

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 5. Intrinsiculty of material acts may allow insurance companies to reputate 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 07/12/2024 12:23 (SGT) Reported by **Actual Driver** Date of Accident 06/12/2024 15:10 (SGT) Exact Location of Accident Singapore Additional Location Information UPPER BUKIT TIMAH RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number WD7358D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MDI ENGINEERING PTE, LTD. Company Reg No 201835841G Email Address manickam.mdi@gmail.com Mobile Phone No (Phone) +65-93865491 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer CAMC Model HN5311X40D9M6 Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 11813 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5141434992-01

DRIVER

Name of Driver DHAVUDU SHEIK MOHAMED Work Permit No G8383494W Date Of Birth 25/07/1989 Occupation Outdoor Driving Pass Date 04/08/2014 Driving License Pass Class Driving License Validity Valid Driving experience 10 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-93865491 Alt. Phone Number Email Address manickam.mdi@gmail.com Address MDI ENGINEERING PTE. LTD. Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 - Change/cross lane Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident **EMAIL TO MOTOR VIDEO DETAILS OF OTHER VEHICLE PROPERTY 1**

SHC564D

Accident report SM1J24C70009

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	2

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



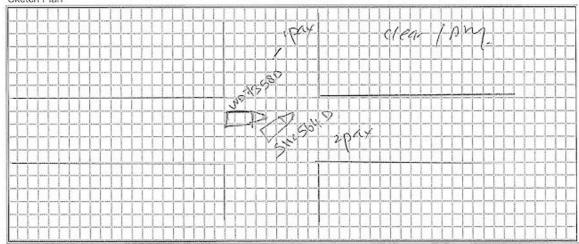
Policyholder's Signature / Date & Time

O7/12/2024

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

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

Sketch Plan



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eserble Dicumstance of the Accident FIRICLE NO: WD 7 358 D ACCIDENT DATE & TIME: 06 12 12024 03:10 DONTACT NUMBER: 9386 5491 E-MAIL: OCATION: UPPER BUKH TIMEN Road T Was driving Wo 73680 along upper bush Timeh Rd Just affect the traffic Junction of upper bush Timeh Rd Just affect the traffic Junction of upper bush Timeh Rd Old Jureay Rd, as I was going Strought, 3rd Party SHC5640 Came from my right and tried to cit into my lane to get into de my Vehicle Pesulting 3rd Party left rear Parties his onto my Vehicle Pight food Corner After the accident we Cxchangel Our Part culary point injuries in this accident we Cxchangel T want to Claim 3rd Party for my damage NOTE: Please NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POWN, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION. PRESENTE: (ICAMA CON) FOLICY DEMANTING PARTY (ICAMA COTTP AT OTHER WORKSHOP (I REPORTING CREY) PRESENTE: (ICAMA CON) FOLICY DEMANTING PARTY (ICAMA COTTP AT OTHER WORKSHOP (I REPORTING CREY) PRESENTE: (ICAMA CON) FOLICY DEMANTING PARTY (ICAMA COTTP AT OTHER WORKSHOP (I REPORTING CREY) PRESENTENCE (ICAMA CON) FOLICY DEMANTING PARTY (ICAMA COTTP AT OTHER WORKSHOP (I REPORTING CREY) PRESENTENCE (ICAMA CON) FOLICY DEMANTING PARTY (ICAMA COTTP AT OTHER WORKSHOP (I REPORTING CREY) PRESENTENCE (ICAMA CON) FOLICY DEMANTING PARTY (ICAMA COTTP AT OTHER WORKSHOP (I REPORTING CREY) PRESENTENCE (ICAMA CON) FOLICY DEMANTING PARTY (ICAMA COTTP AT OTHER WORKSHOP (I REPORTING CREY) PRESENTENCE (ICAMA CON) FOLICY DEMANTING PARTY (ICAMA COTTP AT OTHER WORKSHOP (I REPORTING CREY)	
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Just after the traffic Junction of upper bukit thous Rd and Old Junorg Rd, as I way going Straight, 3rd Party SHOSOWD Came from my right and tried to cut into my lane to get inhard of my Vehicle. Resulting 3rd Party left near Parties his onto my Vehicle right from Corner After the accident we exchanged Our Park culos your injuries in this accident. J want to claim 3rd Party for my damages 3rd Party damaris Aziz Bin DSMAW (I/L No. S12366222) NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POWER, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	LOCATION: 4100 D 1111 C 1
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Old Juring Rd, as I way going Straight, 3rd Party SHKSburd Came from my right and tried to cut into my lane to get infunt of my Vehicle. Pesulting 3rd Party left rear Parties his onto my Vehicle right food Corner After the accident we exchanged Our Part culary poringuises in this accident I want to claim 3rd Party for my damages 3rd Party driver is Aziz Bip Disman (Ile No. 512366222) Note: Please NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	I was downing 10073580 along upper build I maked
Came from my right and tried to cut into my lane to get inhood of my Vehicle. Pesulting 3rd Party left rear Portion his onto my Vehicle right front corner. After the accident we exchanged our Port culos poinguines inthis accident. Thank to claim 3rd Porty for my damage. 3rd Porty driver is Aziz Bip Deman (I/L No. S12366232) Note: Please note that your insurer may have a 14 Days time frame for you to submit an own damage claim under your own pours. Please check your policy for more information.	Just after the traffic Junction of upper bukis timb Rd, and
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J Ward to Claim Brd Party for MY Lamages 3.4 Party driver is Aziz Bip Osman (Ile No. 512366232) NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	right formst Corner After the accident we Exchanged
3.6 Porty driver is Aziz Bin Osman (I/c No. S12366272) NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
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Declaration

