

# 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 ..... 02/03/2022 16:41 (SGT)  
Date of Accident ..... 01/03/2022 16:45 (SGT)  
Exact Location of Accident ..... Sungei Tengah Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK7385G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NGS MOTORSPORT PTE LTD  
Company Reg No ..... 201812604N  
Email Address ..... ngsmotorsportaccident@gmail.com  
Mobile Phone No ..... (Phone) +65-90115734  
Alternative Phone No ..... +65-90115734

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
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 hire  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P2354321  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD YUSOFF BIN AHMAD  
NRIC No ..... S8421925H

Date Of Birth .....	20/07/1984
Occupation .....	Outdoor
Date Of Driving Pass .....	12/08/2008
Driving experience .....	13 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90115734
Alt. Phone Number .....	-
Email Address .....	ngsmotorsportaccident@gmail.com
Address .....	BLK 104B CANBERRA STREET #10-501
Address complement .....	-
Postcode .....	752104
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

#### REFER TO STATEMENT AND SKETCH

#### 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 .....	SMA5379R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TING SHOU XUAN
NRIC No .....	S8730935E
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 YUSOFF BIN AHMAD  
 Gender ..... -  
 Phone No ..... (Phone) +65-90115734  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BACK PAIN  
 Injured person in which vehicle? ..... SMK7385G  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... -

## SKETCH PLAN

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## 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.

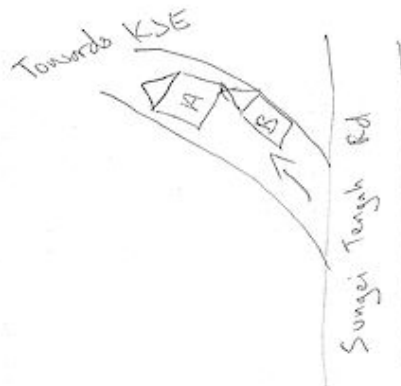


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

On 1<sup>st</sup> March 2022 at around 2:45 pm, I was driving along Sungei Tengah rd and turning left towards KSG. I stopped in the filter lane to check for oncoming cars

On 1<sup>st</sup> March 2022 at around 2:45 pm, I was driving along Sungei Tengah Rd and turning left towards KSG. I stopped in the filter lane to check for oncoming vehicle. Suddenly I heard a bang from behind. I went down to check and vehicle B (SMA5379R) collided into my rear

## Declaration

I/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

# NGS MOTORSPORTS PTE LTD

REG No. 201812604N

## LETTER OF AUTHORIZATION

I Yee Si wei, NRIC NO : S9710685A is  
hereby authorized to make accident reporting on behalf of company  
and also be authorized to sign, initial accept or execute all documents  
in connection with the following transaction : -

Accident Report  
Vehicle No. : SMK 7385 G

Yours sincerely,

  
  
\_\_\_\_\_  
LIM LAY KWAN, KAREN  
DIRECTOR





AXA Insurance Pte Ltd  
 ☎ 1800 8804888  
 ✉ customer.care@axa.com.sg  
 🌐 www.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)

### Policy details

<b>CERTIFICATE NO.</b>	P2354321	<b>Account No.</b>	03926
<b>Name of Policy Holder</b>	NGS MOTORSPORT PTE LTD		
<b>Coverage</b>	Comprehensive		
<b>Sum Insured</b>	Market Value At The Time Of Loss		
<b>Vehicle Registration</b>	SMK7385G		
<b>Period of Insurance</b>	From 05/12/2021 To 04/12/2022 (Both Dates Inclusive)		

### Persons or classes of persons entitled to drive\*

Named Driver(s) as stated in the Policy

#### 1. ANY AUTHORISED DRIVER

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\*

(a) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(b) Use for social, domestic and pleasure purposes.

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

(04)

### Excess

Sect I - Used In S'pore Only	: SGD 2,000.00
Sect II-Used In Singapore Only	: SGD 1,500.00
W/screen Excess in Singapore	: SGD 100.00
Sect I - Used Outside S'pore	: SGD 4,000.00
Sect II-Driven Outside S'pore	: SGD 3,000.00
W/screenExcess(Outside S'pore)	: 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, (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 - SGOVKRS on 15/12/2021

### 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.

AXA Insurance Pte Ltd  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 GST Registration Number: 199903512M

















