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.
 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 First Submission 18/06/2024 15:20 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/06/2024 17:45 (SGT) Exact Location of Accident Singapore Additional Location Information **BAYFRONT AVENUE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SLW8552H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ZULKIFLE BIN OTHMAN @ ZUL KEITH LEE NRIC No S7103860B Email Address zul_othman@hotmail.com Mobile Phone No (Phone) +65-98757577 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **VEZEL HYBRID 1.5X AUTO** Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5127819733-01

DRIVER

Name of Driver ZULKIFLE BIN OTHMAN @ ZUL KEITH LEE NRIC No S7103860B Date Of Birth 10/02/1971 Occupation Outdoor

Driving Pass Date 28/04/1998 Driving experience 26 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98757577 Alt. Phone Number Email Address zul othman@hotmail.com Address 157D RIVERVALE CRESCENT #02-643 (S) 544157 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MUHAMMAD FARIZ HAZRUL BIN ZULKIFIE Gender Male PASSENGER 2 MUHAMAD FAZRUL HARIZ Gender Male PASSENGER 3 Name NURUL HUDAH BTE ROSLAN Gender Female PASSENGER 4 Name ADILAH NATASHA BINTE AZMI Gender Female **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?

REFER WITH ATTACHED.

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	SLZ5195J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JASPER
Contact Number	(Phone) +65-96668111
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

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.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance As are also 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 todgement 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, adknowledge, agree and consent that.

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

(callectively 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

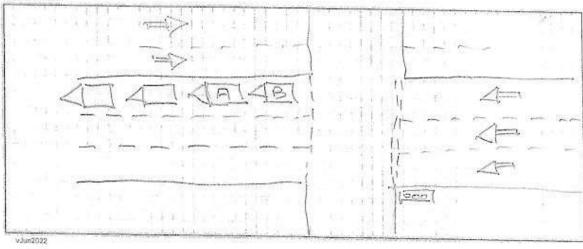
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agent; (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



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// .	/ Date & Time Actor / Dat	il Driver's Signa	aturg (if driver is n	ot the policy	holder) Witnessed by Reportin	



























Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20240616/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2024 13:26		ide:	Vide Report No.:	Station Diary No.:			
Informan	t's Particular	S	W SAME IN THE TAXABLE TO A SAME IN THE SAM				
Name of Informant: ZULKIFLE BIN OTHMAN @ ZUL KEITH LEE		MAN @ ZUL KEITH	Address: 157D RIVERVALE CRESCENT #02-643 SINGAPORE 544157				
ID Type / ID No.: NRIC NO / S7103860B			Contact No.: Home/Office: Mobile: 98757577				
Nationali SINGAP	ty: ORE CITIZE	N	Email: ZUL_OTHMAN@HOTMAIL.COM	M			
Sex: Age: Date of Birth: Male 53 10/02/1971			Type of Informant: Driver				
Race: Malay			Language: English				
Occupation: Real estate agent			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:			

General Information	of the Accident				
Type of Accident:	Non-Injury Others			Date/Time of Accident: 15/06/2024 17:45	Type of Location: Straight Road
Location: BAYFRONT AVEN Weather:	UE	Road Surface:	4		
Clear		Dry			
			ffic Control: Traffic Vo. ffic Light - Working Moderate		
Type of Collision: Between Moving V	ehicles - Head To	Rear		1 2 2 2 2	yone conveyed by abulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLW8552H	Motor car	HONDA	Vezel	Purple	Slightly Damaged	4
SLZ5195J	Motor car					0

Details of Veh	nicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLW8552H	NTUC Income Insurance Co-Operative Limited	5127819733-01	06/09/2023	05/09/2024



