# **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.

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   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 14/07/2023 15:47 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 13/07/2023 12:55 (SGT) Exact Location of Accident Near 185 Bukit Merah Central, Singapore 150165 Additional Location Information ALONG BUKIT MERAH CENTRAL TWDS JLN BUKIT MERAH Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

1496

Vehicle Registration Number SMQ9791Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AKK RENTAL PTE LTD Company Reg No 2XXXXX966M Email Address SG.AKKRENTAL@GMAIL.COM Mobile Phone No (Phone) +65-94888238 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Vios 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 20003461-31

DRIVER

CC

Name of Driver TAN KIM HOCK NRIC No SXXXX070D Date Of Birth 10/09/1963 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	15/09/2003 19 YEARS AND 10 MONTHS Male (Phone) +65-90044005 - SG.AKKRENTAL@GMAIL.COM BLK 371, TAMPINES ST 34 #05-02 520371 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Clementi Neighbourhood Police Centre (Phone) +65-18008729999 (Fax) +65-68728039 No. Singapore 129858 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20230713/2082	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	
DETAILS OF OTHER	VEHICLE PROPERTY 1

Vehicle Model

Vehicle Registration NumberFBM6481MVehicle Manufacturer-

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	_
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?	FBM6481M
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	Yes

ance of the				
REFER	70	POLICE	REPORT	7/20230713/2082

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)

#### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

#### 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 Sing@P0re (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

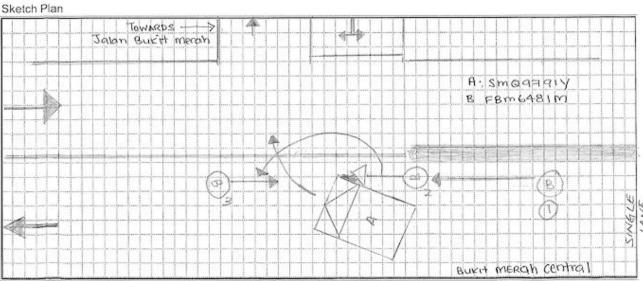
Driver's Signature (if driver is not the policyholder) / Date

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

PAULINE



30HOE



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T/20230713/2082

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3 Report No. T/20230713/2082

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:			Vide Report No.:	Station Diary No.:		
13/07/2023 17:22			D/20230713/0059	104		
Informa	nt's Partic	ulars				
Name of Informant: TAN KIM HOCK			Address: APT BLK 371 TAMPINES STREET 34 #05-02 SINGAPORE 520371			
ID Type / ID No.:			Contact No.:			
NRIC NO / S1591070D			Home/Office: Mobile: 90044005			
Nationality: SINGAPORE CITIZEN		EN .	Email:			
Sex: Age: Date of Birth:			Type of Informant:			
Male 59 10/09/1963			Driver			
Race: Chinese	-English		Language: English			
Occupation:			Driving Licence Informat	ion:		
PRIVATE HIRE			Class: 3	Date of Expiry:		

Type of Accident: Injury Attended by Police		Drink		Type of Location X-Junction
Location: BUKIT MERA Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Between Mov	sion: ring Vehicles - Head To Sid	ie		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBM6481M	Motorcycle	HONDA		White	Slightly Damaged	0
SMQ9791Y	Car	TOYOTA	Vios	Grey	Slightly Damaged	0

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





Police Station Of Origin: Clementi N.P.C

2 of 3 Report No. T/20230713/2082

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999 CONTINUATION OF REPORT

Driver		The state of				
Name	TAN KIM HOCK			ID No		S1591070D
Related Vehicle	SMQ9791Y (Car)			Conta	ict No.	90044005
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	and the second second	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On the 13/07/2023 at about 1255hrs I was driving my grey Toyota Vios, SMQ9791Y along Bukit Merah Central towards Jalan Bukit Merah. I signaled my intention to turn right towards Blk 165 Bukit Merah Central before making the right turn. As I was about to make the turn, suddenly a white motorcycle, FBM6481M came from the rear right side and hit onto the front right side of my vehicle. The motorcyclist then fall slightly ahead of the motorcycle. Upon which I stopped my vehicle and went down to render assistance. The motorist complaint of pain thus I immediately called for Ambulance and Traffic Police. They then arrived shortly after and attended to us. The motorist was then conveyed to Singapore General Hospital. I was not injured. The Traffic Police then took the micro sd card from my in-car camera and issued to me an acknowledgement slip for it.

I am lodging this report as advised by the Traffic Police. Reference No. D/20230713/0059. In charge case TP IO Norsiddiq, Tel: 65476138.





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999 3 of 3 Report No. T/20230713/2082

CONTINUATION OF REPORT

Signature of Officer Recording The Report:	Signature O
SR STAFF SGT MOHAMMAD HAFIZ BIN OSMAN	
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2023
Officer In Charge Of Case: TP / GIT / STAFF SGT SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification
NP168	

Signature Of Informant:	٦
Date/Time: 13/07/2023 17:22	
Classification Of Case:	





Singapore Life Ltd. 4 Shenton Way, #03-01 SGX Centre 2, Singapore 068807 Tel: (65) 68279933 singlify.com

#### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION

(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

CERTIFICATE NUMBER, 20003461-51

1) VEHICLE REGISTRATION NO.

SMQ9791Y

2) NAME OF INSURED

COMPANY NAME

AKK RENTAL PTE LTD

3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE ACT

09/12/202200:00hours

4) DATE OF EXPIRY OF INSURANCE

21/07/2023 23:59hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

This policy only covers driver(s) between 22 to 75 years of age and has minimum driving experience of 2 years.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the motor vehicle described above or has been so permitted and is not disqualified by order of a Court of Law or by any 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 canceled at the time of accident or loss.

Please refer to the policy document for full terms and conditions.

6) LIMITATIONS AS TOUSE\*

Use for social, domestic and pleasure purposes and for use in connection with the Policyholder's own business. The policy is extended to cover carrying of passengers for hire and reward. The policy does not cover use for (i) racing, pace making, reliability trials or speed testing, (ii) driving tuition or tests, (iii) carriage of goods (other than samples) in connection with any trade or business, (iv) 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.

7) FINANCE COMPANY

NA

8) SPECIAL CLAUSE

This policy only covers driver(s) between 22 to 75 years of age and has minimum driving experience of 2 years. The young and/or inexperienced driver excess of \$\$2,500.00 in Section 1 and 2 of the policy booklet does not apply.

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), or any amendment, act or acts passed in substitution thereof.

Issued in Singapore: 19/12/2022

Singapore Life Ltd.

#### IMPORTANT NOTE:

- . If you want to cancel your policy at any time, you will need to return the certificate to us.
- You MUST report all accidents to Us within 24 hours of the occurrence regardless of whether You intend to claim on Your own policy or not, or whether Your car is damaged or not. Should You fail to do so, Your No Claims Discount could be affected and Your claim may be prejudiced.

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Pearlyn Phau Chief Executive Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours)

ORIGINAL