

# 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 .....	07/04/2022 15:43 (SGT)
Date of Accident .....	06/04/2022 14:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	MANDAI ESTATE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT7347G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	RELIABLE RIDES PTE LTD
Company Reg No .....	201611527N
Email Address .....	DRIVERELIABLERIDES@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81669797
Alternative Phone No .....	(Office) +65-81669797

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Sienta
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? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Etiqua Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	M0015950
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MOHAMAD AFDILLAH BIN HAMDAN
NRIC No .....	S8036477F

Date Of Birth .....	27/11/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	14/04/2009
Driving experience .....	13 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-87509184
Alt. Phone Number .....	-
Email Address .....	AFDILLAH19@YAHOO.COM.SG
Address .....	536 BUKIT BATOK STREET 52 #06-657 S650536
Address complement .....	-
Postcode .....	-
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 .....	NUR FADHILAH
Gender .....	Female

#### PASSENGER 2

Name .....	HARITH IRFAN
Gender .....	Male

#### 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

#### REFER ATTACHED POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLP4967H
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 .....	SMA1592S
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 .....	NUR FADHILAH
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN - 2 DAYS MC AS PER POLICE REPORT
Injured person in which vehicle? .....	SLT7347G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	HARITH IRFAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN - 2 DAYS MC AS PER POLICE REPORT
Injured person in which vehicle? .....	SLT7347G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstances of the Accident

