

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 28/03/2022 15:23 (SGT)
Date of Accident 27/03/2022 14:35 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TWDS PIE CHANGI BEFORE EXIT 10 BRADDELL RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME497U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ACE FLEET MANAGEMENT PTE LTD
Company Reg No 201710914N
Email Address SPOON_VINS@HOTMAIL.COM
Mobile Phone No (Phone) +65-92323494
Alternative Phone No +65-93281968

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant CERATO 1.6(A) LX
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 1591

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number M0017102
Cover Note Number 31/07/2021 - 30/07/2022

DRIVER

Name of Driver RAJA MOHAMAD ARIS BIN RAJA IDRIS
NRIC No S6910888A

Date Of Birth	31/03/1969
Occupation	Outdoor
Date Of Driving Pass	12/03/2001
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-9328968
Alt. Phone Number	-
Email Address	ARIES8007@GMAIL.COM
Address	225C COMPASSVALE WALK
Address complement	#02-345
Postcode	543225
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AMALINA
Gender	Female

PASSENGER 2

Name	NASRULJAQ
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SGZ6937M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMR3647R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	RAJA MOHAMAD ARIS BIN RAJA IDRIS
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER & BACK PAIN
Injured person in which vehicle?	SME497U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

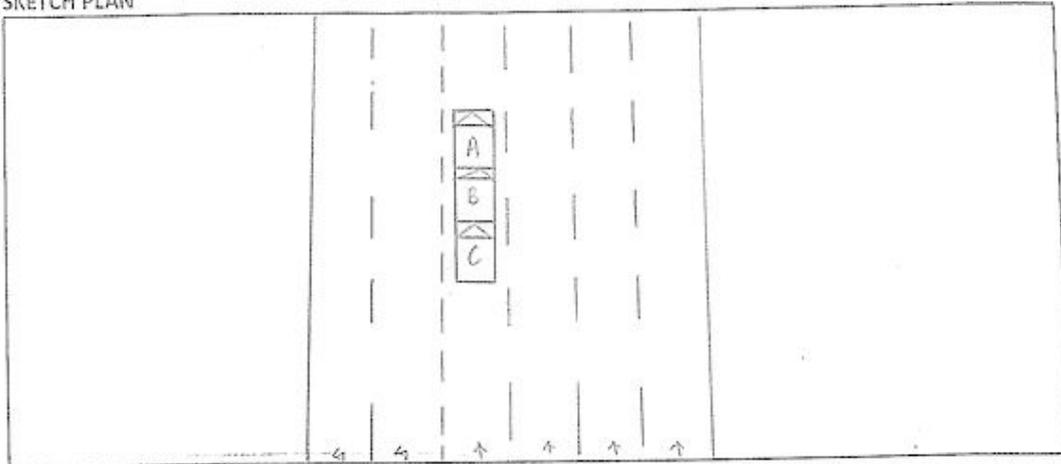
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Zila
Ah Lim Motor Company

Reporting Centre Personnel's Signature
Name:

COMPLETED 28 MAR 2022

Date of accident: 27/03/2022 Time: 1435hrs Location: (TE towards PIE (Changi) before Exit 10 Braddell Road
 My Vehicle A: SME497U Vehicle B: SGZ6937M Vehicle C: SMK3647R
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: F/20220327/7039

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:
 My workshop: JWA International Pte Ltd
 Email address: jwg.claims@yahoo.com
 & myself: Raja Mohamed Aris Bin Raja Idris
 Email address: aris8007@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION: I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Zila Motor Company
Reporting Centre Personnel's Signature
Name: **COMPLETED 28 MAR 2022**
NRIC/FIN No.:



INTERVIEW FORM

Name (Driver) : Raja mohamad Aris Bin Raja Idris

Policy No : M00170V

Vehicle No : SME497U

Place of Accident : (TE towards PIE (Changi) before Exit 10 Braddell Road

Insured Driver's relationship with Insured : Hirer

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 02

Injury to Insured and/or Insured driver, please indicate which hospital:
YES Raja mohamad Aris Bin Raja Idris

Third Party Vehicle No (if any) : SAZ6937M A SME3647R

No of passenger(s) in Third Party Vehicle : SAZ6937M 0 passenger, SME3647R 2 passenger

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NO

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Chain collision

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NO

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Raja mohamad Aris Bin Raja Idris 28/3/2022
 Driver (Name & Signature) / Date

I, affirmed the above information is given to my best knowledge.

[Signature] 28 MAR 2022
 Attended by (Name & Signature) / Date
 Workshop Name ZIRA Motor Company

Etiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

T +65 63360477
 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 201331009K

Member Maybank Group

























**SINGAPORE
POLICE FORCE**



F/20220327/7039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220327/7039

1. SME497U
2. SGZ6937M
3. SMR3647R

After a while I felt pain on my neck shoulder and back areas.

I then proceeded to intemedical kovan clinic to seek treatment and I was given 5 days MC.

<p>Signature Of Officer Recording The Report: Not applicable</p>	<p>Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 27/03/2022 18:11</p>
<p>Officer In-Charge Of Case:</p>	<p>Classification Of Case:</p>



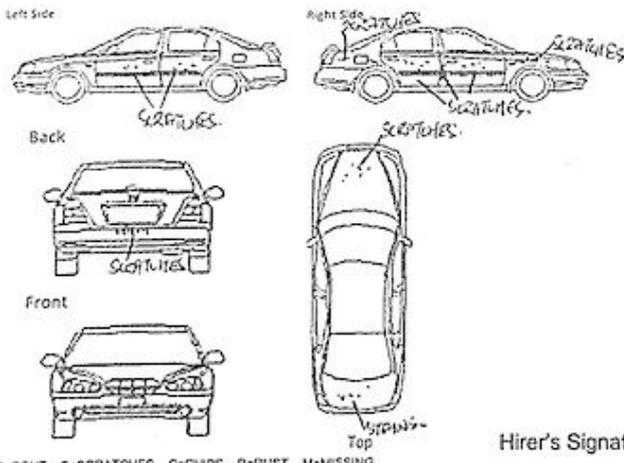
(B)

ACE FLEET MANAGEMENT PTE LTD
 237 ALEXANDRA ROAD #02-03 THE ALEXCIER SINGAPORE(159929)
Replacement of New Contract/Agreement

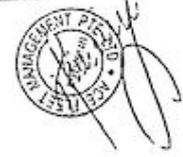
Kindly fill up all of the details below

CAR MODEL: KIA CERATO (LX) CARPLATE: SME497U
 (BLICK)

MAIN HIRER NAME: RAJA MOHAMAD ARIS BIN RAJA IDRIS	
NRIC/PASSPORT NO.: S6910888A	D.O.B: 31 MARCH 1969
NEXT OF KINS: ALIZAH	TEL: 86664871
ADDRESS: BLK 255C, COMPASSVALE WALK, #02-345, S(543225)	
CONTACT NO.: 93281968	
RENTAL DEPOSIT: \$1500 - \$1000 from SRS/SRS/STP	
DATE OF COMMENCE: 28 DEC 2020 (1400 HRS)	
RELIEF DRIVER :	TEL :
ADDRESS:	
RENTAL PER DAY: \$50/DAY	
EMAIL ADDRESS : snowwhite68@gmail.com	
CONTRACT VALIDITY: END @ 15 MAY 2022	
1) INSURANCE 1 ST PARTY EXCESS \$2000/- 2) INSURANCE 3 RD PARTY EXCESS \$2000/- 3) INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4) INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 24 YEAR OLD AND OLDER THEN 65 YEAR OLD WILL BE DOUBLED 5) WINDSCREEN EXCESS \$200/-	



REMARKS:



Hirer's Signature _____

GENERAL DEFINITIONS



NZ400
70000210
Cov. Type: Comprehensive

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.	MO017102		
1. Index Mark and Registration Number of Vehicle	SME497U		
2. Name of Policyholder	Ace Fleet Management Pte Ltd		
3. Effective Date of Commencement of Insurance for the purposes of the Act	31/07/2021	Excess: Sect I	S\$ 2,000
		Excess: Section II	S\$ 1,500
4. Date of Expiry of Insurance	30/07/2022		
5. Persons or Classes of Persons entitled to drive	Engine No	: G4FGJH704868	
	Chassis No	: KNAF1416MKS015047	
	Hire Purchase	: Maybank Singapore Limited	
(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.			
6. Limitations as to Use	USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER: (i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS. (iii) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.		
* 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 bindings.			

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

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).

GOPRBT1 27/07/2021 12:44:57



For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer


Authorised Signature