

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 28/06/2022 18:38 (SGT)
Reported by Driver
Date of Accident 25/06/2022 22:25 (SGT)
Exact Location of Accident Lavender St. & Kempas Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL892E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SF LEASING PTE LTD
Company Reg No 2XXXXX564D
Email Address andreahei@sfleasing.com.sg
Mobile Phone No (Phone) +65-97668811
Alternative Phone No -

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 2754

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5121979098

DRIVER

Name of Driver MUHAMAD FARHAN BIN FAUDZILLAH
NRIC No SXXXX194F
Date Of Birth 24/02/1985
Occupation Outdoor

Date Of Driving Pass	23/05/2019
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90509137
Alt. Phone Number	-
Email Address	FARHAN43HANZBOY@GMAIL.COM
Address	2 KITCHENER ROAD
Address complement	13-65
Postcode	200002
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 - 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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	FARAH UMAIRAH BINTE MUHAMAD FARHAN
Gender	Female

PASSENGER 2

Name	NUR SYARIFAH NATASHA BTE MAZLAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1629R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	MUHAMAD FARHAN BIN FAUDZILLAH
Gender	Male
Phone No	(Phone) +65-90509137
Address	2 KITCHENER ROAD
Address Complement	13-65
Post Code	200002
Approximate Age Years Old	37
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	GBL892E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	FARAH UMAIRAH BINTE MUHAMAD FARHAN
Gender	Female
Phone No	(Phone) +65-81162808
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	GBL892E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3


Name of injured person	NUR SYARIFAH NATASHA BTE MAZLAN
Gender	Female
Phone No	(Phone) +65-81332164
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	4 DAYS MC
Injured person in which vehicle?	GBL892E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

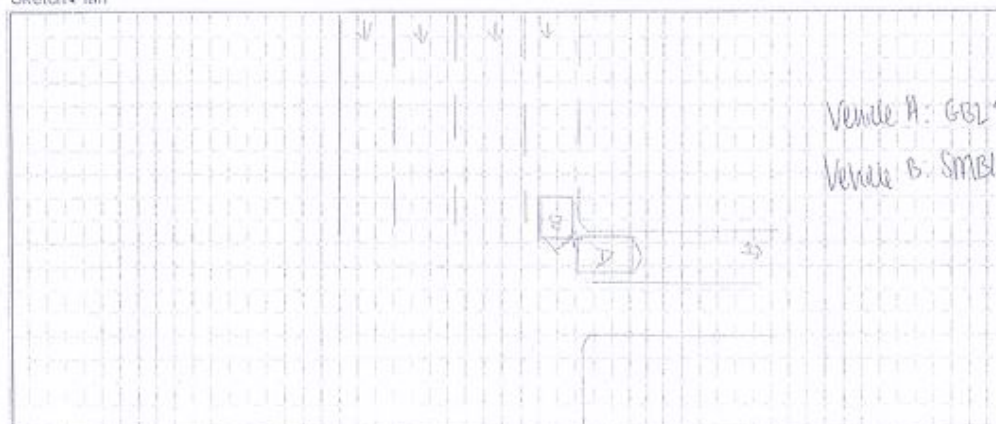
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

- Please Refer to Police Report -

- T/20220627/2070 -

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]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

[Signature]