Refer Police Report

Declaration

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

7/4/2022  
1507



Witnessed by Reporting Centre Personnel

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



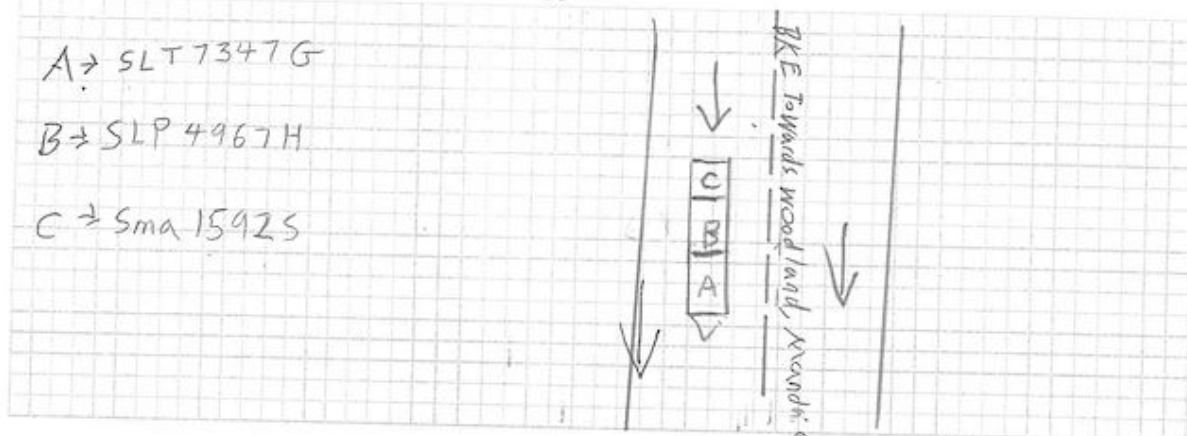
Policyholder's Signature / Date & Time

Sketch Plan

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

7/4/2022  
1501

Witnessed by Reporting Centre Personnel











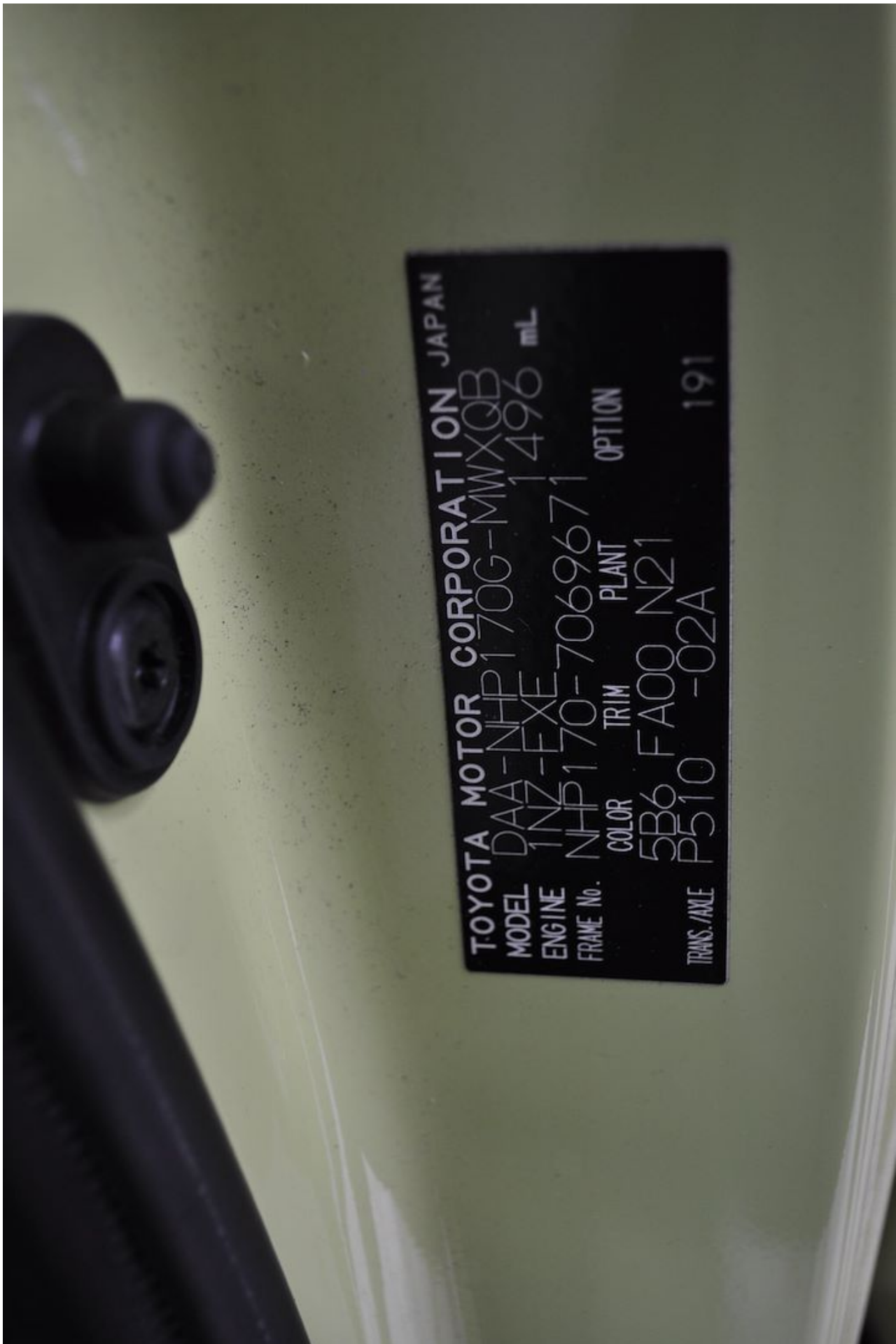
















**SINGAPORE  
POLICE FORCE**



T/20220407/7018

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

3 of 3

Report No. T/20220407/7018

**CONTINUATION OF REPORT**

Sketch Plan

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: 07/04/2022 14:45
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20220407/7018

