SS2X22BN0009 / SME MOTOR PTE LTD ENTRY DATE & TIME: 23/11/2022 16:50 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (23/11/2022 16:50 (SGT))

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 23/11/2022 16:50 (SGT) Reported by Both Date of Accident 22/11/2022 17:45 (SGT) Exact Location of Accident Toh Tuck Flyover, Singapore Additional Location Information TWDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1496

Vehicle Registration Number SJN5456T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AMIR HAMZAH BIN MOHAMED TAHIR NRIC No S8439632Z Email Address AMIRHAMZAHMT@GMAIL.COM Mobile Phone No (Phone) +65-94590819 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Freed Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA324903

DRIVER

CC

Name of Driver AMIR HAMZAH BIN MOHAMED TAHIR NRIC No S8439632Z Date Of Birth 20/12/1984 Occupation Indoor

Date Of Driving Pass 22/04/2010 Driving experience 12 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-94590819 Alt. Phone Number Email Address AMIRHAMZAHMT@GMAIL.COM Address BLK 555 JURONG WEST STREET 42 #04-377 Address complement Postcode 640555 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE RPEORT: T/20221122/2110. 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 SMC9138H

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 SAIFUDDIN BIN AHMAD KASSIM

 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMJ8319Y 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 C** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person AMIR HAMZAH BIN MOHAMED TAHIR Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SJN5456T Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time & Time Sketch Plan

A STN 54561

SMC 9[38]

Along Toh Tuck Hysver

Towards Chang:

escribe Circumstances of the Accident	
Please refer to police report	no ·
Trease total to take toport	
T 2022 1122 2110	
. 5007 (132 5110	
	1

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

LETTER OF UNDERTAKING

I/We, Amir Hampah Bin Mohamed Tahir, the owner of vehi	cle no.	SIN 545	56 T
My/Our Insurance is under M/s AXA Insurance Singapore Pte Lto claim under my/our Policy or against the Third Party and if the claim to M/s AXA Insurance Singapore Pte Ltd with all relevant for 14(fourteen) days of occurrence or discovery of damage.	d, I/we s e former acts and	hall deci shall sul	de whethe
My/Our Third Party claim is handle by my/our preferred workshop,	×	Auto	Service
Signed and Acknowledge by:			
S843916322 Kaller Nric no. and signature of policyholder Company Stamp		Date	3022























Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

l of 4 Report No. T/20221122/2110

REPORT OF A TRAFFIC ACCIDENT

22/11/2	me Report I 022 23:54	Made:	Vide Report No.:	Station Diary No. 223
Informa	int's Partic	ulars		
AMIR H TAHIR		N MOHAMED	Address: APT BLK 555 JURONG WE SINGAPORE 640555	ST STREET 42 #04-377
	/ ID No.: O / S84396	32Z	Contact No.: Home/Office:	Mobile: 94590819
National SINGAF	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 37	Date of Birth: 20/12/1984	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupat ICA OFF			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2022 17:20	Type of Location Straight Road
Lamp Post No	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
One Way Type of Collis				

Vehicle No.	Туре	Make	Model	Color	Condition	Nie of D
SJN5456T	Car	HONDA				No of Passenger
	1805810		FREED 1.5G A	Red	Seriously Damaged	0
SMC9138H	Car	AUDI	Q5 2.0L TFSI QUATTRO AT D/AB HID 4WD 5DR	White	-3.110,000	0
SMJ8319Y	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Silver		0



Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20221122/2110

Details of V	ehicle Insurance		1	E. Doto
AND DESCRIPTION OF THE PARTY OF	Insurance Company	Insurance No	Effective	Expiry Date
		04004000	22/02/2022	21/02/2023
SJN5456T	AXA INSURANCE SINGAPORE PTE	GA324903	2210212022	21,02,000

CONTINUATION OF REPORT

Details of Person		NAME OF TAXABLE		1		
Any Pedestrian Ir	volved: No		(D)	0	ings NIA	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver			Tio Vi	-	004000007	
Name	AMIR HAMZAH BIN MOHAMED TAHIR		R ID No		S8439632Z	
Related Vehicle	SJN5456T (Car)			ct No.	94590819	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL	
Date Treatment	22/11/2022	Dat	e Discharge	_	1/2022	
No. of Days gran	ted Medical Leave 03	ree of Injury	of Injury Slight			
Driver						
Name	SAIFUDDIN BIN AHMAN KASSIM		ID No	Э.	S8916766C	
Related Vehicle	SMC9138H (Car)		Cont	act No.	89329021	
Hospital/Clinic	NIL				Class: NIL Date of Expiry: NIL	
Data Teastment	NIL	Da	te Discharge	NIL		
Date Treatment	nted Medical Leave NII		gree of Injury			

Brief Details.

On the 22/11/2022 at about 1745hrs, I was travelling along Toh Tuck flyover towards Changi, I was on lane one travelling at about 80km/h following behind SMJ8319Y about 1 car length away, suddenly he jam break I immediately stepped on my brake and managed to avoid a collision with the car Infront of me. However, the car (SMC9138H) behind did not stop in time and rear ended me causing my car to move forward and hit the car Infront of me. I felt dizzy and numbness at the neck and lower back. Shortly, an Aetos rider was at scene, I do not know who call for it. He asked if I was okay and if I could continue driving. I said yes. He then told me to drive to the nearest hospital for a checkup. I manage to exchange particulars with the front and back drivers. They seem well and have no injuries and my car suffered damaged to the right front and the rear, which both are badly dented. My rear right light also came out and my boot have difficulties opening. There was no ambulance or traffic police at scene and the doctor at NUH gave me 3 days MC. The doctor told me that I have bone bruise and back strain. No signs of fractures.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 4 Report No. T/20221122/2110

CONTINUATION OF REPORT





AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 16212

-Motor Vehicles (Third Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 -Road Transport Act., 1987 (Malaysia) Motor Vehicles (Third-Party Risks.) Rules, 1959 (Mataysia)

Policy details

Policyholder name

AMIR HAMZAH BIN MOHAMED TAHIR

Certificate number Chassis number Engine number

GA324903 / 1 GB31027015 L15A2327349

Cover Plan name NCD applicable Vehicle registration number Comprehensive Essential 40%

SIN5456T

from 22/02/2022 to 21/02/2023 (both dates inclusive)

Finance loan company

Persons or classes of persons entitled to drive*

(a) The Policyholder

Period of Insurance

(b) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, page making or such similar purposes.

* 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 headings,

EXCESS

Basic Own Damage Excess

SGD 300,00

Windscreen Excess

SGD 100,00

An Additional Excess is applicable as follows:

- 1, S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers, This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made, Fallure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate,

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

1 of 2