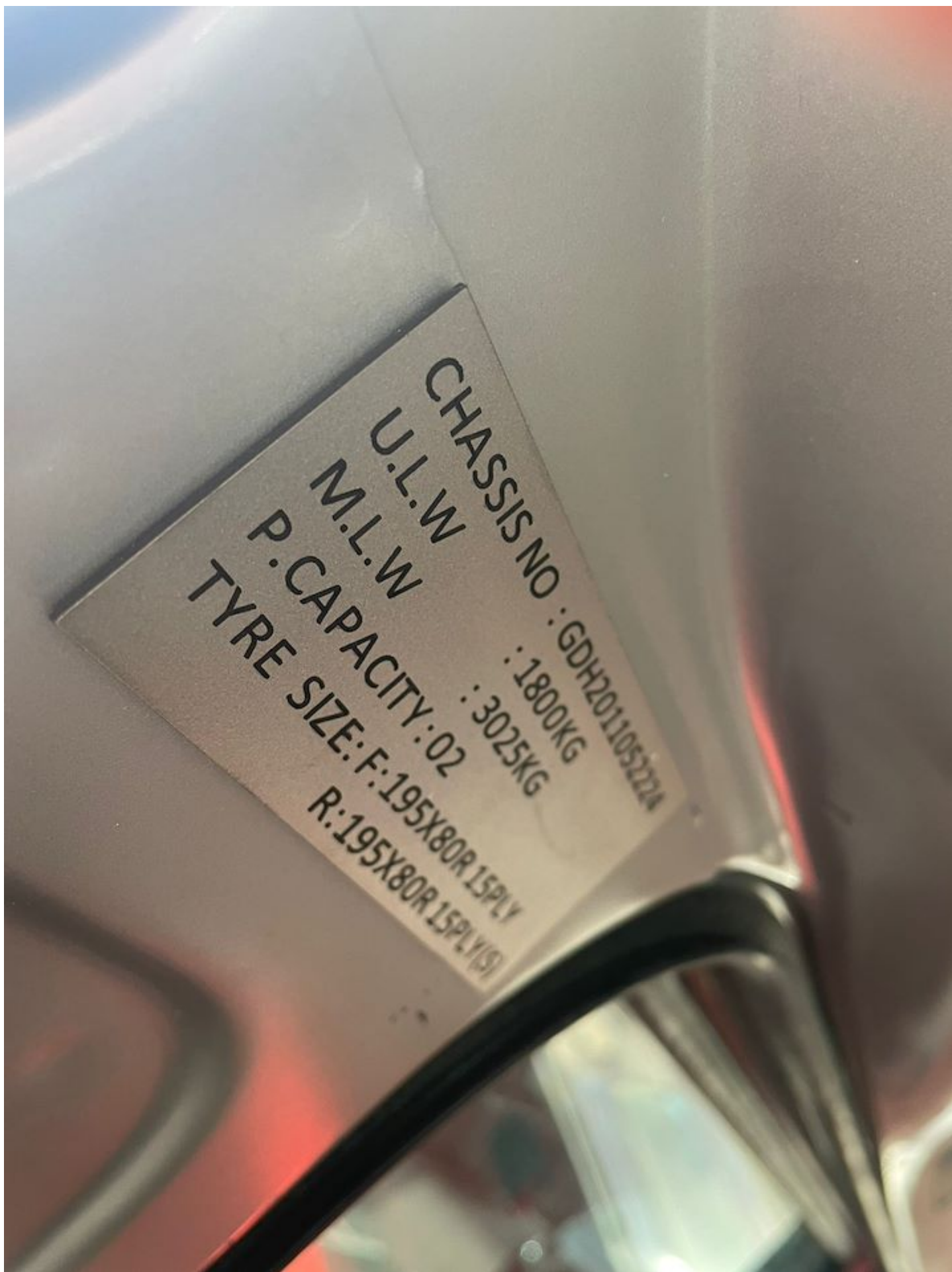


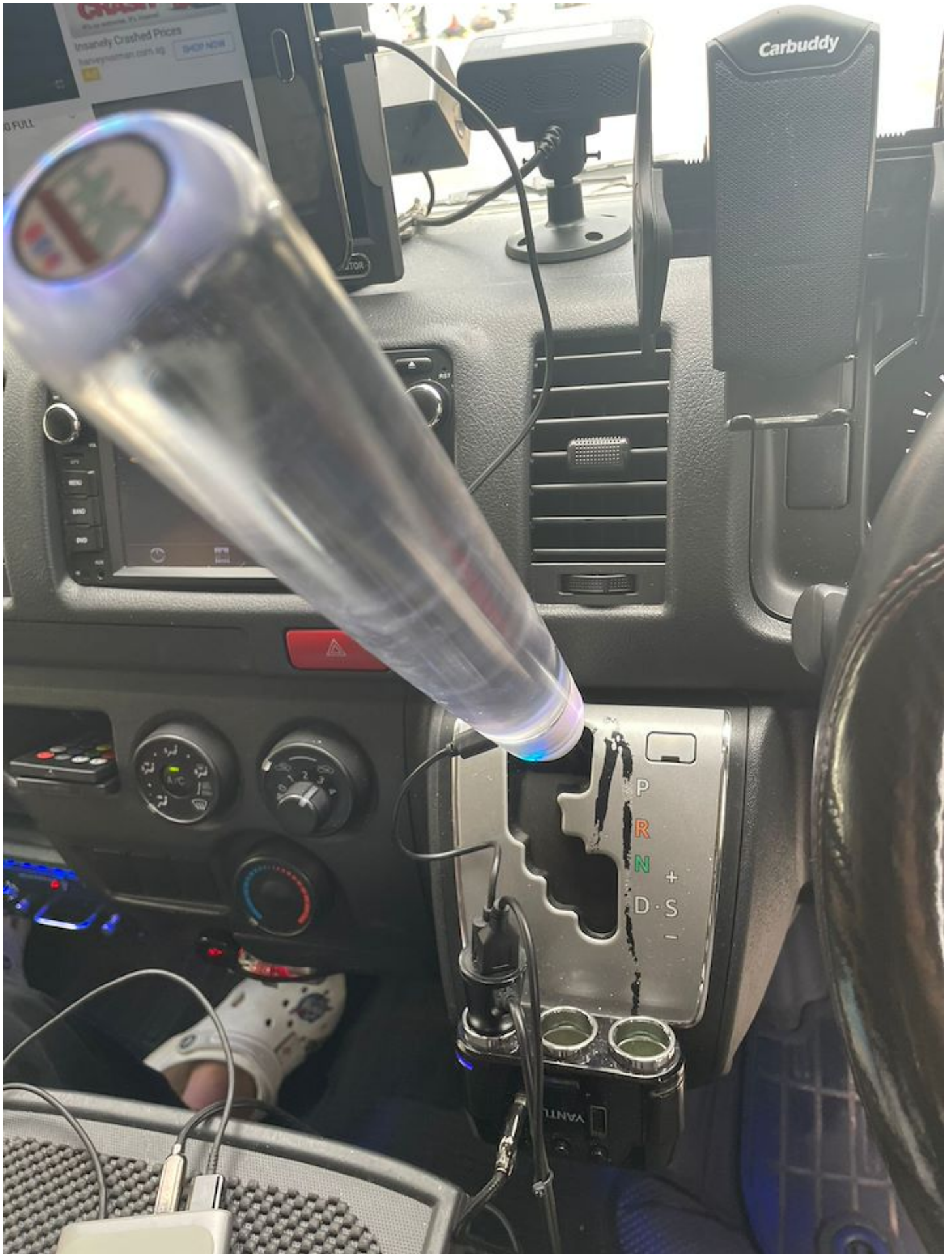













**SINGAPORE
POLICE FORCE**


T/20220627/2070

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 4

Report No. T/20220627/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2022 16:24	Vide Report No.: T/20220626/2012	Station Diary No.: 146
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: MUHAMAD FARHAN BIN FAUDZILLAH			Address: APT BLK 2 KITCHENER ROAD #13-65 SINGAPORE 200002	
ID Type / ID No.: NRIC NO / S8505194F			Contact No.:	Mobile: 90509137
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 37	Date of Birth: 24/02/1985	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Mover			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: 25/06/2022 22:30	Type of Location: Straight Road
Location: LAVENDER STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL892E	Van	TOYOTA	HIACE 2.8 DX 5DR AUTO	Silver	Slightly Damaged	2
SMB1629R	Bus/Coach/Mi nibus	MAN	NL 320F (A22) 11L AUTO ABS TURBO	Multi-Colored	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20220627/2070

4 of 4

Report No. T/20220627/2070

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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:

A /
SGT 2 LEE JIA HUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/06/2022 16:24

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20220627/2070

3 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220627/2070

CONTINUATION OF REPORT

Driver			
Name	Tan Hui Hong		ID No. S7118741A
Related Vehicle	NIL		Contact No. 98804624
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

Brief Details.

On 25/06/2022 at about 2229hrs, I was driving my van, bearing plate number GBL892, along Lavender Street towards Kempas Road. As I was turning into Kempas Road, the front of a SMRT bus bearing plate number SMB1629R, collided onto the rear left side of my van. I then went down from my vehicle to take photo of the damages and exchange particulars with the bus driver.

