

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 | 08/06/2023 15:17 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 08/06/2023 09:45 (SGT) |
| Exact Location of Accident | Near 2 Pasir Ris Walk, Singapore 518239 |
| Additional Location Information | Pasir Ris Walk to Pasir Ris Dr 3 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLS6167X |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | Twinbiz Rental Pte Ltd |
| Company Reg No | 201407909C |
| Email Address | steve@51.com.sg |
| Mobile Phone No | (Phone) +65-88215151 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Prius |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1797 |

INSURANCE COMPANY

| | |
|---|---------------------------------------|
| Name of Insurance Company | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | SP2002472764 |

DRIVER

| | |
|----------------------|---|
| Name of Driver | Syed Ahmad Lotfi Bin Syed Mohamed Madihid |
| NRIC No | S0211439I |
| Date Of Birth | 18/05/1951 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 20/12/1978 |
| Driving experience | 44 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91659927 |
| Alt. Phone Number | - |
| Email Address | steve@51.com.sg |
| Address | Blk 478 Pasir Ris Drive 4 |
| Address complement | #04-431 Singapore |
| Postcode | 510478 |
| 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 - Major/Minor Rd |
| 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? | 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. Report No: T/20230608/7034.

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 | FBP6811D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | Ng Teng Hng Kenneth |
| Contact Number | (Phone) +65-87767147 |
| 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 | Ng Teng Hng Kenneth |
| Gender | Male |
| Phone No | (Phone) +65-87767147 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBP6811D |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

SKETCH PLAN

IMPORTANT NOTICE

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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:

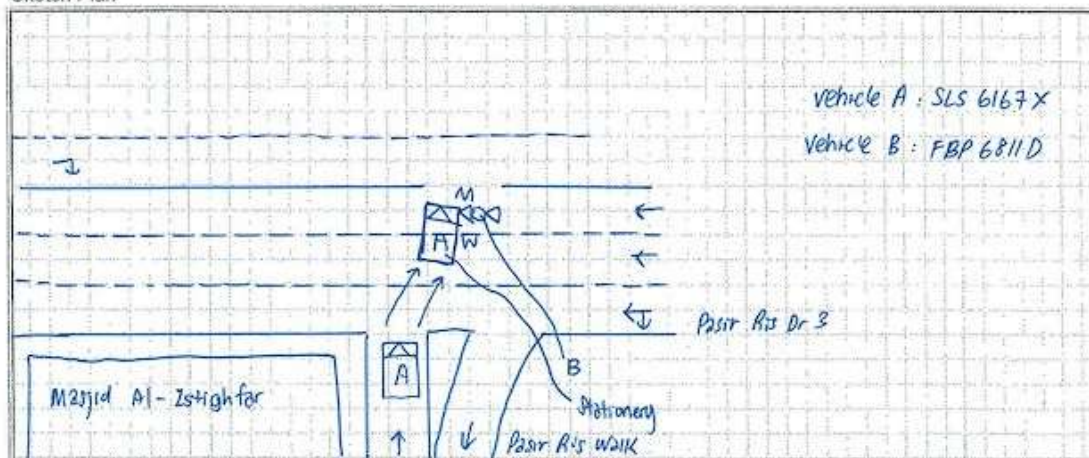
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Sketch Plan



