

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	24/12/2022 11:57 (SGT)
Reported by	Driver
Date of Accident	13/12/2022 04:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU8691M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIS MOTORING PTE LTD
Company Reg No	2XXXXX055D
Email Address	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No	(Phone) +65-86881311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Astra
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	1600

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002451400

DRIVER

Name of Driver	MUHAMMAD RIDHWAN BIN AHMAD LEE
NRIC No	SXXXX684B
Date Of Birth	23/02/1996
Occupation	Indoor

Date Of Driving Pass	26/11/2019
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90939754
Alt. Phone Number	-
Email Address	na@na.com
Address	BLK 224 PASIR RIS ST 21
Address complement	#05-138
Postcode	510224
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	Collided into Parked Vehicle
Weather Conditions	Raining
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?	Yes
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

REFER TO POLICE REPORT

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	SHB7684A
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-

Vehicle Colour	Red
Vehicle Category	Taxi
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB7684A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

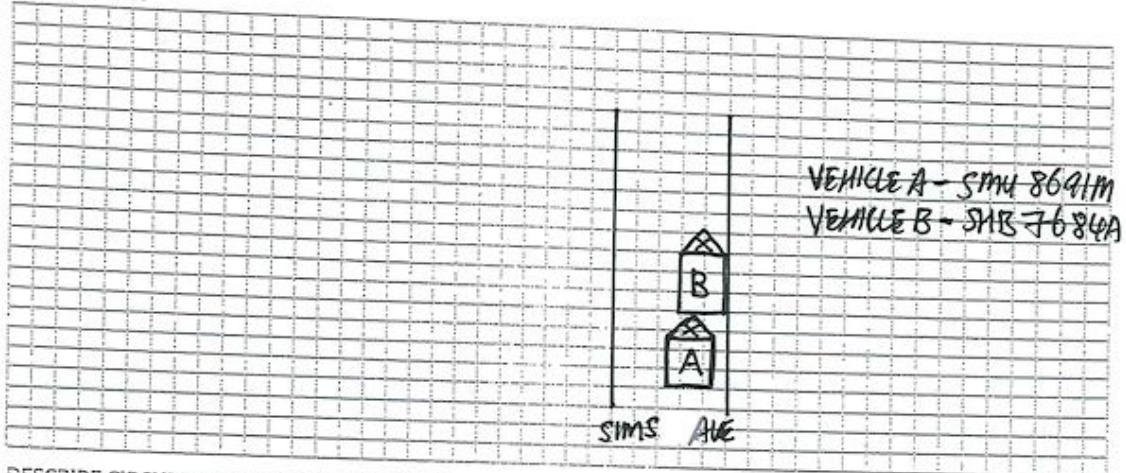
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20221219/2081.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

