

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 23/11/2022 13:59 (SGT)
Reported by Both
Date of Accident 22/11/2022 17:10 (SGT)
Exact Location of Accident Near 31 Bukit Batok Cres, Singapore 658070
Additional Location Information PIE TOWARDS CHANGI (NEAR WCEGA TOWER)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC9138H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AHMAD DAHLAN BIN AHMAD KASSIM
NRIC No S7924560G
Email Address SAIFUDDIN.KASS@LIVE.COM
Mobile Phone No (Phone) +65-82223089
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model Q5
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 your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1984

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number MA 019318

DRIVER

Name of Driver SAIFUDDIN BIN AHMAD KASSIM
NRIC No S8916766C
Date Of Birth 20/05/1989
Occupation Outdoor

Date Of Driving Pass	03/06/2010
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89329021
Alt. Phone Number	-
Email Address	SAIFUDDIN.KASS@LIVE.COM
Address	BLK 158, YUNG LOH ROAD
Address complement	#06-54
Postcode	610158
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	FILES TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN5456T
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	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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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:

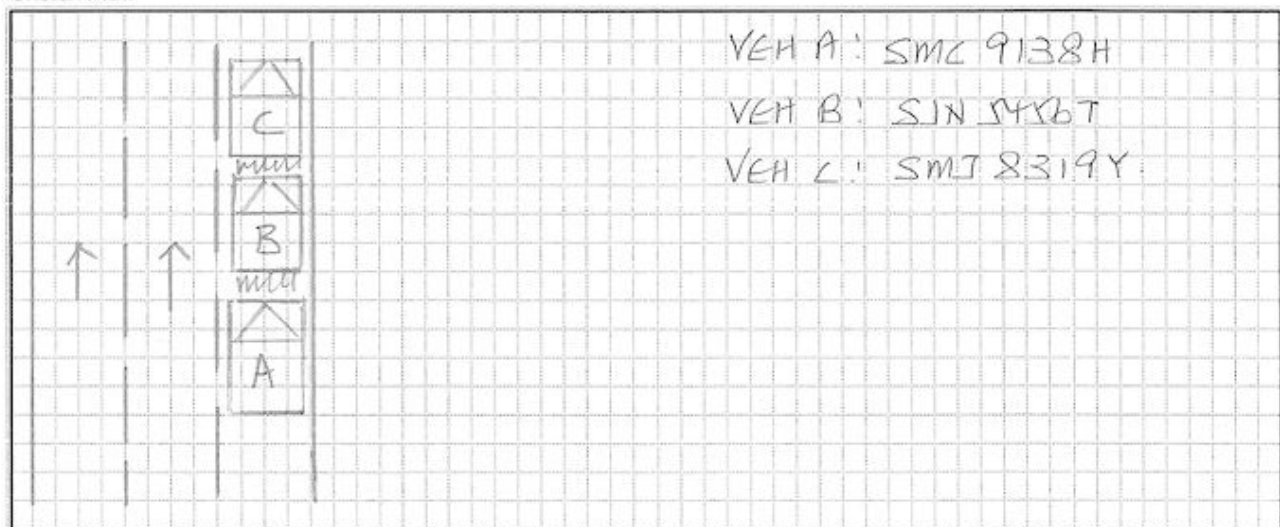
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



PIE TOWARDS CHANGI
(NEAR WLEGA TOWER).

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO. T/20221122/2101

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


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











**SINGAPORE
POLICE FORCE**



T/20221122/2105

1 of 4

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

Report No. T/20221122/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2022 22:46	Vide Report No.:	Station Diary No.: 194
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Informant's Particulars

Name of Informant: SAIFUDDIN BIN AHMAD KASSIM			Address: APT BLK 158 YUNG LOH ROAD #06-54 SINGAPORE 610158		
ID Type / ID No.: NRIC NO / S8916766C			Contact No.: Home/Office: Mobile: 89329021		
Nationality: SINGAPORE CITIZEN			Email: saifuddin.kass@live.com		
Sex: Male	Age: 33	Date of Birth: 20/05/1989	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 3,4		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2022 17:10	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN5456T	Car	HONDA	Freed	Maroon	Slightly Damaged	0
SMC9138H	Car	AUDI	Q5	White	Slightly Damaged	0
SMJ8319Y	Car	SUBARU	Forester	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20221122/2105

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC9138H	ETIQA INSURANCE BERHAD	MA019318	12/04/2022	11/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Amir Hamzah Bin Mohamed Tahir		ID No.	S8439632Z
Related Vehicle	SJN5456T (Car)		Contact No.	94590819
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
Driver				
Name	SAIFUDDIN BIN AHMAD KASSIM		ID No.	S8916766C
Related Vehicle	SMC9138H (Car)		Contact No.	89329021
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Ong Tiow Yoong Kenneth (Wang		ID No.	S7104023B
Related Vehicle	SMJ8319Y (Car)		Contact No.	NIL
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



**SINGAPORE
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T/20221122/2105

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Report No. T/20221122/2105

CONTINUATION OF REPORT

Brief Details.

On 22/11/2022 at about 1645hrs, I was from Tuas Checkpoint and later drove along Pan-Island Expressway. However while I was at Toh Tuck flyover and driving along the first lane, I observed that a silver colour vehicle - SMJ 8319Y, which was two cars ahead of me had suddenly step on the emergency brake. Due to his actions, I also reacted by stepping on my brake. As such, my vehicle had hit onto the front vehicle - SJN 5456T.

No one was injured nor require any immediate medical attention. My vehicle front bumper suffered a dent, SJN 5456T and SMJ 8319Y rear body was damaged. I do not know if SMJ 8219Y damaged was due to me. My vehicle is installed with an in-car camera. Later in the evening, driver of SJN 5456T updated me that he is currently seeking medical consultation.



**SINGAPORE
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T/20221122/2105

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Report No. T/20221122/2105

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 /
SR STAFF SGT NURUL
ASHIQIN BINTI MOHD SHUKOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/11/2022 22:46

Officer In Charge Of Case:

TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168



MX1
70000239
COV.Type: Comprehensive

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) • MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MA019318

- | | | |
|--|--|---|
| 1. Index Mark and Registration Number of Vehicle | SMC9138H | |
| 2. Name of Policyholder | AHMAD DAHLAN | |
| 3. Effective Date of Commencement of Insurance for the purposes of the Act | 12/04/2022 | Engine No.: CDN084651
Chassis No.: WAUZZZ8R8AA052165
Hire Purchase: SSL HOLDINGS PTE. LTD.
Excess (Named Drivers): S\$800.00
Excess (Unnamed Drivers): S\$1300.00 |
| 4. Date of Expiry of Insurance | 11/04/2023 | |
| 5. Persons or Class of Persons entitled to drive
(A) THE POLICYHOLDER
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION | <p>AHMAD DAHLAN</p> <p>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 REGULATIONS IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.</p> | |
| 6. Limitations as to use | <p>USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(i) USE FOR HIRE OR REWARD.</p> <p>(ii) USE FOR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.</p> <p>(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.</p> | |

* 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.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites (www.gia.org.sg / www.lia.org.sg / www.sdic.org.sg).

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

For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer


Authorised Signature