

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	04/08/2021 13:34 (SGT)
Date of Accident	04/08/2021 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG WEST ROAD MERGING TO CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR491S
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KOMOCO CAR RENTALS PTE LTD
Company Reg No	1XXXXX095K
Email Address	YUNOS@KOMOCO.COM.SG
Mobile Phone No	(Phone) +65-98793040
Alternative Phone No	+65-98793040

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VFX/P1305555
Cover Note Number	-

DRIVER

Name of Driver	OU TAR YONG , TONY
NRIC No	SXXXX605B

Date Of Birth	03/03/1972
Occupation	Indoor
Date Of Driving Pass	29/01/2003
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94595418
Alt. Phone Number	-
Email Address	TONYOU1972@ICLOUD.COM
Address	BLK 323B SENGKANG EAST WAY #06-557
Address complement	-
Postcode	542323
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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

FOREIGN VEHICLE 1

Vehicle Registration Number	JPP8236
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	Jerrica Chor Wai Eng
Gender	Female

PASSENGER 2

Name	Ou Jingyi Amanda
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN & STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPP8236
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	MOHD KHLIAD BIN MOHD ZIN
-	8XXXXXXX5073
Contact Number	(Phone) +60-37024317
Address	LOT PTD 6313 JLN RONGGENG 12 TMN SKUDAI BARU
Address complement	-
Postcode	81300 JOHOR
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT BUMPER
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC7320A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD AMMAN BIN RHAM
NRIC No	SXXXX523D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

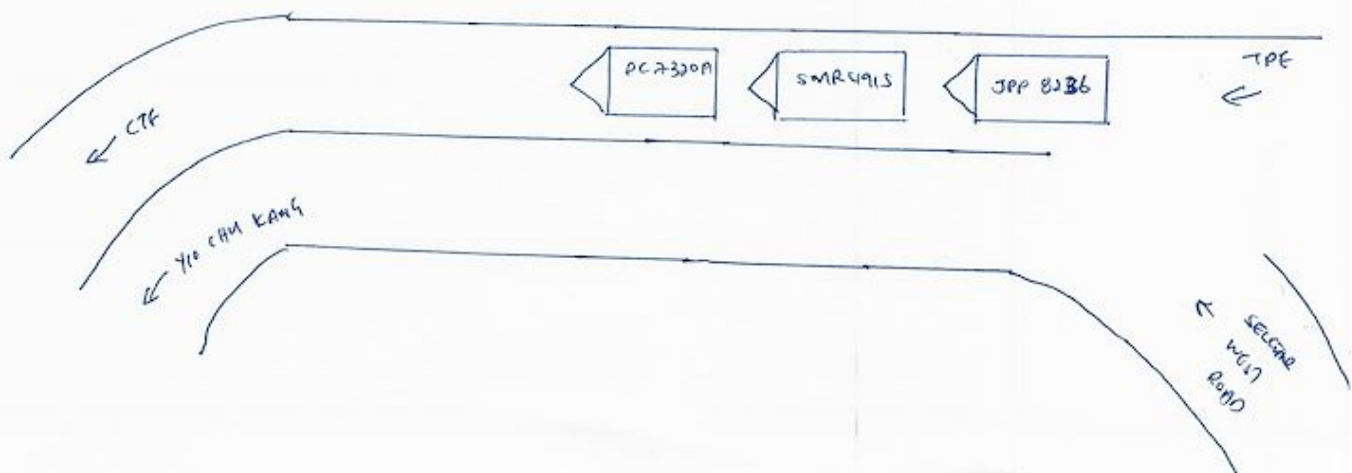
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

✓  4/8/21 0900
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804888 Fax:-
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg

**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. : VFX/P1305555 **Account No.** : 16418
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : KOMOCO CAR RENTALS PTE LTD
Vehicle Registration No. : SMR491S
Period of Insurance : From 01/01/2021 To 31/12/2021 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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.

