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

Honda

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

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 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.
- 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 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 aforosaid.

8. Consent under the Personal Data Protection Act (PDPA)

l 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.

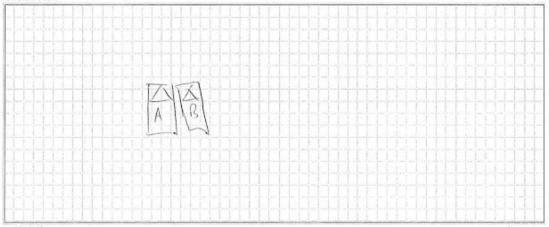


Policyholder's Signature / Date & Time

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

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older's Signati	ire / Date & T	Time Actual Driv	er's Signature (if driver is not the polic	yholder) Witnessed by Reporting Centre Pers

Accident report SS2X24BM0009

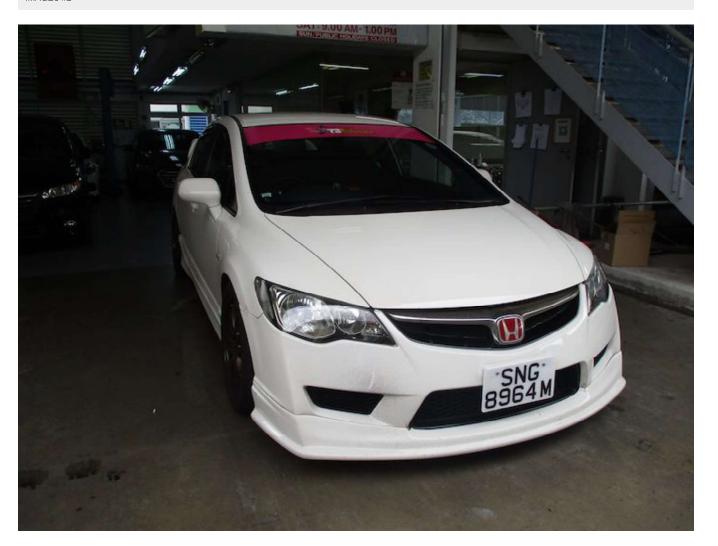
vJun2022



INTERVIEW FORW

Name (Driver)	inula Au	XIIVON	1-2-1-2
Policy No	M0548	H	
Vehicle No	SNG89	64m	
Place of Accident	Jalan	1	
Insured Driver's relations	hip with Insured : As	Above	
Drink Driving of Insured	and/or Insured Driver :	Vo	
No of passenger(s) in Insu			
Injury to Insured and/or In	sured driver, please indicate	which hospital:	
Third Party Vehicle No (if	any): SNB 4167	A .	
No of passenger(s) in Thire	1.1	det .	
		Total of the Control of the Land	
No.			
Type of collision and the ex	densiveness of the damages		
Type of collision and the ex			
Type of collision and the ex	ctensiveness of the damages		statement);
Type of collision and the ex Collided Into	clensiveness of the damages	to all vehicles involved:	statement);
Type of collision and the ex- Collided into Any witness to the accident raffic Police report (enclos	ciensiveness of the damages	to all vehicles involved:	
Type of collision and the ex Collided into	ciensiveness of the damages	to all vehicles involved: ne, Contact No and a copy of the	
Type of collision and the ex- Collided into Any witness to the accident raffic Police report (enclos	Clensiveness of the damages Cled, Web.L (if yes, please indicate Nan ced) Yes / No driving licence of Insured	to all vehicles involved: ne, Contact No and a copy of the	where foreign

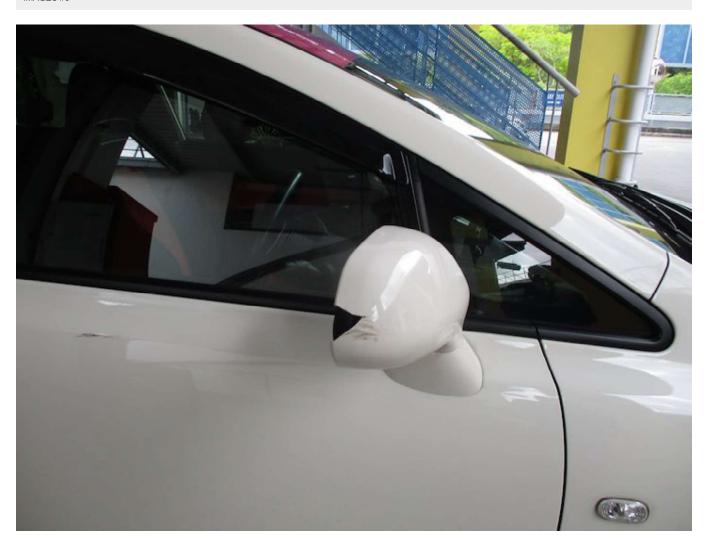
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241121/7106

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 21/11/2024 19:24		ide:	Vide Report No.: Station Diam A/20241121/0161				
Informan	t's Particular	'S					
Name of Informant: Muhammad Amirul Bin Mohd Ja'afar		in Mohd Ja'afar	Address: 203 Yishun Street 21 #11-235 SINGAPORE 760203				
ID Type NRIC NO	/ ID No.: D / S9446900)G	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			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drin No	k Drive:	Date/Time of Accident 21/11/2024 18:00	: Type of Location Straight Road
Location: JALAN SULTAN					
Weather:		Road Surfac	e:		
Clear		Dry			
Clear Traffic Flow: One Way		Traffic Controlle		10000	affic Volume; ght

Details of Vehicle 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 Pedestrian:	s Injured: NIL		Use of Pe	destrian	Crossin	g: NA
Driver						
Name	MUHAMMAD AMIRUL BIN MOHD JA'AFAR		ID No).	S9446900G	
Related Vehicle	SNG8964M (Motor car)			Contact No. 83289		83289554
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	amenda de la companya della companya della companya de la companya de la companya della companya	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	

MOX1 -

Cov. Type: Comprehensive

eTiQa

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)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. M0054871 Index Mark and Registration SNG8964M Number of Vehicle 2. Name of Policyholder MUHAMMAD AMIRUL BIN MOHD JA'AFAR Effective Date of Commencement of 02/02/2024 Excess: Named Drivers Insurance for the purposes of the Act Excess: Unnamed Drivers Excess: Windscreen 1,500 4. Date of Expiry of Insurance 01/02/2025 Engine No : K20A5821934 Chassis No : FD21401846 5. Persons or Classes of Persons entitled to drive Hire Purchase : Vin's Credit Pte. Ltd. (A) THE POLICYHOLDER.
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM
OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR
HIS EMPLOYER OR HIS PARTNER.
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR
WITH HIS PERMISSION. MUHAMMAD AMIRUL BIN MOHD JAAFAR 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 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.
THE POLICY DOES NOT COVER:
(i) USE FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.
(iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE. Daily transport allowance of S\$100 up to a maximum of ten (10) days, if the period of repairs recommended by our appointed surveyor or loss adjuster exceeds four (4) days. (For full terms & conditions, please refer to the policy wording.)

 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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.fia.org.sg or www.sdic.org.sg).

I/WÉ 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).

For and on behalf of Etiqa Insurance Pte. Ltd.
Approved Insurer

GOPNALI 05/02/2024 17:12:59

Authorised Signature