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

1 of 3

Report No. T/20220407/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/04/2022 14:45		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMAD AFDILLAH BIN HAMDAN			Address: 536 BUKIT BATOK STREET 52 #06-657 SINGAPORE 650536		
ID Type / ID No.: NRIC NO / S8036477F			Contact No.: Home/Office: Mobile: 87509184		
Nationality: SINGAPORE CITIZEN			Email: afdillah19@yahoo.com.sg		
Sex: Male	Age: 41	Date of Birth: 27/11/1980	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: safety officer			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2022 14:00	Type of Location: Straight Road
Location:  MANDAI ESTATE				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
B	SLP4967H	Car					0
A	SLT7347G	Car					0
C	SMA1592S	Car					0



**SINGAPORE  
POLICE FORCE**



T/20220407/7018

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

2 of 3

Report No. T/20220407/7018

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHAMAD AFDILLAH BIN HAMDAN	ID No.	S8036477F
Related Vehicle	SLT7347G (Car)	Contact No.	87509184
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight

**Brief Details.**

I was traveling and exiting mandai rd from BKE, as the traffic turns red, I stopped my vehicle, while was in stationary position a car hit me from behind (SLP 4967 H). I alight to check and found out a third car was involved, (SMA 1592 S).

My wife and son was in the car with me, we seek medical treatment due to the incident and was given MC for 2days for each.





### INTERVIEW FORM

Name (Driver) : Mohamad Afdillah Bin Hamdan  
 Policy No : M0015950  
 Vehicle No : SLT73476  
 Place of Accident : Mandi Estate  
 Insured Driver's relationship with Insured : Private Hiver  
 Drink Driving of Insured and/or Insured Driver : No  
 No of passenger(s) in Insured vehicle : 3 (incl driver)

Injury to Insured and/or Insured driver, please indicate which hospital:

No - Injury to Passenger i (Hur Fadhilah)

Third Party Vehicle No (if any) : SLP496714, SMA15925

No of passenger(s) in Third Party Vehicle : \_\_\_\_\_

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

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)

X [Signature]  
 Driver (Name & Signature) / Date  
 I, affirmed the above information is given to  
 my best knowledge 7/4/2022  
1307

Attended by (Name & Signature) / Date

Workshop Name: \_\_\_\_\_

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

T +65 63360477  
 F +65 63392109

www.ediqa.com.sg  
 Company Reg. No. 201219955K

A Member of Maybank Group



# RELIABLE RIDES PTE LTD

CO REG: 201611527N  
Premier @ Kaki Bukit, 8 Kaki Bukit Ave 4  
#05-50 SINGAPORE 415875  
CONTACT: 6591 9999 Fax: 6385 1751 FINANCE: 9373 7667

## ADDENDUM TO CONTRACT – CONTRACT EXTENSION / RENTAL PRICE ADJUSTMENT

This document is in reference to a contract agreement dated 03/06/2021 between the following parties that are named below in this document for vehicle number: SLT 7347 G.

May it be known that the undersigned parties, for good consideration, do hereby agree to make the following changes and / or additions that are outlined below. These additions shall be made valid as if they are included in the original stated contract.

Stated Contract for:

### 1. TERM \*

**\*12 MONTHS CONTRACT**

The term of this Contract shall commence on Date: 03/09/2021 with minimum rental period till 02/09/2022 and thereafter, to give 7 days notice by either party for termination.

In event of any uncompleted contract, the Sub-contractor shall be liable for a penalty of \$3000 due for the remaining unfulfilled contractual term and notice period. However, the company reserves the right to replace the vehicle with an equivalent category or repossess the vehicle with immediate effect due to operational/technical issues e.g. car conditions, de-registration, etc.

### JOB FULFILMENT

The Sub-Contractor shall pay an agreed rental fee listed below to The Company.

Rental Fee	SGD \$ 68	per calendar day/week/month/year
Additional Malaysia Coverage	SGD \$ -	per calendar day/ week/ month/ year
Additional Misc Charges ( )	SGD \$ -	per calendar day/ week/ month/ year
Total Amount	SGD \$ 68	

### THE COMPANY



For Reliable Rides Pte Ltd

Acknowledged by Whatsapp

Contract for Service

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