

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 | 06/12/2022 16:35 (SGT) |
| Reported by | Both |
| Date of Accident | 03/12/2022 07:20 (SGT) |
| Exact Location of Accident | Woodlands Centre Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMQ8698R |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | SAYED ISHAK S/O SAYED |
| NRIC No | SXXXX407E |
| Email Address | siraj2665@gmail.com |
| Mobile Phone No | (Phone) +65-94875755 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Fit |
| 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 | Private hire |
| Transmission | Auto |
| CC | 1317 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D22MPC0009475 |

DRIVER

| | |
|----------------|--------------------------------|
| Name of Driver | MOHAMMED SIRAJ BIN SAYED ISHAK |
| NRIC No | SXXXX855I |
| Date Of Birth | 20/06/1992 |
| Occupation | Outdoor |

| | |
|--|---|
| Date Of Driving Pass | 11/07/2013 |
| Driving experience | 9 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94875755 |
| Alt. Phone Number | - |
| Email Address | siraj2665@gmail.com |
| Address | BLK 813A CHOA CHU KANG AVENUE 7 #02-541 |
| Address complement | - |
| Postcode | 681813 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | 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) | 2 |
| 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 | ZULHIZAD |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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 | SLS421B |
| 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 | MOHAMMED SIRAJ BIN SAYED ISHAK |
| Gender | Male |
| Phone No | (Phone) +65-94875755 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMQ8698R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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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.

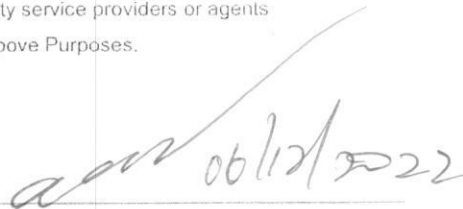
(collectively the "Purposes")

(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

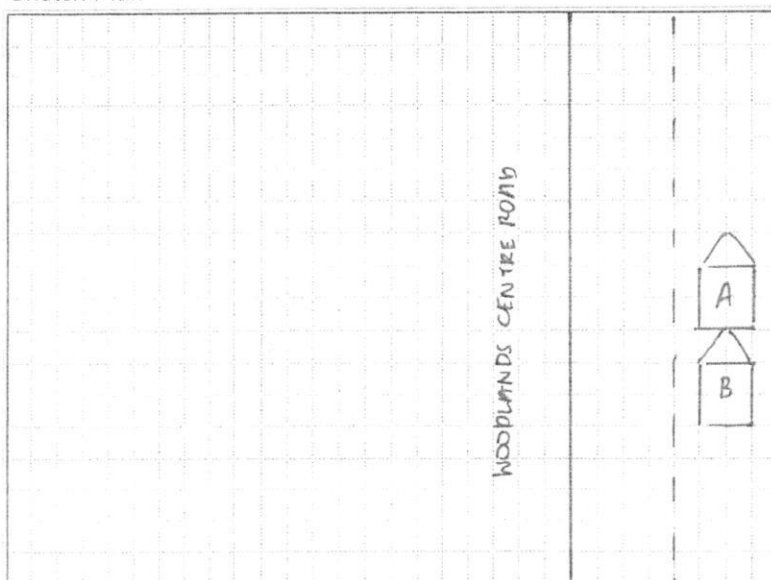
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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

| | | |
|--|--|--------------|
|  | | (A) SMQ8698R |
| | | (B) SLS421B |

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG WOODLANDS CENTRE ROAD.

MY VEHICLE WAS STATIONARY AS THERE WAS A JAM

IN FRONT. SUDDENLY, I FELT AN IMPACT FROM THE

REAR.

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



06/12/2022

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

**HEALTHWAY MEDICAL**

COMPANY REGISTRATION NO. 200001180K / GST REGISTRATION NO. 200001180K
BLK 475 CHOA CHU KANG AVE 3 #02-03, SINGAPORE 680475
TEL 68926330 / FAX 68926329

**OFFICIAL
RECEIPT**

NAME: MOHAMMED SIRAJ BIN SAYED ISHAK
ATTENDING DR: DR LOCUM

IDENTIFICATION: *****8551
VISIT DATE: 05-12-2022

| Item | Dispensed Qty | Unit Cost | Sub Total |
|---------------------------------|------------------|-----------|-----------|
| MEDICATION | | | \$23.60 |
| FASTUM 2.5% GEL 30G | 1 | \$8.10 | |
| ALMIRAL 50MG TABLET | 10 | \$5.50 | |
| ANAREX TABLET | 20 | \$10.00 | |
| CONSULTATION | | | \$29.91 |
| CONSULTATION | 1 | \$34.91 | |
| SUBTOTAL CHARGE | | | \$53.51 |
| CHAS BLUE ACUTE | | | -\$5.00 |
| GST@7% | | | \$3.40 |
| ADJUSTMENT | | | (\$0.01) |
| TOTAL AMOUNT (AFTER ADJUSTMENT) | | | \$51.91 |
| PAYMENT | | | |
| BILL TO CHAS BLUE CHASB | 05-12-2022 19:51 | | \$18.50 |
| PAY BY CASH | 05-12-2022 19:51 | | \$33.40 |

