

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	14/04/2023 13:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/04/2023 18:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CLEMENTI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9336L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROZROCK
Company Reg No	53430501J
Email Address	ROZLANSAMADI60@GMAIL.COM
Mobile Phone No	(Phone) +65-96968479
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Korando
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MQ001400-R02

DRIVER

Name of Driver	AMIRUL AFIQ BIN ROZLAN
NRIC No	T0131928G
Date Of Birth	18/10/2001
Occupation	Indoor

Date Of Driving Pass	18/04/2022
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-96968479
Alt. Phone Number	-
Email Address	ROZLANSAMADI60@GMAIL.COM
Address	BLK 302 CLEMENTI AVE 4 #15-543
Address complement	-
Postcode	120302
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	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	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

REFER TO POLICE REPORT: T/20230414/7005.

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	SMN6415U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NUR AISYAH BINTE MOHAMAD ISA
Contact Number	(Phone) +65-86680829
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	FBR265J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMC6167T
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 D
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AMIRUL AFIQ BIN ROZLAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY9336L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

Sketch Plan

(A) SMY 9336L
(B) SMN 6415U
(C) FBR 265J
(D) SML 6167T

Along PIE towards Clement.
(New Exit to Clement, Ave 6)

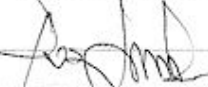
Describe Circumstances of the Accident

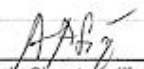
Please refer to police report no:
T/20230414/7005

Declaration

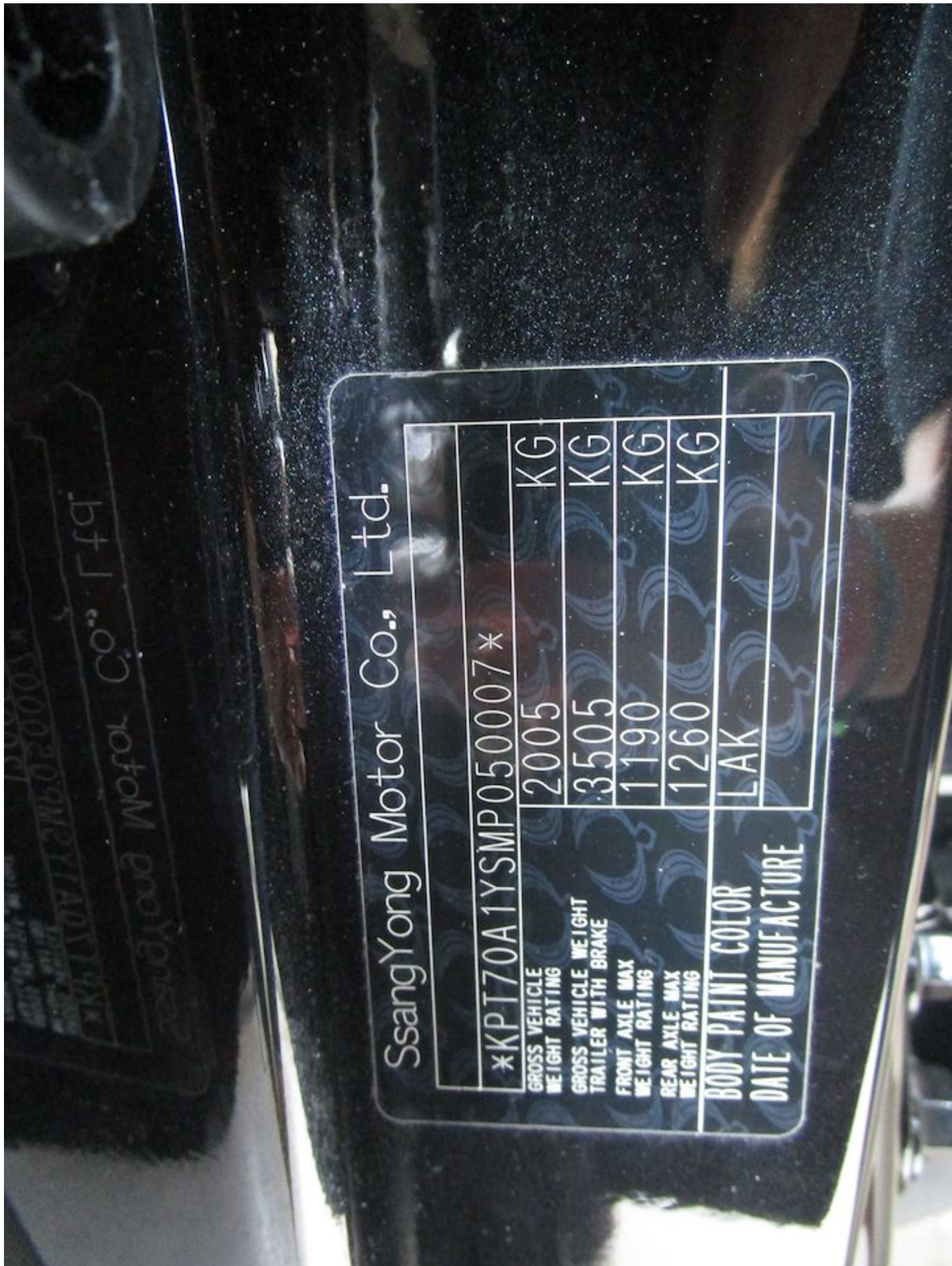
We declare the foregoing particulars are true in every respect.