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

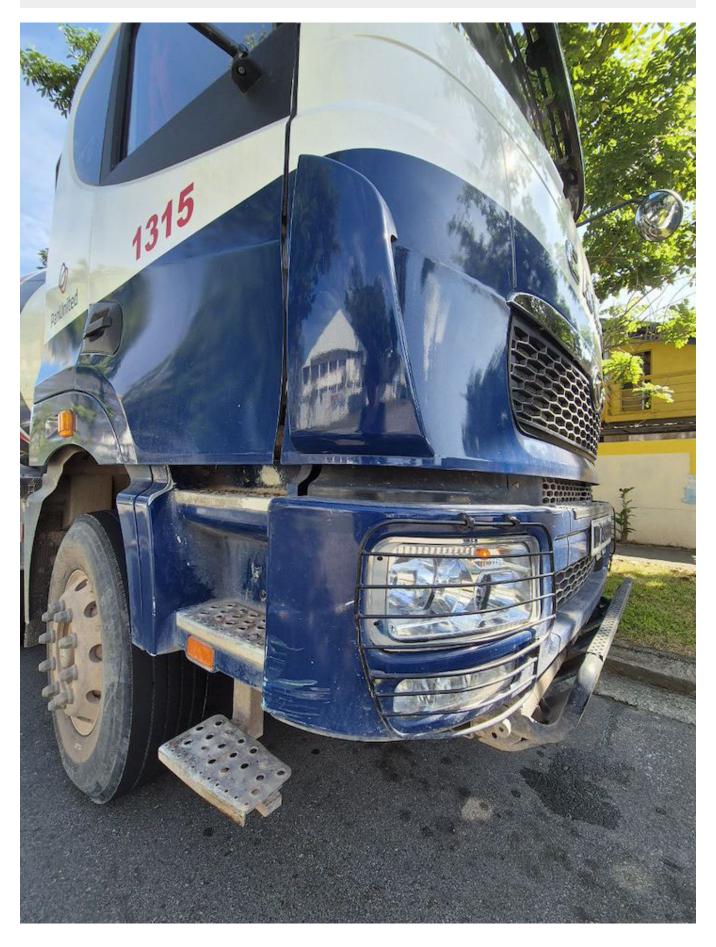
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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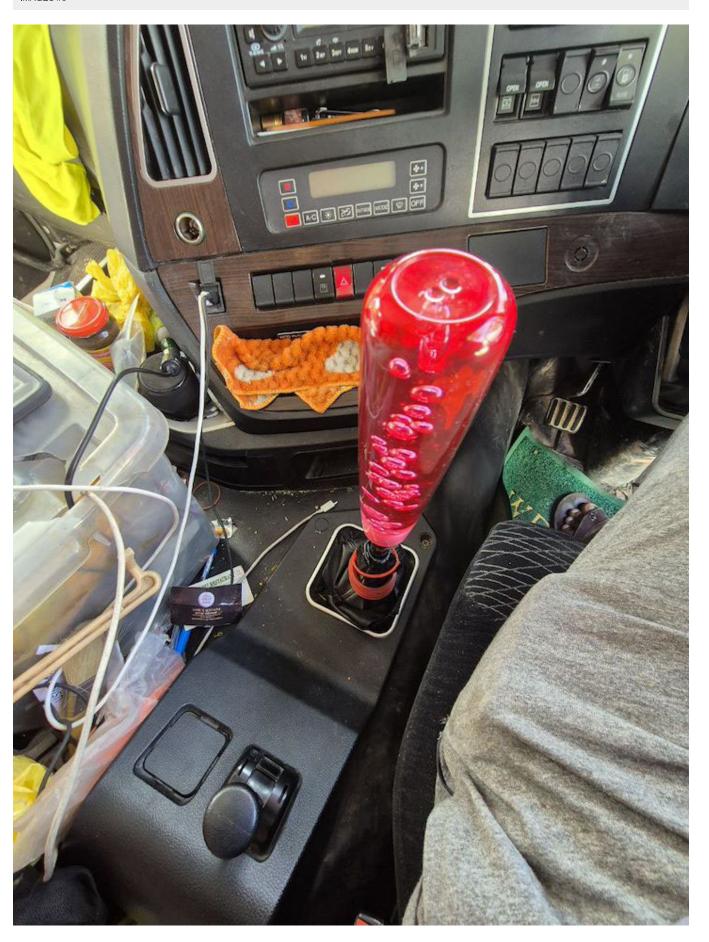