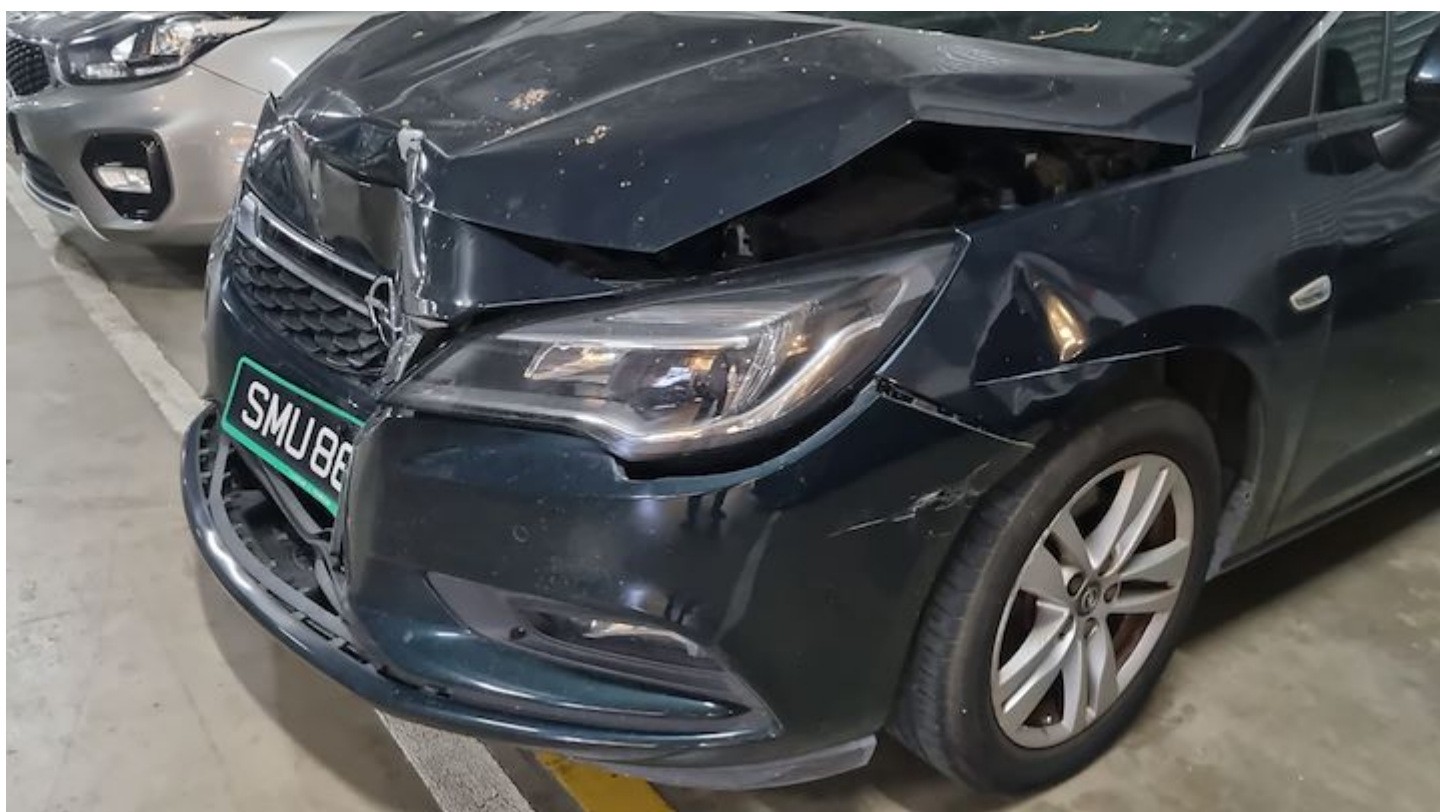
GIAMC SketchPlanForm_V3

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:











SINGAPORE POLICE FORCE



T/20221219/2081

1 of 3

Report No. T/20221219/2081

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2022 17:57		Vide Report No.: G/20221213/0098		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD RIDHWAN BIN AHMAD LEE			Address: APT BLK 224 PASIR RIS STREET 21 #05-138 SINGAPORE 510224		
ID Type / ID No.: NRIC NO / S9605684B			Contact No.: Home/Office: Mobile: 90939754		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 23/02/1996	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: ADHOC			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/12/2022 04:00	Type of Location:
Location: SIMS AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7684A	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)			0
SMU8691M	Car	OPEL	ASTRA ST 1.6 TURBO DIESEL (A)			1



**SINGAPORE
POLICE FORCE**



T/20221219/2081

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

2 of 3

Report No. T/20221219/2081

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH POH LAI	ID No.	S1596976E
Related Vehicle	SHB7684A (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
Driver			
Name	MUHAMMAD RIDHWAN BIN AHMAD LEE	ID No.	S9605684B
Related Vehicle	SMU8691M (Car)	Contact No.	90939754
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 THE ABOVE-MENTIONED DATE AND TIME, I MUHAMMAD RIDHWAN BIN AHMAD LEE (IC S9605684B) WAS DRIVING BACK HOME AFTER WORK. ON THE WAY BACK HOME, AT THE MENTIONED LOCATION ALONG LANE 1, A TAXI BEARING VEHICLE NUMBER SHB7684A WAS PARKED AT THE DOUBLE YELLOW LINE WITH NO HAZARD LIGHTS SWITCHED ON. DUE TO THIS, I COLLIDED WITH THE SAID TAXI AS I THOUGHT HE WAS MOVING INSTEAD OF STATIONARY. THE DRIVER, TOH POH LAI (IC S1596976E) EXITED HIS VEHICLE AND CLAIMED THAT HE SUFFERED INJURIES. HOWEVER, I DID NOT SEE ANY VISIBLE INJURIES. HE THEN PROCEEDED TO CALL THE POLICE FOLLOWED BY THE AMBULANCE. THE SAID TAXI DRIVER WAS THEN CONVEYED TO HOSPITAL BUT I WAS NOT. EVEN THOUGH I SUFFERED INJURIES TO FRONT SIDE OF MY BODY. THATS ALL.



