

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 12/05/2022 09:32 (SGT)
Date of Accident 11/05/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information INSIDE PREMISES OF NO.7 WATERSIDE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7197P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ANSAVAHEE TRANSPORT
Company Reg No 53415586C
Email Address ansavahee@gmail.com
Mobile Phone No (Phone) +65-87544663
Alternative Phone No +65-87544663

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5121456821
Cover Note Number -

DRIVER

Name of Driver MOHAMED ANSARY
NRIC No S7424818G

Date Of Birth	16/07/1974
Occupation	Outdoor
Date Of Driving Pass	02/05/2008
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-87544663
Alt. Phone Number	-
Email Address	ansavahee@gmail.com
Address	BLK 2 JALAN BUKIT MERAH #03-5166
Address complement	-
Postcode	150002
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	Collision - Major/Minor Rd
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VAHEEDA BEGUM
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
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 TO POLICE REPORT: T/20220511/7015.

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 SJT9910R
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 VEHICLE B
No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMED ANSARY
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? PC7197P
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person VAHEEDA BEGUM
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? PC7197P
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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:

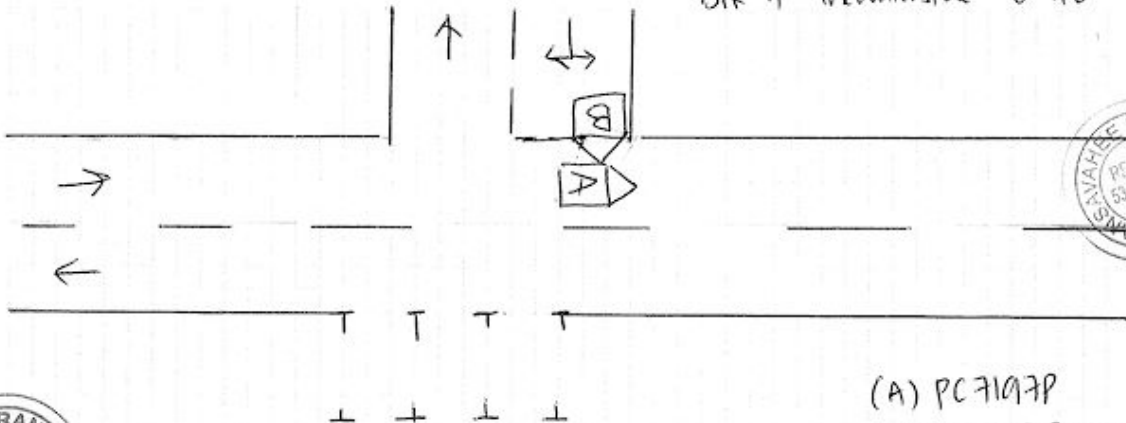
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature: _____

mg3solution@gmail.com

SKETCH PLAN

Blk 7 thewaterside Condo.



(A) PC7197P
(B) SJ79910R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

attached Police Report
7/2022 0511/7015

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

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

























**SINGAPORE
POLICE FORCE**



T/20220511/7015

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

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Report No. T/20220511/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2022 12:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMED ANSARY			Address: 2 JALAN BUKIT MERAH #03-5166 SINGAPORE 150002		
ID Type / ID No.: NRIC NO / S7424818G			Contact No.: Home/Office: Mobile: 87544663		
Nationality: SINGAPORE CITIZEN			Email: ansavahee@gmail.com		
Sex: Male	Age: 47	Date of Birth: 16/07/1974	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: private bus hirer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2022 08:30	Type of Location: Straight Road
Location: PREMISES OF NO. 7 WATERSIDE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC7197P	Van					5
SJT9910R	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220511/7015

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

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Report No. T/20220511/7015

CONTINUATION OF REPORT

Passenger			
Name	VAHEEDA BEGUM	ID No.	S7781099D
Related Vehicle	PC7197P (Van)	Contact No.	NIL
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/05/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious
Driver			
Name	MOHAMED ANSARY	ID No.	S7424818G
Related Vehicle	PC7197P (Van)	Contact No.	87544663
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/05/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 11/05/2022 (Date) at about 0830 hours inside premises of Blk 7 the waterside. I was travelling straight at along the driveway and suddenly, a vehicle (B) came out from the carpark without checking the blindspot and without cautious and hit onto the front left portion of my vehicle (A) causing damages to my vehicle. I have 5 passengers inside the vehicle.

I am at my 3rd pick up point whereby the accident occur, therefore I have to book a grab 6 seater to send my passengers off to their school. As I have remaining 2 more trips after this accident location which I could not fulfill due to the road worthy of the vehicle. I was advised by the parents to book a taxi for the remaining student's journey and the fees had to borne by me which I will claim against the insurance due to the accident.

After the accident, both my wife and I went to consult a doctor and was awarded 7 days MC injury.

Vehicles involving in the situation:

(A) PC 7197P

(B) SGT9910R



**SINGAPORE
POLICE FORCE**

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



T/20220511/7015

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Report No. T/20220511/7015

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: 11/05/2022 12:58
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS1Y225C00001 Vehicle Registration No: PC7197P
 Name (as shown in NRIC): MOHAMMED ARBARY NRIC/FIN/Passport No: S97228186
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8754 4663
 Email Address: _____
 Date of Accident: 11/05/22 Time of Accident: 0830
 Place of Accident: INSIDE PREMISES OF NO. 7 TAYLOR SIDE
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- AMEND PASSENGER NAME

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number	5121456821	Cover	: Comprehensive
1. Index mark and Registration Number of Vehicle	: PC7197P		
Chassis Number	: GDH2232000631		
2. Name of Policyholder	: ANSAVAHEE TRANSPORT		
3. Effective Date of Insurance	: 19 Mar 2021		
4. Expiry Date of Insurance	: 31 Aug 2022		
5. Persons or Classes of Persons entitled to drive*			
(a) The Policyholder.			
(b) Any other person who is driving on the Policyholder's order or with his/her 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.			
6. Limitations as to Use*			
(a) Use for the carriage of passengers in connection with the Policyholder's business.			
(b) Limited to carry 14 passengers.			
This 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.			
* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.			
This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.			

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABS FINANCIAL PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : INSUREMYCAR.COM.SG (00000615275)
 Date of Issue : 09 Feb 2022 11:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive