

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 08/05/2023 15:11 (SGT) Reported by **Actual Driver** Date of Accident 06/05/2023 03:15 (SGT) Exact Location of Accident Singapore Additional Location Information BEND OF KRAMAT ROAD & KOEK ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private hire

Auto

1700

Vehicle Registration Number SMC7264P

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

Kia Model Carens Variant Exact purpose for which vehicle was being used at time of Private hire

accident

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

Transmission CC

INSURANCE COMPANY

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

DRIVER

Name of Driver MOHAMED JAIRZINNO BIN OMAR NRIC No SXXXX162B Date Of Birth 17/06/1992 Occupation Outdoor

| Date Of Driving Pass | 21/10/1994 |
|--|-------------------------------------|
| Driving experience | 28 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90555272 |
| Alt. Phone Number | - |
| Email Address | JAIRZINNO74@GMAIL.COM |
| Address | BLK 105 LORONG 1 TOA PAYOH |
| Address complement | #09-209 |
| Postcode | 310105 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | |
| OTHER INFORMATION | |
| | |
| Mas any foreign vehicle involved in the accident? | NI- |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident | No |
| | 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) | 3 |
| Has the driver been approached by unknown person(s) | Na |
| soliciting/offering accident claims assistance? Translator's name | No |
| Translator's ID | - |
| Translator's phone number | |
| Translator's email | |
| Original language used in the statement | |
| Original language used in the statement | - |
| PASSENGER 1 | |
| Name | RYDE PASSENGER |
| Gender | Female |
| dender | remale |
| PASSENGER 2 | |
| Name | RYDE PASSENGER |
| Gender | Female |
| | remale |
| DETAILS OF DOLLOF ACTION | |
| DETAILS OF POLICE ACTION | |
| | |
| Was the accident reported to the police? | Yes |
| Police Station Name | Orchard Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007359999 |
| Alt. Police Station Phone No | (Fax) +65-67331934 |
| Police Station Address | 51 Killiney Road Singapore 239572 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |
| | |
| CIRCUMSTANCES OF ACCIDENT | |
| | |
| REFER TO POLICE REPORT | |
| | |
| ATTACHMENT(C) | |

Yes Yes

Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number Vehicle Manufacturer | SMT8605T Mercedes |
|--|----------------------|
| Vehicle Model | C180 |
| Vehicle Variant | - |
| Vehicle Colour | White |
| 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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? | MOHAMED JAIRZINNO BIN OMAR Male (Phone) +65-90555272 BLK 105 LORONG 1 TOA PAYOH #09-209 310105 - - SMC7264P No |
|---|---|
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
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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.
- Any faise reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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.

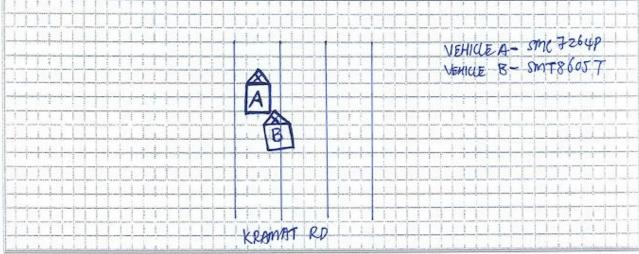
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Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

| | Refer | to | Brie | Report | T/20130506/2012. | |
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vJun2022















T/20230506/2022

0230506/2022

Police Station Of Origin: Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

1 of 3 Report No. T/20230506/2022

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 06/05/2023 06:07 | | | Vide Report No.: E/20230506/0037 | Station Diary No.: 31 | | | |
|--|--------------------------|------------------------------|---|--------------------------|--|--|--|
| Informa | nt's Particu | ulars | | | | | |
| Name of Informant: MOHAMED JAIRZINNO BIN OMAR | | | Address: APT BLK 105 LORONG 1 TOA PAYOH #09-209 SINGAPOR 310105 | | | | |
| | / ID No.: D / S741916 | 62B | Contact No.: Home/Office: | | | | |
| National SINGAP | ity: ORE CITIZ | EN | Email: jairzinno74@gmail.com | | | | |
| Sex: Male | Age: | Date of Birth: 22/06/1974 | Type of Informant: Driver | | | | |
| Race: Malay | | | Language: English | | | | |
| Occupation: PRIVATE HIRE DRIVER | | | Driving Licence Information: Class: 3 | Date of Expiry: | | | |

| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 06/05/2023 03:15 | Type of Location Bend |
|--------------------------|-------------------------------------|------------------------------------|---|--|
| Location: KRAMAT RO | AD | 1140 | 1000012320 00.10 | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collis | sion: ving Vehicles - Head To Re | ear | | Anyone conveyed by ambulance: No |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenge |
|-------------|------|------------------|-------------------------------------|--------|---------------------|----------------|
| SMC7264P | Car | KIA | CARENS 1.7 DCT DIESEL 5DR FWD | | Slightly Damaged | 2 |
| SMT8605T | Car | MERCEDES BENZ | C 180 BLUEEFFICI ENCY | Silver | | 0 |



T/20230506/2022

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

Z 01 3 Report No. T/20230506/2022

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | | |
|---------------------------------|----------------------------|--------|-----------|-------------------------------------|-----------|---------------------------------|--|
| Any Pedestrian In | nvolved: No | | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of P | Use of Pedestrian Crossing: NA | | | |
| Driver | | | | | | | |
| Name | MOHAMED JAIRZINNO BIN OMAR | | | ID No | | S7419162B | |
| Related Vehicle | SMC7264P (Car) | | | Conta | ct No. | 90555272 | |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expiry | g ce & | Class: 3 Date of Expiry; NIL | |
| Date Treatment | NIL Date | | | charge | NIL | | |
| No. of Days gran | NIL | Degree | of Injury | NIL | | | |

Brief Details.

On 06/05/2023, at about 3.15am, I had picked up 2 passengers at the bend of Kramat Rd and Koek Rd, as traffic was heavy, I was slowly inching forward towards Koek Rd when I felt an impact from the rear. I had stepped out to confront the driver however she did not respond to me. She then started reversing her car and caused a female to fall down and had her leg gotten stuck under the tire. I had tried telling the driver to stop however she did not listen. Several people managed to pull the female out from underneath before the driver drove past me and my car on the left. The driver then entered Orchard Point carpark, and I called for police assistance.



Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999



3 of 3 Report No. T/20230506/2022

CONTINUATION OF REPORT

Signature of Officer Recording The Report: Signature Of Informant: E/ SGT 3 MUHAMMAD KUNZAN MUFIAN BIN ZAHREIN Signature Of Interpreter: Date/Time: Not applicable 06/05/2023 06:07 Officer In Charge Of Case: Classification Of Case: TP / GIT / SI MUHAMMAD FARHAN BIN MOHAMED Contact No.: 65476224 NP168





Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORTACT 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1990 (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 1996 (REPUBLIC OF SINGAPORE)

OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SP2002451400 Date of Issue : 25 July 2022

Coverage ; COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP

Policyholder : BIS MOTORINGPTE, LTD.

Finance Company

Period of Insurance : 01 August 2022 To 31 July 2023 (both dates inclusive)

Registration Number : SMC7264P

Chassis Number of Vehicle : KNAHU815VJ7205899

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 Vehide. And provided further that the Motor Vehide 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
- (c) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by any person to whom the vehicle is hired and for use within Singapore only.
- 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.

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).

25 July 2022

Issue Date

Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000099 INSURE GENERAL PTE LTD

Comprehensive - 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.alianz.sg