There were some dent and scratches at the rear left side of my vehicle, near to the rear left light. Due to the collision, my 2 passenger and I sustained some slight injuries. I sustained an inflammation on my right shoulder and got 2 days MC (26/06/2022 - 27/06/2022). One of my passenger, Farah Umairah Binte Muhamad Farhan, sustained some pain on her right side of her head and right shoulder and she hit her head on the sliding door due to the collision and got 4 days MC (26/06/2022 - 29/06/2022). My other passenger, Nur Syarifah Natasha Bte Mazlan, sustained pain on her right knee and left side of her head as she hit her head onto the door and fell down due to the collision and got 4 days MC (26/06/2022 - 29/06/2022). All 3 of us went to NUH emergency department to get medical assistance.

I have in-car camera in the van but upon viewing, it did not capture the accident.

That's all.



**SINGAPORE
POLICE FORCE**



T/20220627/2070

2 of 4

Report No: T/20220627/2070

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Farah Umairah Binte Muhamad Farhan	ID No.	T0802699D
Related Vehicle	GBL892E (Van)	Contact No.	81162808
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/06/2022	Date Discharge	26/06/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MUHAMAD FARHAN BIN FAUDZILLAH	ID No.	S8505194F
Related Vehicle	GBL892E (Van)	Contact No.	90509137
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/06/2022	Date Discharge	26/06/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	Nur Syarifah Natasha Bte Mazlan	ID No.	T0515985C
Related Vehicle	GBL892E (Van)	Contact No.	81332164
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/06/2022	Date Discharge	26/06/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight



AS14
motor

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 : 5121979098

Cover : Comprehensive

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : GBL892E |
| Chassis Number | : GDH2011052224 |
| 2. Name of Policyholder | : SF LEASING PTE LTD |
| 3. Effective Date of Insurance | : 03 May 2021 |
| 4. Expiry Date of Insurance | : 09 Sep 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 social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing 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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 21 Feb 2022 20:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive