	Jeb description		Date & Time Completed	Done by
Date In: 5/2/18-17:51				
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Veh No: STV 1849c	E-mail (within			
D.O.A: 4/3/18-17:20	i-Motor Clair		<u> </u>	
OD : TP Reporting Only	i-Motor W/O	•	s, TP 4hrs)	
OB . (I)perming emy	i-Photo Uplo	aded		
TP Insurer:	Assessment/Su	rvey Report	<u>i</u>	
IP Insurer.	Ass't Report b	y Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	: (		Tel: F	ax:
TP Particulars: Veh No:	SLE52945 .	. INC(	)/Non-INC( )	- 1
Owner / Driver: (			Tel:	)
Policy No: ( )	Period: (	)	Cover Type: (	) ,
Confirmed by : (		Date:	Time:	)
Insured/Driver Liability: (	%) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: (	) Warranty: YES (	)/NO(	)	
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000	( )		K UU VIII VIII V
General Remarks:-			1 Million of the Control of the Cont	
( ) Walk-In Customer: Customer's	s information strictly Co	nfidential & St	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail I			1	
	voice: YES ( ) / N	T:( ):T	'owing Co: (	. )
				2438363736
Remarks: (INC horline: 6788 66)			Date&Time Completed	RESTANDANT
1) Apply for Transport Allowance (	) / Courtesy Car (	)		
2) QC Check / Post Repair Inspection	( )		<u> </u>	
3) Upload Resurvey Photo [Repair Cost	- C200057 /	)		
J Opioau Resulvey I now [Repair Cos	[233000]			
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Injury : ———————————————————————————————————		Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-	t Reporting (\$30); Assessment (\$100); INC (\$40); Fee \$40 Through Survey	16.Bill Add E 50) 0/545 5120
Injury:  Date/Time Actions  Liumant's Particulars:- river/Owner:		Invoice Pre  1) AR: Acciden  2) DA: Damage  3) TF: Towing  4) FT: Follow-	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Through Survey Chrough Survey (Resurvey)	16.Bill Add 1 50) 0/545 5120 530
Injury:  Date/Time Actions  laimant's Particulars:-  river/Owner:		Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); action	16 Bill Add 1
Injury:  Date/Time Actions  Laimant's Particulars:- river/Owner:		Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA	t Reporting (530); Assessment (5100); INC (5) Fee 54 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); cotion + SMRT Survey	16 Bill Add E 50) 0/545 5120 530
Injury:  Date/Time Actions  Laimant's Particulars:- river/Owner: ontact No: amaged Portion:		Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addit OD*	t Reporting (530); Assessment (5100); INC (5) Fee S4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) action + SMRT Survey ional Services:-	16 Bill Add 1
Injury:  Date/Time Actions  Laimant's Particulars:- river/Owner: ontact No: amaged Portion:		Invoice Pro  1) AR: Acciden  2) DA: Damage  3) TF: Towing  4) FT: Follow-1  5) FT: Follow-1  For claiming  6) TR: Re-inspe  7) N1: Idae DA  8) NTUC Addit  OD*  *N5: Courtes	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); action + SMRT Survey ional Services:- y Car / Tpt Allowance	16 Bill Add. 1 50) 0/545 5120 530 5) 575 5160
Injury:  Date/Time Actions  Calculates:  river/Owner:  ontact No:  amaged Portion:  C. Checked by (Engr-In-Charge):		Invoice Pre  1) AR: Acciden  2) DA: Damage  3) TF: Towing  4) FT: Follow-1  5) FT: Follow-1  For claiming  6) TR: Re-inspe  7) N1: Idae DA  8) NTUC Addit  OD*  *N5: Courtes  *N6: Repair  *N7: Fost Re	t Reporting (530); Assessment (5100); INC (5) Fee S4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection	16 Bill Add 1
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Injury:  Date/Time Actions  Chumant's Particulars:  river/Owner:  ontact No: amaged Portion:		Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Ce	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Through Survey Frough Survey (Resurvey) against INC Only (wef 10 Jan 200) action + SMRT Survey ional Services:  y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	50) 500 500 50545 5120 530 530 575 5160 555 510 525

Figure Car

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
   This Form must be completed by the Policyholder and/or the Authorised 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 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.

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

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- 4	u.	u	u	-	V.	0		-	_	V.	-		

05/02/2018 17:51 Date Of Report 04/02/2018 12:20 Date Of Accident

SLIP RD TAMPINES AVE 12 TWDS TAMPINES AVE 9 Exact Location Of Accident

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

SJV1849C Vehicle Registration Number

Insured/Policyholder

HITACHI CAPITAL ASIA PACIFIC PTE LTD Name Of Registered Owner

199400399N Co Reg No NOEMAIL **Email Address** 

Mobile Phone No

OFFICE-89999999 Alternative Phone No.

Vehicle Particulars

SUBARU Manufacturer

IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG Model

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?

THIRD PARTY

NO

If No, Please state action to be taken

COMMERCIAL VEHICLE

Insurance Company

Vehicle Category

EQ INSURANCE COMPANY LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMPPHQ17-004748 Policy Number

Cover Note Number

Driver

MOHAMAD RAQIE BIN MOHD AIKSAN Name of Driver

S8108637J NRIC No 14/03/1981 Date Of Birth INDOOR Occupation 17/10/2000 Date Of Driving Pass

17 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90238328 Mobile Number

Fax Number

OFFICE-90238328 Contact Number

NOEMAIL EMail Address

BLK 316A PUNGGOL WAY Address

#09-727

821316 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: FARAH BINTE SAUD MARIE

GENDER:

: FEMALE

Passenger 2

NAME:

: ARIA MARIE RAQIE

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

BEDOK POLICE DIVISIONAL HQ (G DIVISION)

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2440000 - FAX NO: 64443009

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - G/20180204/7033.

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

**SLE5294S** 

Vehicle Make/Model/Colour

MITSUBISHI

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)

## **DETAILS OF INJURED PERSON 1**

Name MOHAMAD RAQIE BIN MOHD AIKSAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJV1849C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name FARAH BINTE SAUD MARIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV1849C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 3**

Name ARIA MARIE RAQIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJV1849C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 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 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)

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:
  - 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:
  - (i) 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.

MITACHI CAPITAL ASIA PACIFIC PTE. LTD.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

Name:

NRIC/FIN No.:

10 TAMPINES AVE IT HILL(S) 57813

DSJV1749C BSLEDGUS

TAMPINES AVE 9.

Please refer to the Police Report No: G/20/808204	Planta tala 1	Ha DI: " Doe of the C /20 18 a Pant
	ruan Her to	THE POLICE REPORT MO- 9 /20/808 204,
	The state of the s	

I/We declare the foregoing perticulars are true in every respect.

Policyholder's Signature

As a Policy Store S Livering

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

NRIC/FIN No.:

	0 Kl c M18 12:203 (24 VD F
Date of Accident	: 04 67 18 Accident Time: 12-70 (24-HR-Format)
Accident Place	: Th MPINES EVENUE Is and entered the slip toad to
Vehicle Reg. No. (Car Plate No.)	:
Vehicle Make/Model	: SUBMO MYPETA
Insurance Company	:EQ Policy No. DMPPHQ17-004748
Owner or Company Name /IC No.	: HITACHI CAPITAL PSIN PASTAC P/L/199400399 M
Owner or Company Contact No.	Owner's HpCompany Tel
DRIVER'S Name / IC No.	: MOHAMAD PARIEBIN MOHD MKSAN / S8108137 J
DRIVER'S Date Of Birth	: 14 3 1987 DRIVER'S License Pass Date 1704 7080
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: H. Fer
DRIVER'S Address	: NM BUK 316A Punggol Way \$09-779CS)8N316
DRIVER'S Contact No./ Alt No.	:1) 90738378 2)
DRIVER'S Occupation	(: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY   RAINING & WET   AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including	Driver): I diver, passenges.
Was there any video Captured by Exact purpose for which vehicle v	car camera: YES NO vas being used at the time of accident Private use \ Work purpose
Othe	Party Driver's Particular (if any)
Vehicle Reg. No: B SLE 5	29 4 S Vehicle Reg. No:
Vehicle Reg. No: B SLE 5  Vehicle Make\Model: Milsuh	Vehicle Make Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

# Finjured Persons:

Diver: Mohamad Ragre Bin Mohad Aiksan.

MMC: 58/08637J

D' Passenger: Farah Binte (Female).

Sand Mane

NRIC: S81.17037A

3) Passenger. Aria Marie Ragie

NRIC: T17177950.

(Female).

"Please Bid COE under "HITACHI CAPITAL ASIA PACIFIC PTE LTD" ROG: 199400399N

Registration please select "R10/R11 - PRIVATE HIRE (SELF-DRIVE) "

HITACIH Inspire the Next

Hitachi Capital Asia Pacific Pie. Ltd.

Date

31-Aug-17

You.

CAARLY PTE LTD.

Fax No:

Attention, ADRIAN

Dear Sir.

RE: NOTIFICATION OF RESULT - VEHICLE LEASE APPLICATION APPLICATION / AGREEMENT NO:

APPROVED

We would like to inform that the request for vehicle leasing in respect of the following applicant referred by you to us is successful +

Name of Lussen

MOHAMAD RAQIE BIN MOHD AIKSAN

Lessea's Registered Address

BLK 491C TAMPINES STREET 45 #02-218 SINGAPORE 522491

Make / Model

SUBARU IMPREZA 4DR 1 5R AWD 4AT ABS AIREAG

Vehicle Registration Number:

SJV1849C

Chassis Number

JF1GE3KS59G004343

Engine Number

FL150586153

Name of Guarantor 1 (If Any):

FARAH BINTE SAUD MARIE

NRIC of Guarantor 1:

S8117037A

Name of Guarantor 2 (If Any):

NRIC of Guarantor 2

Name of Guarantor 3 (If Any).

NRIC of Guarantor 3

We shall purchase the above vehicle from you for the sole purpose of leasing it to the above Leasee on strict condition that the applicant enters into a vehicle lease agreement with us on our terms and conditions

Our payment for the vehicle's purchase price of \$30,500,00 will only be issued to you upon receipt of the following documents/payments deemed satisfactory at our absolute discretion and also fulfilling other condition(s) under-Paragraph 9 -

- 1. Copy of LTA's Transfor Of Vehicle Ownership Document (Confirmation & Acknowledgement) in favor of HCAP.
- Original Invoice / Tax Invoice correctly billed to Hitachi Capital Asia Pacific Pte Ltd (HCAP)
- 3. The Vehicle Lease Agreement, duty signed and endorsed by the Lessee and Guarantor(s)
- 4. Original Certificate of Vehicle Delivery & Acceptance duly signed by Lessee.
- 5. (a) 1st monthly lease payment:

\$914.27 (5864.46 w/o GST)

(b) Security Deposit : NA

(c) Initial Payment (if any) \$3,050.00

TBA

- 5. Clear Copy of Lessee's, Guarantor's and Authorized Driver's NRIC and/or Driving License (where applicable)
- 7. Inter-Bank Giro form duly signed by Lessee with valid bank account number
- 8. GPS Tracker duty installed before delivery of vehicle
- Note Subsequent monthly lease payment is

months by Inter-Bank Giro only

5914.27 Note: Actual Monthly Lease Amount will be confirmed based on Actual OMV and COE values after registration of Vehicle.

9 (a). Full settlement of the following vehicle hire purchase / lease agreement under Applicant's name must be received and cleared by Hitachi Capital Asia Pacific Pte. Ltd. before the disbursement of finance value. (Agmt No. NA Vehicle Reg. No.:

9 (b) Other Conditions :-

Please also be advised of the following

- a) The above approval is valid for 30 days from date hereof.
- b) The approval given to the above applicant / Lessee may be revoked if any information herein or submitted earlier for assessment is found to be false and inaccurate.
- c) You fully agree that any action taken by you upon receipt of this notice constitues your acceptance of all the above terms, conditions and requirements found in this document.
- d) This approval is valid only if this document carries an authorised signature below and this notice shall supercede all other notices previously issued for the same Lessee and vehicle.