Describe Circumstance of the Accident

As per police Report

T/20230608/7034

Declaration

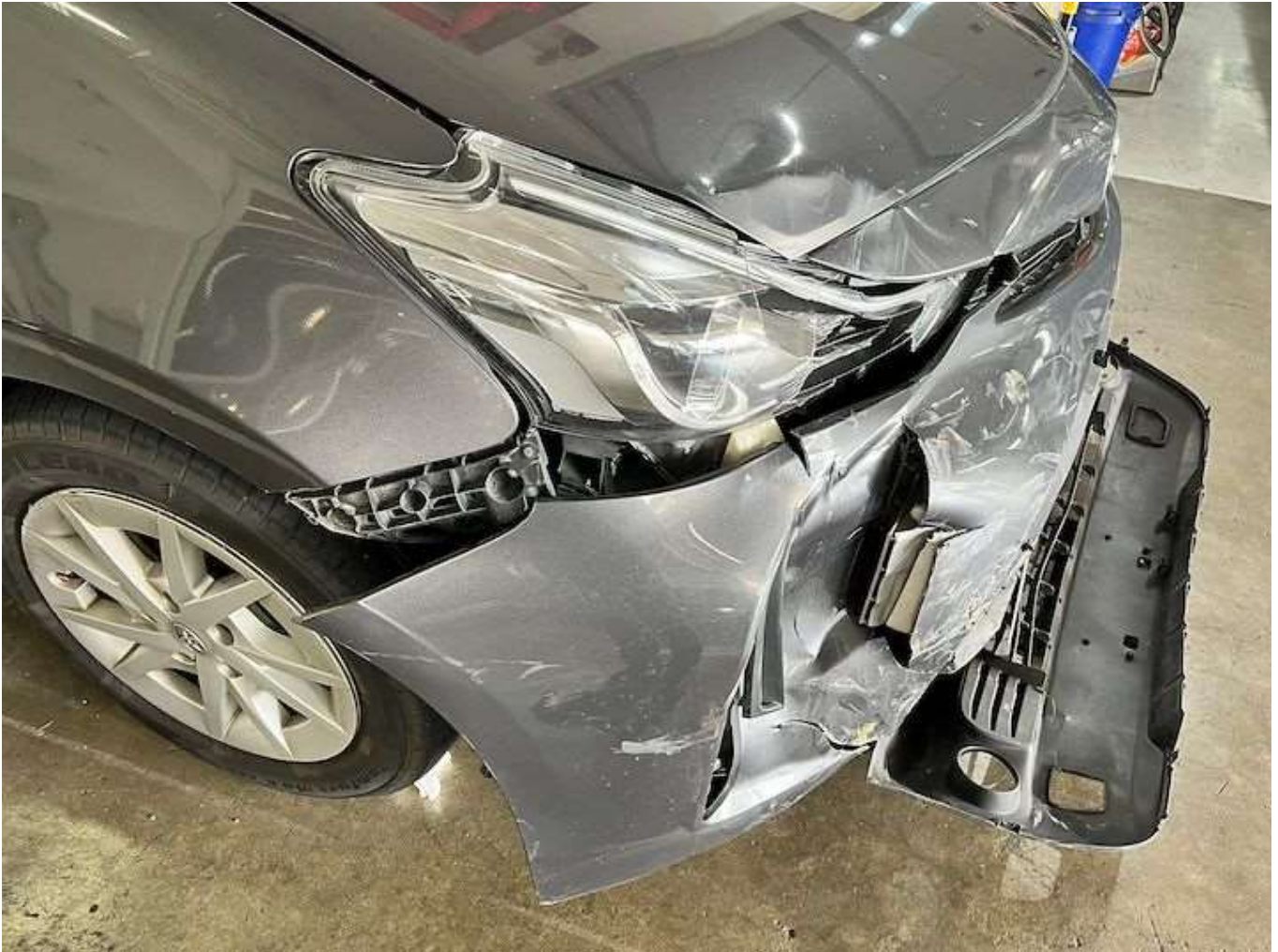
I/We declare the foregoing particulars are true in every respect.