All drugs sold are non-exchangeable and non-refundable.
This is a computer generated document that does not require a signature

Case No: 20223393824726

**HEALTHWAY MEDICAL**

COMPANY REGISTRATION NO:200001180K
GST REGISTRATION NO:200001180K
BLK 475 CHOA CHU KANG AVE 3 #02-03,
SINGAPORE 680475
TEL 68926330 / FAX 68926329

**MEDICAL
CERTIFICATE**

NAME: MOHAMMED SIRAJ BIN SAYED ISHAK IDENTIFICATION: S92208551
VISIT DATE: 05-12-2022

This is to certify that **MOHAMMED SIRAJ BIN SAYED ISHAK (S92208551)** is UNFIT FOR DUTY for 2 day(s) from 05-12-2022 to 06-12-2022 inclusive.

Healthway Sunshine Family Clinic
Blk 475 Choa Chu Kang Ave 3
#02-03, Sunshine Place
Singapore 680475
Tel: 6892 6330 Fax: 6892 6329

DR LOCUM
General Practitioner

Not Valid for Absence from Court Attendance
This certificate is electronically generated, no signature is required.

Ref No: 20223392501476
Printed By: sscs1/05-12-2022

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 03 / 12 / 2022 (dd/mm/yy) Time of Accident: 07 : 20 (24-HR-FORMAT)

Vehicle No.: SMQ8698R Vehicle Make & Model / Engine (cc): HONDA FIT Private Hire: (Y/N)

Exact location of Accident: WOODLANDS CENTRE ROAD

Policyholder's Name / IC No.: SAYED ISHAK S/O SAYED ROC/UEN (Company): S1795407C

Driver's Name / IC No.: MOHAMMED SIRAJ BIN SAYED ISHAK S9220855I (As Above) ☐

Driver's Contact No.: 9487 5755 Company Contact No / Owner Contact No:

Driver's Address: BLK 813A CHON CHU KANG AVENUE 7 #02-541 SINGAPORE 681813

Owner Email address: SIRAJ2665@GMAIL.COM Insurance Company: INDIA INTERNATIONAL

Driver Email address:

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: ZULHIZAB Gender: Male / Female x()

*Passenger Name: Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: DRIVER (2 DAYS MC)

Injuries Sustain: Injured Person in Which Vehicle: SMQ8698R

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SLS421B

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:


*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

| | | |
|---|--|---|
| CERTIFICATE NO.: D22MPC0009475 | | COVER: COMPREHENSIVE |
| 1. Index Mark and Registration Number of Vehicle | : SMQ8698R | |
| Chassis No | : GK33423626 | |
| 2. Name of Policyholder | : SAYED ISHAK S/O SAYED | |
| 3. Effective date of Insurance | : 28 Oct 2022 | |
| 4. Expiry date of Insurance | : 27 Oct 2023 | |
| 5. Persons or Classes of Persons entitled to drive* | <p>Sayed Ishak S/O Sayed for private hire use only.</p> <p>For Social, Domestic and Leisure purposes only. 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.</p> | |
| 6. Limitations as to use* | <p>Use for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>Use for social, domestic, pleasure purposes and business purposes of the policyholder.</p> <p>The Policy does not cover</p> <p>a) Use for racing, pace-making, reliability trial, or speed-testing.</p> <p>b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>c) Use for any purpose in connection with the Motor Trade.</p> <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.</p> | |
| Excess Section I (Sayed Ishak S/O Sayed Only) | : SGD 2,000.00 | |
| Excess Section II (Sayed Ishak S/O Sayed Only) | : SGD 1,500.00 | |
| Unnamed Drivers Additional Excess Section I & II Separately | : SGD 500.00 | |
| Windscreen Excess | : SGD 100.00 | |
| Geographical Area: | <p>Private Hire Use: within the Republic of Singapore only</p> <p>For Social, Domestic & Leisure purposes only: within the Republic of Singapore and West Malaysia only</p> | |
| Hire Purchase Company | : Quan Feng Investments (Singapore) Pte Ltd | |
| <p>FOR DRIVERS BELOW 24 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I & II SEPERATELY WILL BE APPLICABLE.</p> | | |
| <p>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).</p> | | |
| Agent/Broker | : A000041/P & C INSURANCE AGENCY | For India International Insurance Pte Ltd |
| Date of Issue | : 01/11/2022 14:56:03 | |
| MZ406 - Hire Car (Hired Driving) | | |
| | |  Authorised Signatory |