T/20240616/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20240616/7019

CONTINUATION OF REPORT

Details of Person				995 V	
Any Pedestrian In					
No. of Pedestrian	s Injured: NIL	Use of Ped	destrian	Crossin	ig: NA
Passenger			10-3		
Name	MUHAMMAD FARIZ HAZRUL B	IN ZULKIFLE	ID No).	T0013757F
Related Vehicle	SLW8552H (Motor car)			ect No.	83837577
Hospital/Clinic	NIL			of ig ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL		
No. of Days grant	ed Medical Leave (MC) NIL	Degree of		NIL	
Passenger			Sent Destination	MEERY)	
Name	NURUL HUDAH BINTE ROSLAN				S8852977D
Related Vehicle	SLW8552H (Motor car)			ict No.	86867577
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl	harge	NIL	
No. of Days grante	ed Medical Leave (MC) NIL	Degree of			
Passenger			, ,		
Name	MUHAMMAD FAZRUL HARIZ B	IN ZULKIFLE	ID No		T0436606E
Related Vehicle	SLW8552H (Motor car)		Contact No.		98754977
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disci	harge	NIL	
Section (Section 1) And Section (Section 1)	ed Medical Leave (MC) NIL	Degree of		NIL	

T/20240616/7019

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

3 of 4 Report No. T/20240616/7019

CONTINUATION OF REPORT

Passenger						
Name	'ADILAH NATASHA BINTE AZMI					
	1.0.2.11 NATASHA BINTE AZMI			lo,	T0127290F	
Related Vehicle	SLW8552H (Motor car)					
	OLYMODOZH (Wotor car)			tact No.	87256119	
Hospital/Clinic	NIL			NET RESERVABER		
1000	NIL			s of ng nce & ry Date	Class: NIL Date of Expiry: NIL	
Date Treatment				ALC: NODE:		
No. of Days grant	ed Medical Leave (MC) NIL	Date Disc	charge	NIL		
Driver	Degree of			f Injury NIL		
Name	ZULKIELE BIN OTHMAN & THE			100		
	ZULKIFLE BIN OTHMAN @ ZUL KEITH LEE).	S7103860B	
Related Vehicle	SLZ5195J (Motor car)				E.	
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lospital/Clinic	NIL				2 3 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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ate Treatment	NIL	Data Di vi				
lo, of Days grante	d Medical Leave (MC) NIL	Date Disch	narge	NIL		
	(1.0)	Degree of	Injury	NIL		

Brief Details.

On the above date and time, I was driving my car SLW8552H (Honda Vezel) with 4 other family members along Sheares Ave at a constant speed of 50 - 60 km/h. All of us were wearing seat belts and I was driving from ECP towards Marina Boulevard.

Along Sheares Ave near junction connecting to Marina Boulevard, I could see many cars forming up on the right most lane forming up for right turn and U-Turn at junction Sheares Ave and Central Boulevard. As I was also planning for a U-Turn and the same location, I continued to drive straight and safely crossed the traffic light junction of Sheares Ave and Marina Bouleavard. However, when I was about to form up to make the U-Turn behind a long queue of cars, suddenly I felt a collision impact coming from the back of my car. Apparently, a black Lexus SLZ5195J had collided onto the rear of my car. The impact caused me to hit my head on the right sight of my door.

On further checking, there were visible damages on my rear bumper and tailgate door to my car. The Black Lexus had only 1 female passenger seated in the front passenger seat. Both driver and passenger were not injured and no visible injuries were noted.



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



4 of 4 Report No. T/20240616/7019

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: 16/06/2024 13:26
Officer In Charge Of Case: TP / AEIT / BOON YEN KIAN Contact No.: 65472079	Classification Of Case:
NP168	





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: 5127819733-01 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle
 SLW8552H
 Chassis Number
 RU31265383

2. Name of Policyholder : ZULKIFLE BIN OTHMAN @ ZUL KEITH LEE

3. Effective Date of Insurance : 06 Sep 2023 4. Expiry Date of Insurance : 05 Sep 2024

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 social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # 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.

EXCESS (SECTION 1) : SS2.000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) ROADSIDE ASSISTANCE AND WELLNESS COVER : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : ZULKIFLE BIN OTHMAN@ZUL KEITH LEE NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : WQ LEASING PTE LTD : 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 : CCL INSURANCE AGENCY PTE LTD (00000614988)

Date of Issue : 05 Sep 2023 13:34 hrs

For INCOME INSURANCE LIMITED

Chief Executive