

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

18/04/2023

Time of Accident:

11:10

(AM) / PM)

Location of Accident:

Commonwealth Avenue West towards Clementi Road

Country/State of Loss:

Singapore

Type of Accident:

Head-to-Rear

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

-

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

-

No. of vehicles Involved in the accident (include own vehicle)

2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

-

Was notice of Prosecution given?

Yes / No

If yes, against whom?

-

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: PC5889P

Vehicle Category: C

Vehicle Manufacturer: Mercedes Benz Vehicle Model: V220

Transmission: Manual / (Auto) Cc: 2143

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / (Employment)

No. of passengers (including driver) 1

Passenger Name: -

Gender: Male / Female

Passenger Name: -

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: INCOME

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / (No)

Registered Owner Name: Logixtics Inc Pte Ltd

ID Type: (UEN) / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 201631134M

Email: nichol@foodxervices.com

Mobile No: 9750 3150

Alt. No Type: Home / Office / Not in List

If Not in List, please specify -

Owner Alt Phone No: -

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: Ali Bin Sulaiman

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: S1652 993A

Date of Birth: 09/01/1964

Driving Pass Date: 30/01/1985

Mobile No: 8133 0393

Email: nichol@foodxervices.com

Address 1: BLK 355A Anchorvale Lane

Address 2: #05-19 Postal Code: 541355

Occupation: Indoor / Outdoor

Driver Owner Relationship Employee

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: -

Handling Insurer: -

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: SGQ188 U

(ii) Vehicle Category: -

(iii) No. of passengers (including driver) -

Passenger Name: -

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / **No**

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- **Original report in original language**
- **Translated report to English**

Injured Person's Details

Was anyone injured in the accident? Yes / **No**

Any injured conveyed to hospital by Ambulance? Yes / **No**

If yes, please provide:

- (i) Name: _____
- (ii) Gender: Male / Female
- (iii) Injured Person in which Vehicle? _____
- (iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / **No**

If yes, please provide:

Witness Name: _____
Witness Contact: _____

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 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 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.

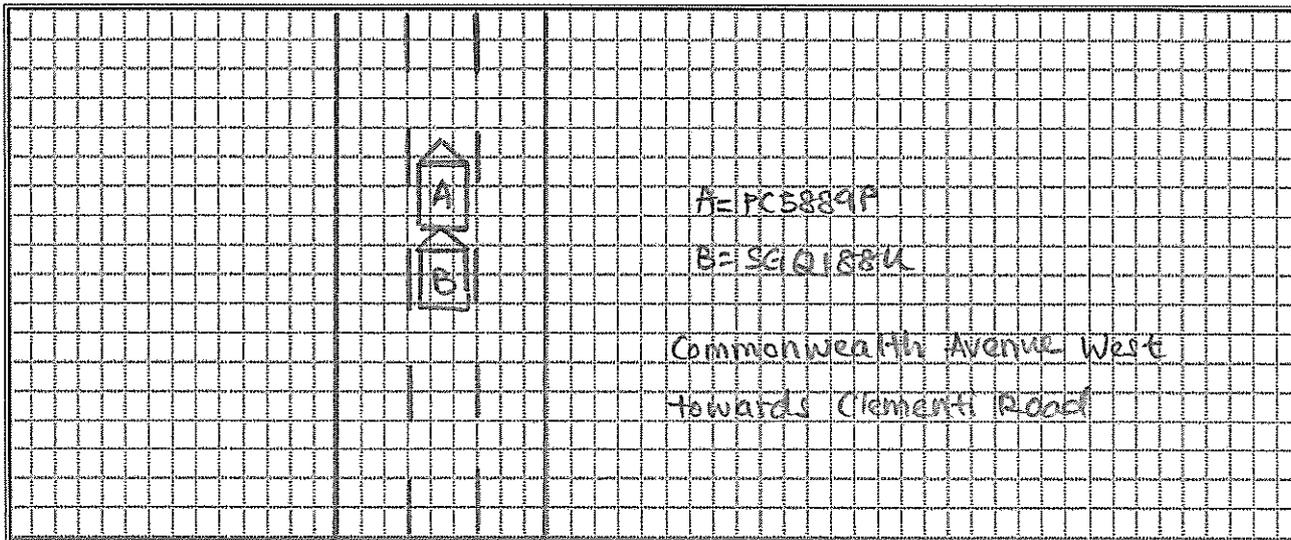


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On 18.04.2023 at about 11:10 hours along Commonwealth Avenue West towards Clementi Road, I stopped my vehicle (A) to wait for the traffic light to turn green at Dover Rise Junction. Suddenly, I heard a loud bang and felt a great impact behind. When I came down from my vehicle (A), I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): PC5889P

Vehicle (B): SGQ188U

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1652993A



Name
ALI BIN SULAIMAN

Race
MALAY

Date of birth
09-01-1964

Country of birth
SINGAPORE

Sex
M

S 1652993A

PC5889P
Driver

4653986



NRIC No. S1652993A



Date of issue
09-11-2010

Address
**APT BLK 355A ANCHORVALE LANE #05-19
SINGAPORE 541355**

NRIC No: XXXXX993A Date of change: 18/01/2021

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1 6 5 2 9 9 3 A**
 Name: **ALI BIN SULAIMAN**
 Birth Date: **09 Jan 1964**
 Issue Date: **15 Sep 2010**

001892629C



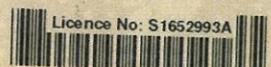
PC5889D
 Driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 cc	15 Jul 1987
Class 2A	Motorcycles between 201 cc and 400 cc	15 Jul 1987
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	30 Jan 1985

NP 428A

Licence No: S1652993A



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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5110568543-03-000001 **Cover** : Comprehensive

- | | | |
|--|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : | PC5889P |
| Chassis Number | : | WDF44781523272877 |
| 2. Name of Policyholder | : | LOGIXTICS INC PTE. LTD. |
| 3. Effective Date of Insurance | : | 01 Jul 2022 |
| 4. Expiry Date of Insurance | : | 30 Jun 2023 |
5. 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.
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.
6. Limitations as to Use*
- (a) Use for the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 9 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GEOGRAPHICAL LIMIT	:	WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	:	S\$2,000
EXCESS (SECTION II)	:	S\$1,500
WINDSCREEN EXCESS	:	S\$100
INSURE WITH COE	:	YES
HIRE PURCHASE COMPANY	:	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : AT1 INSURANCE AGENCY (00000662770)
Date of Issue : 24 Jun 2022 02:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive