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 22/11/2024 15:30 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/11/2024 17:40 (SGT) Exact Location of Accident Jln Sultan, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG8964M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD AMIRUL BIN MOHD JA'AFAR NRIC No. S9446900G MIRULJFR@GMAIL.COM Email Address Mobile Phone No (Phone) +65-83289554 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Honda Model Civic Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2000

Vehicle Fuel First Regisration Date

Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Etiga Insurance Pte Ltd Policy Number / Cover Note Number M0054871

DRIVER



Name of Driver MUHAMMAD AMIRUL BIN MOHD JA'AFAR S9446900G Date Of Birth 10/12/1994 Occupation Indoor Driving Pass Date 26/11/2022 Driving License Pass Class Driving License Validity Valid Driving experience 2 YEARS Gender Male Mobile Number (Phone) +65-83289554 Alt. Phone Number Email Address MIRULJFR@GMAIL.COM Address BLK 203 YISHUN ST 21 #11-234 Address complement Postcode 760203 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 Collided into Parked Vehicle 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? No 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 POLICE REPORT NO.T/20241121/7106. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

WITH OWNER

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB4167A
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	VEH B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report gorrectly 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 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 retating 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.

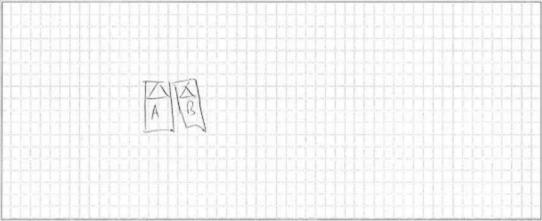


Policyholder's Signature / Date & Time

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

ribe Circumstance of the Accident		
Reter to	polia report	
	1 1	
laration declare the foregoing particu	ulars are true in every respect.	
1	, and the same of	
V-		
3/		
yholder's Signature / Date &	Time Actual Driver's Signature (if driver is not the	policyholder) Witnessed by Reporting Centre Person
	/ Date & Time	(Name as in NRIC/ID card)

vJun2022





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241121/7106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2024 19:24		ide:	Vide Report No.: A/20241121/0161	Station Diary No.:			
Informan	t's Particular	s					
	Informant: nad Amirul B	in Mohd Ja'afar	Address: 203 Yishun Street 21 #11-23	5 SINGAPORE 760203			
ID Type / ID No.; NRIC NO / S9446900G		0G	Contact No.: Home/Office:	Mobile: 83289554			
Nationality: SINGAPORE CITIZEN		N	Email: miruljfr@gmail.com				
Sex: Age: Date of Birth: Male 29 10/12/1994			Type of Informant: Driver				
Race: Malay			Language: English				
Occupation: Other commercial and marketing sales executives		d marketing sales	Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/11/2024 18:00	Type of Location: Straight Road
Location: JALAN SULTAN Weather: Clear		Road Surface:		
Troffic Claus		Traffic Control: Not Controlled		ffic Volume:
Traffic Flow: One Way		Not Controlled	1	138

Details of Ve	hicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SNG8964M	Motor car	HONDA	CIVIC TYPE- R 2.0 M	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNG8964M	ETIQA INSURANCE BERHAD	M0054871	02/02/2024	01/02/2025



T/20241121/7106

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241121/7106

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	MUHAMMAD AMIRUL BIN MOHD JA'AFAR			ID No).	S9446900G
Related Vehicle	SNG8964M (Motor car)			Conta	act No.	83289554
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	1
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Manager Inc.	NIL	

Brief Details.

My car was on a parking lot , around 5.45 my car was hit and run by this orange color BMW. The car didn't even stop to check. I have a footage and a clear plate number of the car.



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



3 of 3 Report No. T/20241121/7106

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: 21/11/2024 19:24
Officer In Charge Of Case: TP / TPIB / NUR HASLINDA BINTE ABDUL HALIM Contact No.: 97586521	Classification Of Case:
NP168	