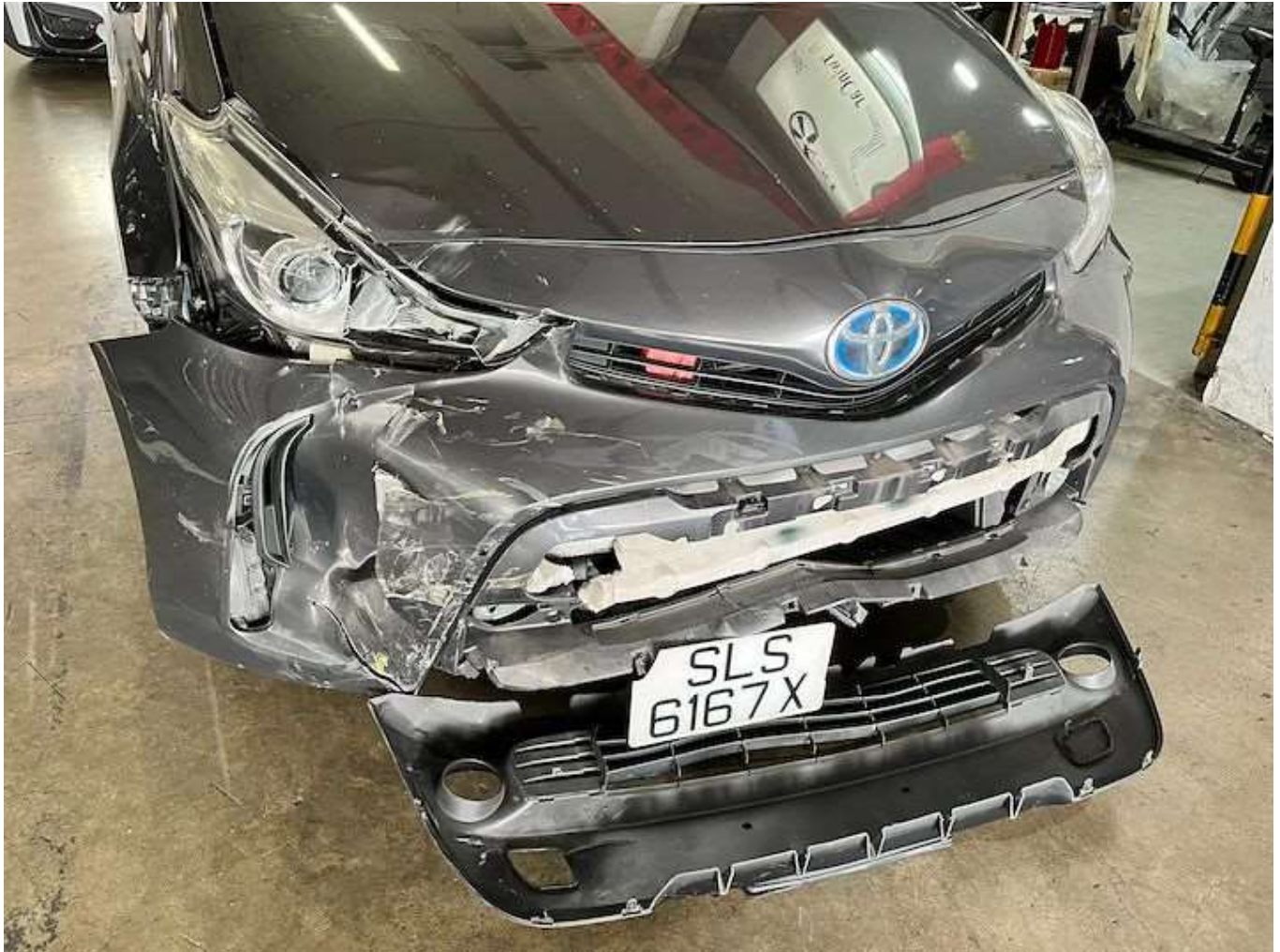

 Policyholder's Signature / Date & Time

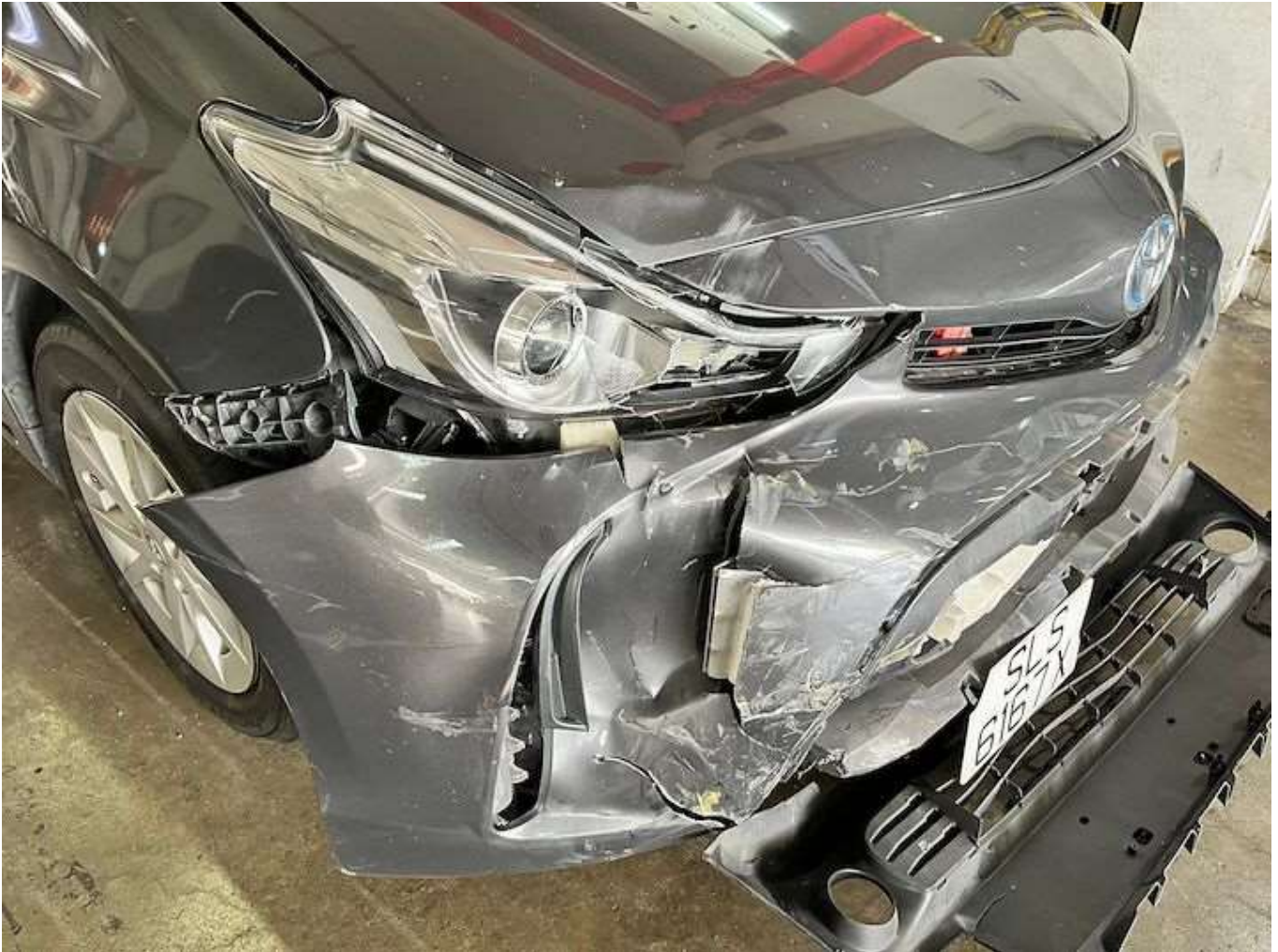

 Driver's Signature (if driver is not the policyholder) / Date & Time

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















**SINGAPORE
POLICE FORCE**



T/20230608/7034

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

1 of 3

Report No. T/20230608/7034

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made: 08/06/2023 12:39 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SYED AHMAD LOTFI BIN SYED MOHAMED MADIHID | | | Address: 478 PASIR RIS DRIVE 4 #04-431 SINGAPORE 510478 | | |
| ID Type / ID No.: NRIC NO / S0211439I | | | Contact No.: Home/Office: Mobile: 91659927 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: lotfisyed293@gmail.com | | |
| Sex: Male | Age: 72 | Date of Birth: 18/05/1951 | Type of Informant: Driver | | |
| Race: Arab | | | Language: English | | |
| Occupation: Driver | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|------------------------------|------------------------------------|---|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 08/06/2023 09:45 | Type of Location: Straight Road |
| Location: PASIR RIS STREET 21 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|--------|----------------|--------|----------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBP6811D | Motorcycle | | | Orange | Seriously Damaged | 0 |
| SLS6167X | Car | TOYOTA | PRIUS ALPHA | Grey | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20230608/7034

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

2 of 3
Report No. T/20230608/7034

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | NG TENG HNG KENNETH | ID No. | S9033844G |
| Related Vehicle | FBP6811D (Motorcycle) | Contact No. | 87767147 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Serious |
| Driver | | | |
| Name | SYED AHMAD LOTFI BIN SYED MOHAMED MADIHID | ID No. | S0211439I |
| Related Vehicle | SLS6167X (Car) | Contact No. | 91659927 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On 08/06/2023 at around 0945hrs , i was my vehicle (SLS 6167 X) exiting Masjid Al-Istighfar . i accidentally drove across to the wrong exit point and i was waiting to reverse . suddenly a motor bike (FBP 6811 D) came from my right and collided into my vehicle right front portion. after the impact he flew over my car bonnet and landed on the left side of my vehicle. subsequently , i went to assist him and one of the public person called ambulance . motorbike driver was conveyed to CGH.



**SINGAPORE
POLICE FORCE**



T/20230608/7034

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

3 of 3

Report No. T/20230608/7034

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65476200

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/06/2023 12:39

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 | : SP2002472764 |
| Date of Issue | : 26 July 2022 |
| Coverage | : COMPREHENSIVE - EXCLUSIVE AUTHORISED WORKSHOP |
| Policyholder | : TWINBIZ RENTAL PTE. LTD. |
| Finance Company | : HONG LEONG FINANCE LTD |
| Period of Insurance | : 28 July 2022 To 27 July 2023 (both dates inclusive) |
| Registration Number | : SLS6167X |
| Chassis Number of Vehicle | : ZVW400025842 |

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.
- (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).

26 July 2022
 Issue Date


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

| | |
|-------------------|--|
| Intermediary Code | : 0000319 INSURE HOUSE |
| Excess | : Section 1: Own Damage |
| | : Section 1: Windscreen |
| | : Section 2: Liabilities to Third Parties |
| | : Comprehensive - Exclusive Workshop Per Policy Schedule |

| | |
|-----|----------|
| SGD | 2,000.00 |
| SGD | 100.00 |
| SGD | 1,500.00 |

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