LIMITATIONS AS TO USE*

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business
 (b) Use for social, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired
 The 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
 (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(04)


EXCESS :

Sect I - Used In S'pore Only : SGD 350.00
Sect I - Used Outside S'pore : SGD 350.00
Windscreen Excess : SGD 100.00

* 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.

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 (Malaysia).

AXA INSURANCE PTE LTD


 Authorized Signature

Issued by - SGOSTPR on 20/01/2021

IMPORTANT :

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)).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy







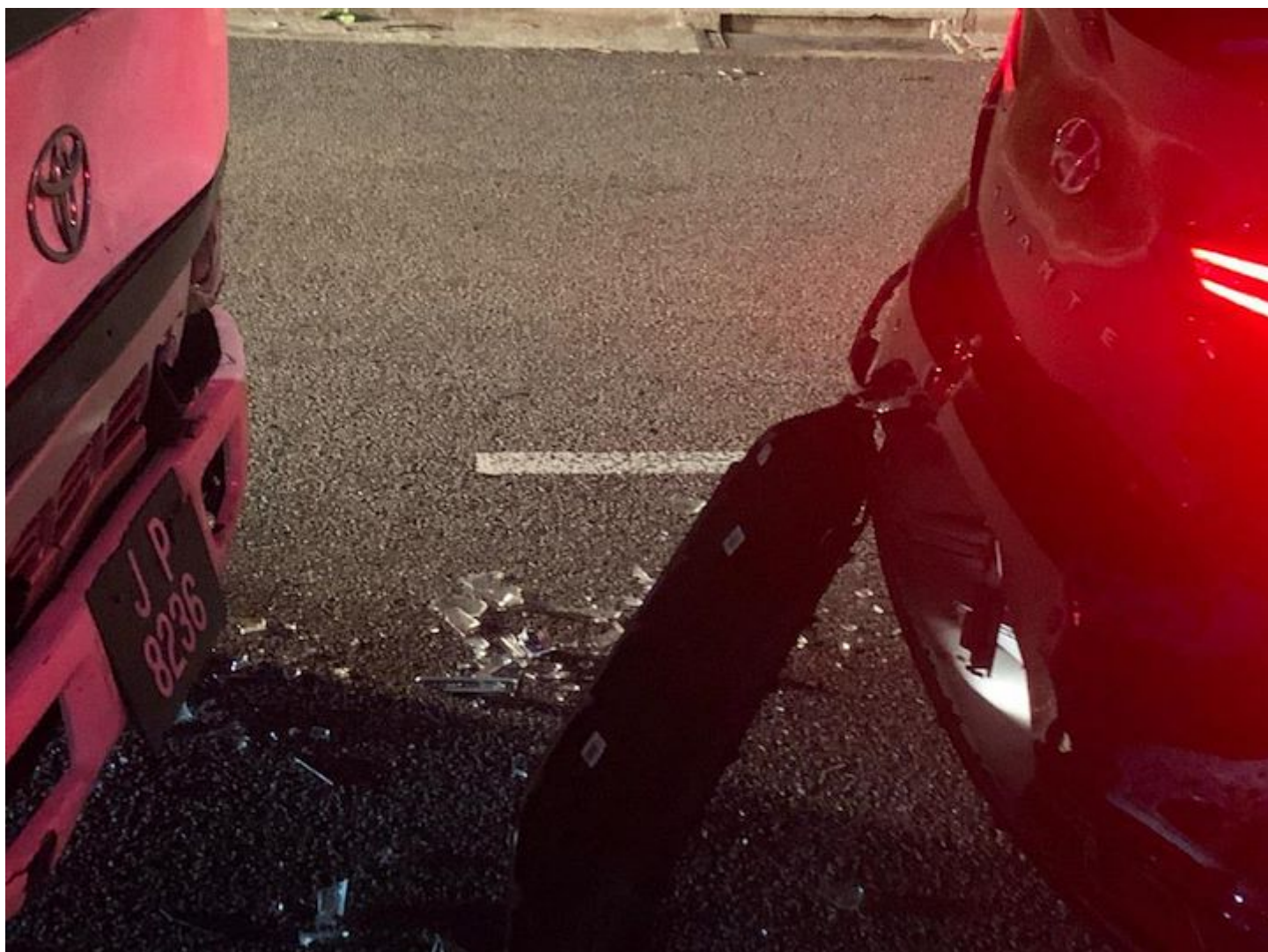




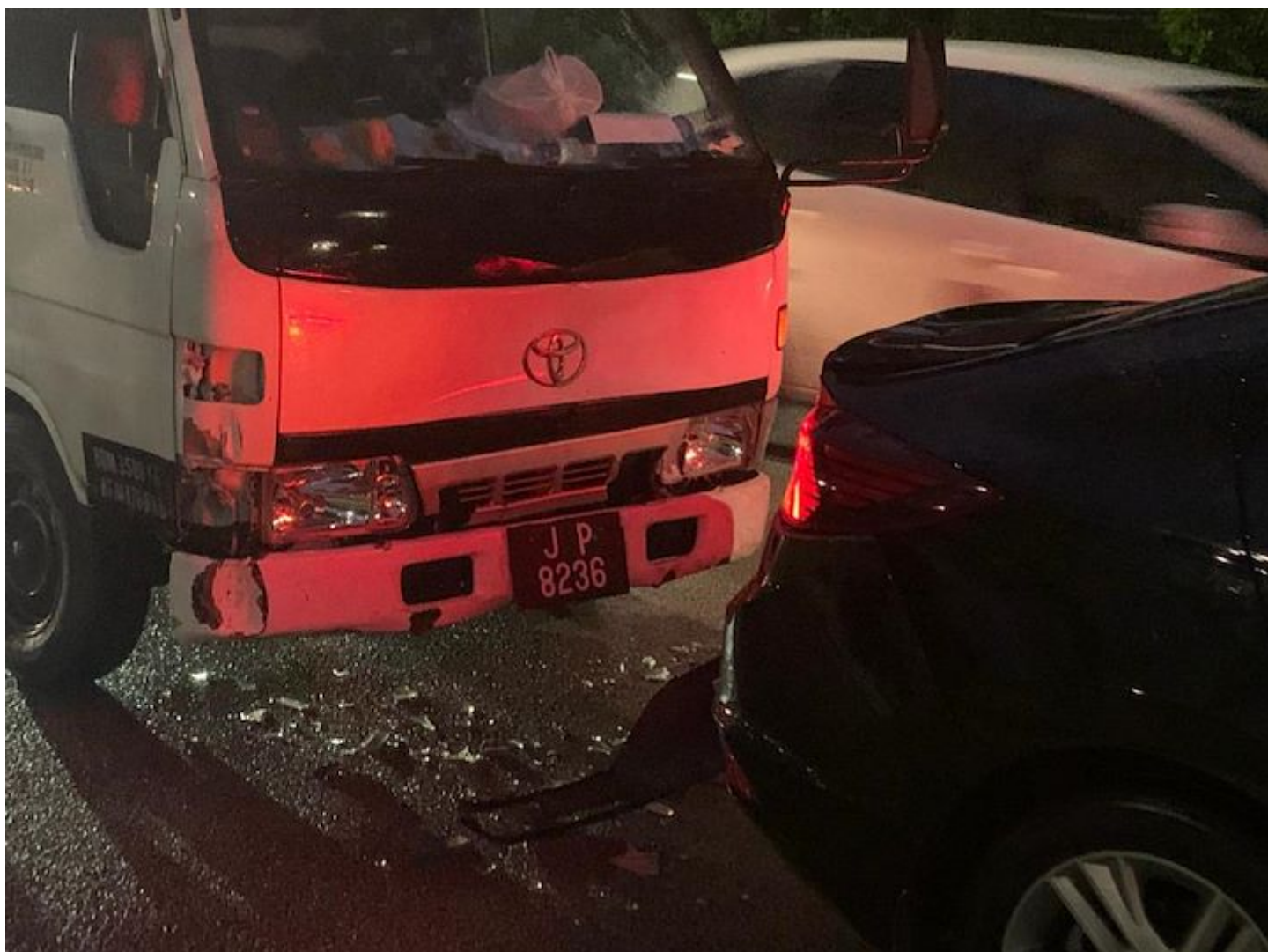
















SINGAPORE POLICE FORCE



T/20210804/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20210804/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2021 08:41		Vide Report No.:	Station Diary No.: 20
Informant's Particulars			
Name of Informant: OU TAR YONG, TONY		Address: APT BLK 323B SENGKANG EAST WAY #06-557 SINGAPORE 542323	
ID Type / ID No.: NRIC NO / S7207605B		Contact No.: Home/Office: Mobile: 94595418	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 03/03/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OPERATION OFFICER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/08/2021 06:50	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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	Condition	No of Passenger
JPP8236	Lorry	TOYOTA		White	Seriously Damaged	1
PC7320A	Bus/Coach/Mi nibus (School Children)	TOYOTA	HIACE COMMUTER GL 2.8 AUTO	Silver	Slightly Damaged	0
SMR491S	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) ELITE	Black	Seriously Damaged	2

**SINGAPORE
POLICE FORCE**

T/20210804/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20210804/2008

CONTINUATION OF REPORT

minor scratches and the mini bus rear trunk is ajar. I would like to state that my car is from a rental company namely 'Komoco Motors Pte Ltd' at Blk 253 Alexandra Road and had informed that about the incident and was require to make a Police report first. There is an in car camera installed both on my front and rear of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210804/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

4 of 4

Report No. T/20210804/2008

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:
D /
Sgt 3 NG YONG XIN, ALESTER

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/08/2021 08:41

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD SINGAPORE
SYED ABDUL WAHID ALHINDUN POLICE FORCE

Contact No.: 65476404

Authentication Stamp
NP168

Classification Of Case:

SN 49

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20210804/2008

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20210804/2008

CONTINUATION OF REPORT

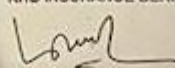
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD KHALID BIN MOHD ZIN	ID No.	NIL
Related Vehicle	JPP8236 (Lorry)	Contact No.	60137024317
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD AMMAN BIN RHAM	ID No.	S9502523D
Related Vehicle	PC7320A (Bus/Coach/Minibus (School Children))	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
Driver			
Name	OU TAR YONG, TONY	ID No.	S7207605B
Related Vehicle	SMR491S (Car)	Contact No.	94595418
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/08/2021, at about 0650hrs, I was driving my vehicle, SMR491S, along Sengkang West Road and made a left turn to the slip road headed towards Central Expressway. Along the 2 lane road, I changed lane into the right lane. I then noticed the vehicle(mini bus) in front, PC7320A, had been slowing down and his brake light was on. I then also stepped on my brakes and stopped my vehicle. I then felt a collision from my vehicle's rear believed that the lorry, JPP8236did not brake in time which then made my vehicle move forward and collided onto the front vehicle number plate bearing. Subsequently, the drivers of both vehicle and myself came out and exchange particulars. There were no injuries sustained during the incident. My vehicle's front and rear bumpers were broken, the lorry's front is dented inwards with

RHB Insurance
Level 12, West Wing, The Icon, No. 1, Jalan 1/68F, Jalan Tun Razak, 55000 Kuala Lumpur. Tel: 03-2180 3000 Fax: 03-9281 2729
24/7 Emergency Auto Assist Helpline: 1300-800-881

MOTOR RENEWAL CERTIFICATE / SIJIL PEMBAHARUAN BERMOTOR

The Insured / Pemegang Polisi BREADTOWN BAKERY NO.29 JALAN SRI PURNAMA 2/2 KANGKAR TEBRAU 81100 JOHOR BAHRU JOHOR, MALAYSIA		Account No. / No. Akaun JB5008100	
Business or Occupation / Perniagaan atau Pekerjaan DEALER/RETAILER/WHOLESALE/TRADING		Policy No. / No. Polisi / Cover Note No. / No. Nota Perlindungan Renewal No. / No. Pembaharuan Type of Cover / Jenis Perlindungan COMPREHENSIVE	
New I.C. / No K.P. Baru Old I.C. / No K.P. Lama Bus Regn No. / No. Pendaftaran Perniagaan Contact No.		Vehicle Type / Vehicle Usage / Jenis Kenderaan / Kegunaan Kenderaan GOODS VEHICLE - C PERMIT	
Period of Cover / Tempoh Insurans From / Dari 11/04/2020 (00:00:01 AM) To / Hingga 10/04/2021		Sum Insured / Nilai Insurans RM 25,000.00	
Vehicle Registration No. / No. Pendaftaran Kenderaan JPPE236		Excess All / Damage Claim / Lebihan Tuntutan Semua / Kerosakan Voluntary Excess / Labihan Sukarela RM 0.00	
Make / Buatn / Model / Buatn TOYOTA LY101		Premium / Premium RM 214.74	
Variant-Series-Transmission / Variant-Seri-Transmisi -		NCD / Diskaun Tanpa Tuntutan 15.00 % RM 0.00	
Body Type / Jenis Badan LORRY		Extended Covers / Perlindungan Tambahan RM 1,216.84	
Engine No. / No. Enjin 3L4183549		Premium Due / Premium Berbayar RM 73.01	
Chassis No. / No. Casis LY101-0004775		Service Tax / Cukai Perkhidmatan 6.00 % RM 10.00	
Cubic Capacity / Keupayaan Enjin 2.9 TN		Stamp Duty / Duti Setem RM 1,299.85	
Year of Manufacture / Tahun Diperbuat 2013		Total Paid / Jumlah Dibayar DM1460479	
Seating Capacity / Muatan Tempat Duduk 3		Debit Advice No. / No. Pemyata Debit	
Trailer No. / No. Trailer -			
Hire Purchase Owner / Pemilik Sewa Beli -			
Authorised Driver: As printed in the Certificate of Insurance. / Pemandu Yang Diberi Kuasa: Seperti yang tercatat dalam Sijil Insurans. ANY AUTHORIZED DRIVER Geographical Area / Kawasan Geografi: Malaysia, Republic of Singapore and Negara Brunei Darussalam.			
Subject to following clauses printed herein or attached hereto / Tertakluk kepada klausa yang dicetak atau dikepitkan: E2 - ENDORSEMENT 2 - EXCESS DAMAGE CLAIMS E30 - ENDORSEMENT 30 - REPLACEMENT PARTS E106 - ENDORSEMENT 106 - INSURER'S AUTHORISED WORKSHOP W01 - WARRANTY NO. 1 - WARRANTY ON OVERLOADING OF VEHICLE (APPLICABLE TO ALL COMMERCIAL VEHICLES INCLUDING PRIVATE BUSES AND VANS) ST - SERVICE TAX			
Extra Benefit / Perlindungan Tambahan EXTRA BENEFIT		SUM INSURED/CURRENT NCD (RM) PREMIUM (RM)	
-		-	
Confirmation of Purchase No. MV1051099		Policy Issued Date / Time : 10-03-2020 12:56:18 PM	
Issued By HUAN JIAN KWANG PUSAT PERNIAGAAN BARU TAMAN DAHLIA BLOCK B2, 27 JALAN DAHLIA 21, 81200 JOHOR BAHRU JOHOR, MALAYSIA Phone: - Fax: -		RHB INSURANCE BERHAD  KONG SHU YIN CHIEF EXECUTIVE OFFICER	
12MV3LLYJ0319-1		Rating Serial No. MT20200221V1-100-04-01/200221M2	
Charges are tax inclusive MV1051099 Printed By: HUAN JIAN KWANG		10-03-2020 12:56:23 PM	

10/3/2020