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 First Submission 25/10/2024 18:15 (SGT) Reported by **Actual Driver** Date of Accident 25/10/2024 13:45 (SGT) Exact Location of Accident Singapore Additional Location Information 836 Tampines St 82 Carpark Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SNU7733X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Kabeer Khan Bin Ali Khan NRIC No S7242567G Fmail Address naufalshahir99@gmail.com Mobile Phone No (Phone) +65-91892455 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model CIVIC TYPE-R 2.0 M 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 car Transmission Manual CC 1998 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D24MTPV01005285

DRIVER

Name of Driver Naufal Shahir Khan Bin Kabeer Khan NRIC No S9934713I Date Of Birth 02/11/1999 Occupation Indoor Driving Pass Date 22/12/2020 Driving License Pass Class Driving License Validity Valid Driving experience 3 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91892455 Alt. Phone Number Email Address naufalshahir99@gmail.com Address 836 Tampines St 82 #02-75 S520836 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions 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? 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 attached ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

File with owner

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV2210M
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

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 Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1802615. 25/10/2024.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

+

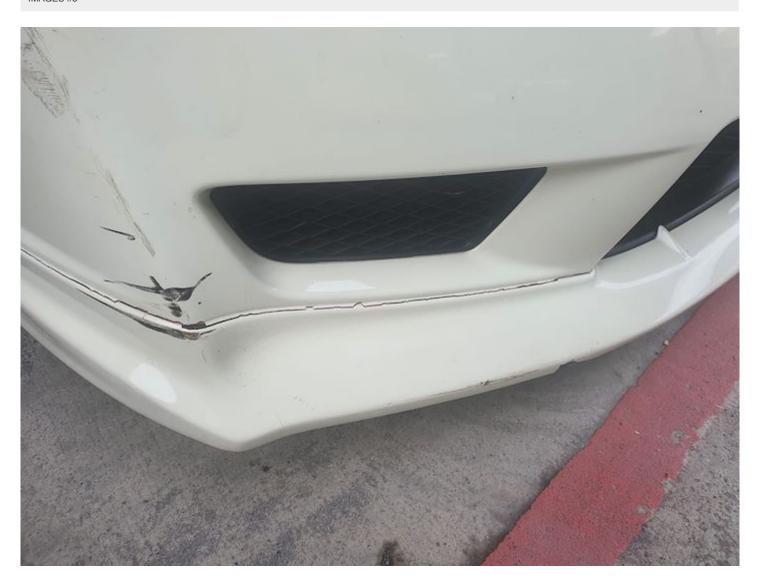
A D B D

BLK 836 Tampines Street 82 (5) 520836 - Open Carpart A: SNU 7733X B: SJV 2210 M

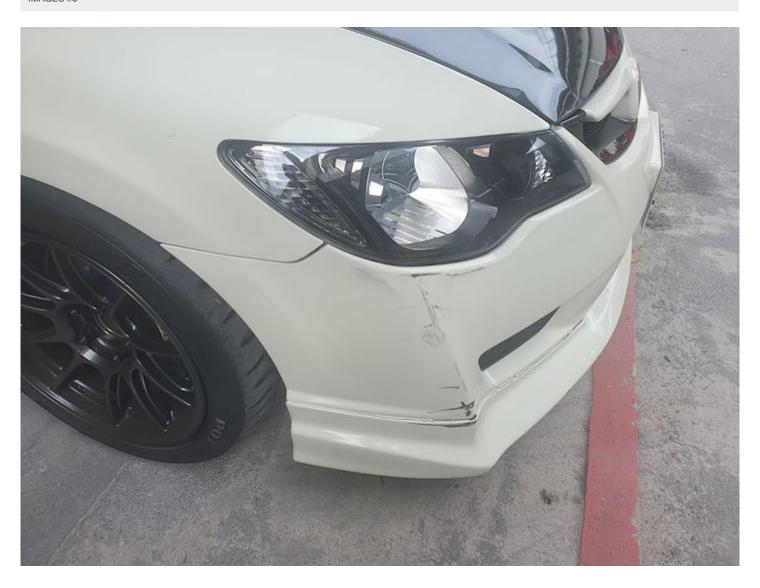
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e declare the foreg	oing particulars	are true in every	respect.			
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icyholder's Signatur	e / Date &	Driver's Signature & Time	(If driver is r	not the policy	holder) / Date	Witnessed by Reporting Centre Personnel





























Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241025/7120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2024 17:17			Vide Report No.:	Station Diary No.:			
Informant	's Particular	S					
Name of Informant: NAUFAL SHAHIR KHAN BIN KABEER KHAN			Address: 836 TAMPINES STREET 82 #02-75 SINGAPORE 520836				
ID Type / ID No.: NRIC NO / S9934713I			Contact No.: Home/Office: Mobile: 91892455				
Nationalit SINGAPO	y: ORE CITIZE	N	Email: NAUFALSHAHIR99@GM/	AIL.COM			
Sex: Age: Date of Birth: 02/11/1999			Type of Informant: Driver				
Race: Pakistani			Language: English	2000			
Occupation: Occupational health and safety inspector			Driving Licence Informatio Class: 2B,3	n: Date of Expiry:			

General Information	of the Accident			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2024 13:45	Type of Location: Car Park
Location: TAMPINES STREE	ET 82			
Weather: AFTER RAINING		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled	Traf Hea	fic Volume: vy
Type of Collision: Moving Vehicle Ag	ainst - Parked Vehic	cle	,	one conveyed by oulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJV2210M	Motor car					0
SNU7733X	Motor car	HONDA	civic	White	Seriously Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date		
SNU7733X	SOMPO INSURANCE SINGAPORE PTE. LTD.	D24MTPV01005285	23/09/2024	15/04/2025		



T/20241025/7120

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241025/7120

CONTINUATION OF REPORT

Details of Person	Involved						
Any Pedestrian In	volved: No						
No. of Pedestrians Injured: NIL			Use of Pec	Use of Pedestrian Crossing: NA			
Driver							
Name	NAUFAL SHAHIR KHAN BIN KABEER KHAN		ID No		S9934713I		
Related Vehicle	SNU7733X (Motor car)			Conta	ict No.	91892455	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	NIL Date Dis		harge	NIL	I.	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL		

Brief Details.

On 25.10.2024 at about 1600hrs. I went to the car park located at 836 Tampines St 82 to collect my vehicle. I saw that my vehicle's front right was damaged.

When I viewed my in-car camera, it showed that on 25.10.2024 at about 1345hrs a vehicle SJV 2210M hit my vehicle.



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



1/20241025//120

3 of 3 Report No. T/20241025/7120

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; 25/10/2024 17:17
Officer In Charge Of Case: TP / HRT / NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	Classification Of Case:
NP168	