

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 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 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 15/08/2022 11:50 (SGT)
Reported by Driver
Date of Accident 10/08/2022 19:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 14 JOO SENG ROAD OPEN AIR CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK1381T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AMM LEASING PTE. LTD.
Company Reg No 1XXXXX187G
Email Address ben@newshowroomcars.com.sg
Mobile Phone No (Phone) +65-96334617
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant HYBRID 1.8 CVT
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 1798

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number -

DRIVER

Name of Driver MOHAMMAD SUKUR BIN SAYIN
NRIC No SXXXX986J
Date Of Birth 27/08/1979
Occupation Outdoor

| | |
|--|--|
| Date Of Driving Pass | 20/08/2009 |
| Driving experience | 13 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-87502477 |
| Alt. Phone Number | - |
| Email Address | ben@newshowroomcars.com.sg |
| Address | BLK 448C BUKIT BATOK WEST AVE 9 #02-38 |
| Address complement | - |
| Postcode | 653448 |
| 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 on 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 | 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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

ON 10TH AUG 2022 AT AROUND 1936HR. I WAS DRIVING FOR GRAB PLATFORM. AFTER I DROP OFF MY PASSENGER AT BLK 18 JOO SENG ROAD AND TRAVELING AT (TWO WAY TRAFFIC) TOWARDS THE EXIT, PASSES BY BLK 14 JOO SENG ROAD WHERE THE ACCIDENT HAPPENED. AFTER TURNING TO STRAIGHT ROAD FROM THE BEND AND IM STILL IN LANE. LOOKING AT SJZ3028X COMING STARIGHT TOWARDS MY VEHICLE (SLK1381T). AT THE TIME, I APPLIED BRAKES AND ALREADY STATIONARY POSITION. SJZ3028X COULD NOT JUDGED ITS CAR POSITION OR LANE, CAME CRASHING RIGHT INTO MY VEHICLE SLK1381T. HE SHIFTED HIS CAR TO CARPARK LOT WHILE MY VEHICLE STILL IN POSITION. THE DRIVER OF SJZ3028X WAS ASKING FOR PRIVATE SETTLEMENT AND I REJECTED DUE TO MY VEHICLE IS RENTED FROM A RENTAL COMPANY. SO WE EXCHANGE CONTACT NUMBER AND LEFT. TODAY AFTER LAST NIGHT, I WOKE UP WITH SORE ON MY SHOULDER.

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 | SJZ3028X |
| 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 | MOHAMMAD SUKUR BIN SAYIN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SLK1381T |
| 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may slow 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. The 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.
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 Insurers (who have insured vehicle(s) involved in this accident (all Insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firm, 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 Insurers (who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firm) 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 firm), which may be shed outside of Singapore, for one or more of the above Purposes.



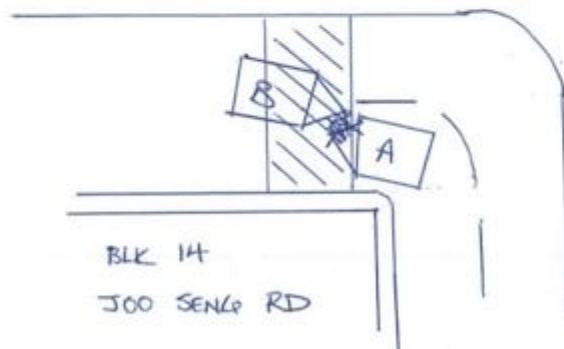
11.08.2022
17:30 HR

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: SHK 1381 T
B: SJZ 3028 X



**SINGAPORE
POLICE FORCE**



T/20220811/7034

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

3 of 3

Report No. T/20220811/7034

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/08/2022 17:31

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220811/7034

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

2 of 3

Report No. T/20220811/7034

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MOHAMMAD SUKUR BIN SAYIN | ID No. | S7923986J |
| Related Vehicle | SLK1381T (Car) | Contact No. | 87502477 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3,4 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |

Brief Details.

On 10th August 2022 at around 1936HR, I was driving for Grab platform. After i drop off my passenger at blk 18 Joo Seng Road and travelling at (Two Way Traffic) towards the exit, passes by blk 14 Joo Seng Road where the accident happened. After turning to straight road from the bend and im still in lane. Looking at SJZ3028X coming straight towards my vehicle SLK1381T. At that time, I applied brakes and already stationary in position. SJZ3028X couldnt judged its car position or lane, came crashing right into my vehicle SLK1381T. He shifted his car to carpark lot while my vehicle still in position. The driver of SJZ3028X was asking for private settlement and i rejected due to my vehicle is rented from a rental company. So we exchange contact number and left. Today after last night rest, i woke up with sore on my shoulder.



**SINGAPORE
POLICE FORCE**



T/20220811/7034

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

1 of 3
Report No. T/20220811/7034

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made: 11/08/2022 17:31 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MOHAMMAD SUKUR BIN SAYIN | | Address: 448C BUKIT BATOK WEST AVENUE 9 #02-38 SINGAPORE 653448 | | | |
| ID Type / ID No.: NRIC NO / S7923986J | | Contact No.: Home/Office: Mobile: 87502477 | | | |
| Nationality: SINGAPORE CITIZEN | | Email: BADANGRETURN@GMAIL.COM | | | |
| Sex: Male | Age: 42 | Date of Birth: 27/08/1979 | Type of Informant: Driver | | |
| Race: Boyanese | | Language: English | | Institution / School Name: | |
| Occupation: | | Driving Licence Information: Class: 3,4 | | Date of Expiry: | |

| | | | | |
|---|------------------|------------------------------------|---|-------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 10/08/2022 19:35 | Type of Location: Car Park |
| Location: JOO SENG ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head On | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|-------|--------|---------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SJZ3028X | Car | TOYOTA | ALTIS | Silver | Slightly Damaged | 0 |
| SLK1381T | Car | TOYOTA | PRIUS | White | Slightly Damaged | 0 |