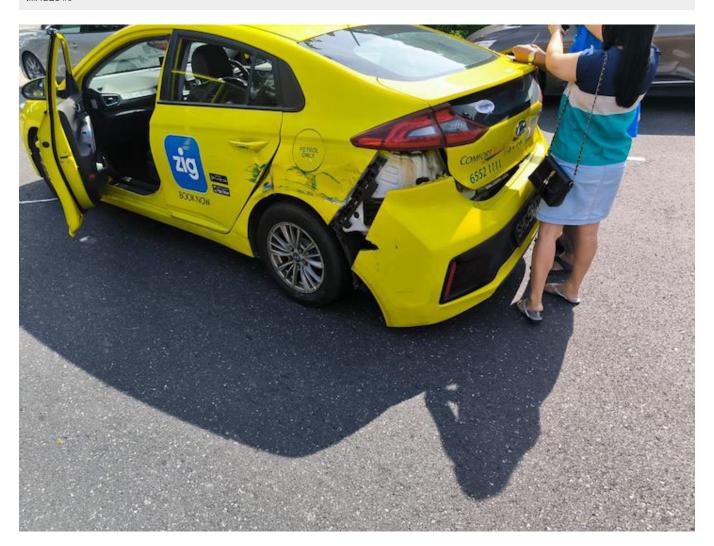














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: WO 7358 D Original Report No: ___ Name (as shown in NRIC): _______NRIC/FIN/Passport No: ____ (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate _____ Singapore (Address: ___ Contact (Tel): 93865471 Email Address: ___ Date of Accident: C/D/24 Time of Accident: 1510 hrs Place of Accident: VPP11 BUICIT TIMEL ROAD Insurance Company: ___ (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: accident time: 3.10 pm. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.: Date:

GIARNO Addendum Form