**SINGAPORE
POLICE FORCE**



T/20221219/2081

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

3 of 3

Report No. T/20221219/2081

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:

TP /
TSC Muhammad Asyraf Bin
Riduwan

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/12/2022 17:57

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT Ahmad Syafiq Bin Harris
Contact No.: 65476201

Classification Of Case:

NP168



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2003118144
 Date of Issue : 13 October 2022
 Coverage : COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP
 Policyholder : BIS MOTORING PTE. LTD.
 Finance Company : -
 Period of Insurance : 12 October 2022 To 31 July 2023 (both dates inclusive)
 Registration Number : SMU8691M
 Chassis Number of Vehicle : W0VBD8EG8K8058191

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 or to whom the vehicle is hired.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

* Limitation rendered inoperative by Section 8 of 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 does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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).

13 October 2022

Issue Date

Hicham Raissi
 Chief Executive Officer
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: 0000099 INSURE GENERAL PTE LTD		
Excess	: Section 1: Own Damage Within Singapore	S\$	1,500.00
	Section 1: Own Damage Outside Singapore	S\$	3,000.00
	Section 1: Windscreen	S\$	100.00
	Section 2: Liabilities to Third Parties Within Singapore	S\$	-
	Section 2: Liabilities to Third Parties Outside Singapore	S\$	-
	Exclusive Workshop Per Policy Schedule		

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
 79 Robinson Road #09-01 | Singapore 068897 | Tel: +65 6714 3369 | Website: www.allianz.sg

Changi General Hospital
SingHealth

CONFIDENTIAL PATIENT INFORMATION - HANDLE ACCORDING TO HOSPITAL POLICY

Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name: ✓ MUHAMMAD RIDHWAN BIN AHMAD LEE	Admission Date: 13 Dec 2022		
MRN: ✓ S9605684B	Clinical Discharge Date: 16-Dec-2022		
Date of Birth: 23 Feb 1996	Clinical Discharge Type: Planned Discharge		
Address: Blk/Hse: 224, Level/Unit: 05-138 PASIR RIS STREET 21 - Singapore 510224	Length of Stay: 3 day(s) Account: 6922048026F		
	Principal Doctor: Zeng Wanling (62339C)		
	Dept/Location/Class: GEM / CGH-W49-0005-16 / CLASS C		

Patient's Copy

Diagnosis

Principal: Altered mental status

Secondary:

Adverse Drug Reaction/ Drug Allergy

No Known Allergies

Discharge Medication

MEDICATION(S) PRESCRIBED:

- Ketoprofen 30mg Plaster Trans-Dermal 1 patch, BD PRN Pain -- For 30 Days
- Paracetamol Tablet PO 0.5 g, QDS PRN Pain or Fever -- For 7 Days
- QUetiapine Tablet PO 25 mg, ON -- For 30 Days
- Alfuzosin HCl XL Tablet PO 10 mg, ON -- For 30 Days
- FluVOXAMine Maleate Tablet PO 50 mg, ON -- For 30 Days new started on 16/12

Care Plan

Med changes

started fluvoxamine 50mg ON

Discharge plans

TCU OPS 1-2/52 recheck LFTS

US abdo and LFTs in 2/12

TCU GAS 3/12

Postpone IMH appt to 2-3wks time

Completed By: Tang Xuan Rong (P33992)	16 Dec 2022 07:30
Printed By: Tang Xuan Rong (Doctor)	16-Dec-2022 07:49

Ward 49
Changi General Hospital
2, Simei Street 3
Singapore 529889
Reg No 198904226R

This is not a medical report. For Patient's Personal Reference Only

Name: MUHAMMAD RIDHWAN BIN AHMAD LEE MRN: S9605684B Account: 6922048026F Admission Date: 13 Dec 2022

imeimei Street 3 Singapore 529889 | Tel: (65) 6788 8833 | Fax: (65) 6788 0933 | www.cgh.com.sg | Reg No 198904226R