4 of 4

Report No. T/20210723/7032

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

CONTINUATION OF REPORT

Sketch 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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
23/07/2021 17:41

Classification Of Case:



redefining / insurance

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

date
 07/09/2020

policy number
 VA1 / GA551383

account number
 19093

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)

Policy details

Policyholder name	MUHAMMAD SHARIF MUHAMMAD SHAHIDIN	Certificate number	GA551383 / 1
Cover	Comprehensive	Chassis number	MHFZ28H3800056562
Plan name	Toyota Prestige Max	Engine number	2NRX361657
NCD applicable	50%		
Vehicle registration number	SME6426K		
Period of insurance	from 10/10/2020 to 09/10/2021 (both dates inclusive)		
Finance loan company	Nil		

Authorized Drivers

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy;
 (c) 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 of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-making, reliability trial, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's 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 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess

Not Applicable

Young/Inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/ or Inexperienced driver shall mean any person who:

- Is less than 23 years old, and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

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

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

1 of 5