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



























SINGAPORE POLICE FORCE



T/20230414/7005

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

1 of 3

Report No. T/20230414/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2023 10:57		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: AMIRUL AFIQ BIN ROZLAN		Address: 302 CLEMENTI AVENUE 4 #15-543 SINGAPORE 120302		
ID Type / ID No.: NRIC NO / T0131928G		Contact No.: Home/Office: Mobile: 86008939		
Nationality: SINGAPORE CITIZEN		Email: AFIQBINROZLAN@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 18/10/2001	Type of Informant: Driver	
Race: Javanese		Language: English		
Occupation: Student		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/04/2023 18:00	Type of Location: Straight Road
Location: PIE TOWARDS CLEMENTI				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMY9336L	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230414/7005

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

Report No. T/20230414/7005

CONTINUATION OF REPORT

Driver			
Name	AMIRUL AFIQ BIN ROZLAN	ID No.	T0131928G
Related Vehicle	SMY9336L (Car)	Contact No.	86008939
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON 13/04/2023 AT ABOUT 1800HRS. I WAS DRIVING MY CAR (SMY 9336L) ALONG PIE TOWARDS CLEMENTI AT THE RIGHT MOST LANE. THERE WAS 1 CAR AND 1 MOTORCYCLE IN FRONT OF ME. OUT OF SUDDEN, THE CAR (SMC 6167T) APPLIED BRAKE AND STOP BUT THE MOTORCYCLIST COULD NOT STOP IN TIME AND HIT ONTO THE REAR PORTION OF THE CAR (SMC 6167T). I MANAGED TO SLOW DOWN AND STOP IN TIME UPON THE MOTORCYCLE HIT ONTO THE CAR IN FRONT OF HIM. UNFORTUNATELY, I FELT AN IMPACT FROM BEHIND. DUE TO THE HUGE IMPACT, MY CAR BEING PUSH FORWARD AND THEN COLLIDED ONTO THE MOTORCYCLE (FBR 265J) AND THE CAR IN FRONT (SMC 6167T). WHEN I CAME OUT TO INSPECT MY CAR, I REALISED THAT I WAS INVOLVED IN 4 VEHICLES CHAIN COLLISION ACCIDENT. THE CAR BEHIND ME (SMN 6415U) COULD NOT STOP IN TIME AND COLLIDED ONTO MY REAR PORTION. THE TRAFFIC POLICE CAME TO THE SCENE AND ADVISED US TO EXCHANGE PARTICULARS. I WENT TO HOSPITAL NG TENG FONG AFTER THE ACCIDENT IMPACT TO SEEK FOR MEDICAL TREATMENT AND WAS GIVEN 3 DAYS OF MC.

HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST THE VEHICLE BEHIND OF ME (SMN 6415U)'S INSURANCE FOR MY ACCIDENT DAMAGES.



**SINGAPORE
POLICE FORCE**



T/20230414/7005

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

3 of 3
Report No. T/20230414/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2023 10:57
Officer In Charge Of Case: TP / TPIB / MUHD SYARIFUDDIN MUHD AJMAIN Contact No.: 65476083	Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2X234E0004 Vehicle Registration No: SMY 9336L
 Name (as shown in NRIC): AMIRUL AFIQ BIN ROZCAN NRIC/FIN/Passport No: 70631928 G
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9696 8479

Email Address: _____

Date of Accident: 13/04/2023 Time of Accident: 18:00

Place of Accident: PTE TOWNS CLEMENTI

Insurance Company: TOEIO MARINE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- AMEND DRIVER'S DATE OF BIRTH

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

Tokio Marine Insurance Singapore Ltd.

23 Marina Bay Financial Centre Tower 2, Level 23, Marina Bay Sands, Singapore 038946

23 Marina Bay Financial Centre Tower 2, Level 23, Marina Bay Sands, Singapore 038946

Tel: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tokio@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

FORM MX1RN

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)

Policy No.: 23-MQ001400-R02 (Private Motor Car)

- | | | | |
|--|------------|--------------|-------------------|
| 1. Index Mark and Registration Number of Vehicle | SMY9336L | Chassis No.: | KPT70A1YSMP050007 |
| 2. Name of Policyholder | ROZROCK | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30/03/2023 | | |
| 4. Date of Expiry of Insurance | 29/03/2024 | | |

5. Persons or Class of Persons entitled to drive*

Only restricted drivers as shown in additional information below

- * 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations 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 or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

- * 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.

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).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2348DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
Policy Excess:	Windscreen Excess	SGD 100
Financial Interest:	MOTOR-WAY CREDIT PTE LTD	
Restricted Driver:		

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed: 06/03/2023