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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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 Report | 26/12/2017 17:40 |
| Date Of Accident | 24/12/2017 13:25 |
| Exact Location Of Accident | BLK 81 CHOA CHU KANG WAY WARREN GOLF & CCS S688263 |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJL6057R |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMED REYZA YANGO AZHAM BIN ABDULLAH |
| NRIC No | S8110728I |
| Email Address | AZREY81@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96905416 |
| Alternative Phone No | OTHERS-96905416 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | FIT 1.3G A |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5093442922 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MUHAMMED REYZA YANGO AZHAM BIN ABDULLAH |
| NRIC No | S8110728I |
| Date Of Birth | 06/04/1981 |

 NRIC No
 \$8110728I

 Date Of Birth
 06/04/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 25/06/2008

Driving Experience 9 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96905416

Fax Number

Contact Number OTHERS-96905416
EMail Address AZREY81@GMAIL.COM

Address 20 PASIR RIS LINK

#09-13

Postcode 518157

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

NO

Police Station Address ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20171226/7001

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKT1890E

Vehicle Make/Model/Colour BMW 7 WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA flecords 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 lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #2

| | 1 | | | 1- 570 000 - |
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| | true in every re | spect, | | 26/12/20 |

Sketch Plan #3





J/20171226/7001

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Jurong Police Divisional HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20171226/7001

| Vide Re | eport No. | | Station Diary No. |
|--|--|---|--|
| APT BL | K 20 PASIF | R RIS LINK #09-13 | SINGAPORE |
| Contact | No. | Mobile: | |
| Email Address | | | |
| Sex Male | Age 36 | Date of Birth | Race Malay |
| Language English | | | |
| Location Of Incident BLK 81 CHOA CHU KANG WAY WARREN GOLF A | | | |
| | Address APT BL 518157 Contact Home/C Email A azrey81 Sex Male Langua English Location BLK 81 | 518157 Contact No. Home/Office: Email Address azrey81@gmail.cor Sex Age Male 36 Language English Location Of Inciden BLK 81 CHOA CHU | Address APT BLK 20 PASIR RIS LINK #09-13 518157 Contact No. Home/Office: Mobile: 96905416 Email Address azrey81@gmail.com Sex Age Date of Birth Male 36 06/04/1981 Language English Location Of Incident |

Brief details.

I was driving vehicle SJL6057R along the road of the visitor carpark of Warren Golf and Country club looking for parking. I was behind a white BMW 7-series car with carplate number SKT1890E when it turned on the hazard lights to indicate that it was stopping. Passengers began alighting the vehicle on its left side and I proceeded to overtake the vehicle on its right side carefully at a slow speed (about 5kmph). As I was passing the vehicle, the right rear passenger door opened and it hit the left side of my vehicle. A young girl had opened the door and looked shocked when the incident happened and i looked at the

| Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. | | |
|--|--|--|
| | | |
| Date/Time: 26/12/2017 00:15 | | |
| Classification Of Case: | | |
| | | |
| | | |





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20171226/7001

driver(an chinese male late 50s) to wait at the front so that we can inspect the damages, however he did not acknowledge.

I proceeded to park the car close within a few meters of the incident to talk to the driver and inspect the car. As the car SKT1890E drove past me, I again indicated to him to stop however he did not acknowledge. As I exited the car, the driver was no where to be seen however he had parked several lots across my vehicle.

The vehicle inspection on my car revealed several scratch marks with white paint presumably from the vehicle of SKT1890E.

I had no passengers with me however there were several witnesses as there was a wedding ceremony of whom I had not taken their particulars.

| Suspect | | | |
|-------------|---------|------------------|---------------------|
| Person Name | Unknown | | |
| Gender | Male | Age | 55-65 |
| Race | Chinese | Complexion | |
| Build | Thin | | Light tan |
| Hair Colour | Black | Attire Last Worn | shirt |
| idii oolodi | DidCK | Hair Style | Short-Natural Curis |

| Signature Of Officer Recording The Report: | Signature Of Informant: | |
|---|---|--|
| Not applicable | The identity of the person making this report has been authenticated by SingPass. No signature is required. | |
| Signature Of Interpreter: Not applicable | Date/Time: 26/12/2017 00:15 Classification Of Case: | |
| Officer In-Charge Of Case: | | |
| Authentication Stamp | | |



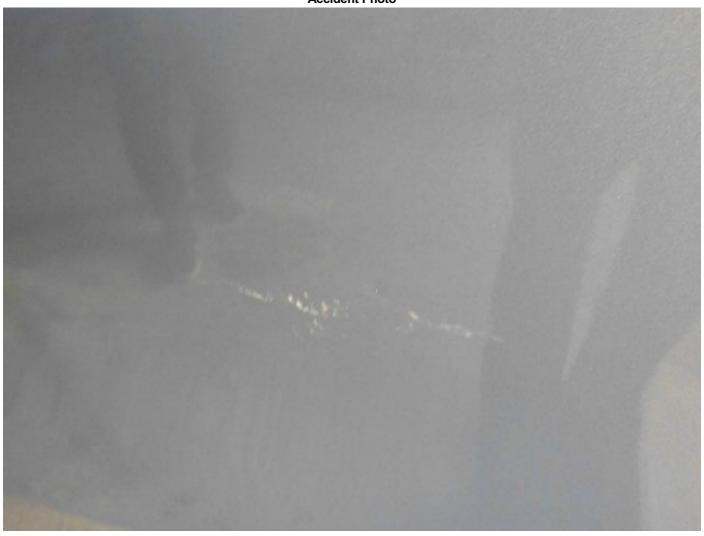










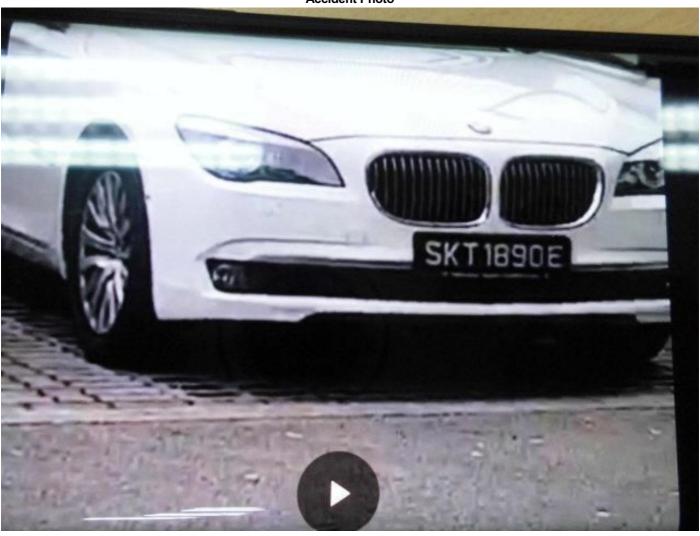












Police Report





1 of 3

Report No. J/20171226/7001

POLICE REPORT (NP299)

Police Station Of Origin Jurong Police Divisional HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

| Vide Re | eport No. | | Station Diary No. |
|---|---|---|--|
| Address APT BLK 20 PASIR RIS LINK #09-13 518157 | | SINGAPORE | |
| Contact | No. | Mobile: 96905416 | |
| Email Address | | | |
| Sex | Age | Date of Birth | Race |
| Language | | | |
| Location Of Incident BLK 81 CHOA CHU KANG WAY WARREN GOLF AN | | | |
| | Address APT BL 518157 Contact Home/C Email A azrey81 Sex Male Languag English Locatior BLK 81 | APT BLK 20 PASIF 518157 Contact No. Home/Office: Email Address azrey81@gmail.cor Sex Age Male 36 Language English Location Of Inciden BLK 81 CHOA CHL | Address APT BLK 20 PASIR RIS LINK #09-13 518157 Contact No. Home/Office: Mobile: 96905416 Email Address azrey81@gmail.com Sex Age Date of Birth Male 36 06/04/1981 Language English Location Of Incident |

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|---|---|--|--|
| Not applicable | The identity of the person making this report has been authenticated by SingPass. No signature is required. | | |
| Signature Of Interpreter: Not applicable | Date/Time: 26/12/2017 00:15 | | |
| Officer In-Charge Of Case: | Classification Of Case: | | |
| Authentication Stamp | | | |

Police Report





2 of 3

POLICE REPORT (NP299)

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| Suspect Person Name | Unknown | | BESIED FARRINGS |
|------------------------|---------|------------------|---------------------|
| Gender | Male | Age | 55-65 |
| Race | Chinese | Complexion | Light tan |
| Build | Thin | Attire Last Worn | shirt |
| Hair Colour | Black | Hair Style | Short-Natural Curls |

| Signature Of Officer Recording The Report: | Signature Of Informant: | | |
|---|--|--|--|
| Not applicable | The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 26/12/2017 00:15 | | |
| Signature Of Interpreter: Not applicable | | | |
| Officer In-Charge Of Case: | Classification Of Case: | | |
| Authentication Stamp | | | |

Police Report





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20171226/7001

| Victim | | Simon Santa | |
|---------------------------|--|---------------|--|
| Person Name | MUHAMMED REYZA YANGO AZHAM BIN ABDULLAH | | |
| ID Type | NRIC NO | ID No | S8110728I |
| Gender | Male | Age | 36 |
| Race | Malay | Language | The second secon |
| Occupation | Network/Infrastructure architect and engineer | Address Type | English |
| Address | APT BLK 20 PASIR RIS LINK #09-13 SINGAPORE 518157 | Mobile No | 96905416 |
| ls Informant A Victim? | Yes | | |
| Person Name | MUHAMMED REYZA YANGO A | ZHAM BIN ABDL | JLLAH (Informant) |
| | | | , many |
| Signature Of Office | cer Recording The Report: | Signatur | e Of Informant: |
| Not applicable | | The iden | ntity of the person making this as been authenticated by |

| 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: 26/12/2017 00:15 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authoritisation Stome | |

Authentication Stamp