Should you have any queries, please call +65 6833 6271 to reach our Relationship Manager. Mr Erwin Cheong

Yours Sincerely

For Hitachi Capital Ania Pacific Pte. Ltd. . . .

Authorised Signatory





1 of 3

Report No. G/20180204/7033

## POLICE REPORT (NP299)

Police Station Of Origin Bedok Police Divisional HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 04/02/2018 22:27	Vide Report No.			Station Diary No.	
Name Of Informant MOHAMAD RAQIE BIN MOHD AIKSAN	Address APT BLK 316A PUNGGOL WAY #09-727 SINGAPO 821316				
ID Type / ID No. NRIC NO / S8108637J	Contact No. Home/Office: Mobile: 90238328				
Nationality SINGAPORE CITIZEN	Email Address ragieaiksan@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
RELATIONS OFFICER	Male 36 14/03/1981 Malay			Malay	
Institution/School Name	Language English				
Date/Time Of Incident 04/02/2018 12:20 - 04/02/2018 12:30	Location Of Incident 10 TAMPINES AVENUE 12 NIL SINGAPORE 528813				
W. C. & Charles 11 or					

Brief details.

On 4 Feb 2018 at around 12.20pm, I was driving along Tampines Ave 12 and entered the slip road to get to Tampines Ave 9. Together in the car (Black, Subaru Impreza, plate no: SJV1849C) was my wife, Farah Marie, and my 7mth old daughter, Aria Marie. It was a sunny day and the road was dry. We were heading to my parents house at 491C Tampines St 45, from our home at 316A Punggol Way.

As I entered the slip road, I saw a lorry heading towards us on Tampines Ave 9, so I slowed down to a halt, to let the lorry pass. Suddenly, we got hit at the back by a grey Mitsubishi (Plate no: SLE5294S). He

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this			
Not applicable	report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2018 22:27			
Officer In-Charge Of Case:	Classification Of Case:			

Authentication Stamp





2 of 3

POLICE REPORT (NP299)

## CONTINUATION OF REPORT

Report No. G/20180204/7033

had a passenger in the rear seat. Fortunately, I had my brakes on, so we did not travel very far off course. Fortunately as well, we had our safety belts on so no one was injured. When I got out of the car to check the extent of the damage, the driver of SLE5294S shook his head and said "Sorry bang, tak nampak ah", which translates to "Sorry bro, didn't see ah".

We exchanged particulars and took photos of the damages. Details of the driver as below.

Name: Mohaamd Rashid Bin Kassim

NRIC: S8430789J DOB: 26-09-1984 Mobile: 87825674

Subjects Involved

Mohamad Rashid Bin Kassim		
THE		
NRIC NO	ID No	S8430789J
Male	Age	33-34
	Address Type	HDB / HUDC
APT BLK 749 Pasir Ris St 71	Mobile No	87825674
#04-54 SINGAPORE 510749		
MOHAMAD RAQIE BIN MOHD		
NRIC NO	ID No	S8108637J
Male	Age	36
er Recording The Report:	The ide	ure Of Informant: entity of the person making this has been authenticated by ass. No signature is required.
preter:		ime: 2018 22:27
Of Case:	Classif	ication Of Case:
	Male Malay APT BLK 749 Pasir Ris St 71 #04-54 SINGAPORE 510749  MOHAMAD RAQIE BIN MOHD NRIC NO Male er Recording The Report:	Male Malay Address Type APT BLK 749 Pasir Ris St 71 #04-54 SINGAPORE 510749  MOHAMAD RAQIE BIN MOHD AIKSAN NRIC NO Male  Per Recording The Report:  Signature The ide report Sing Pate of Pate (104/02/2)





3 of 3

POLICE REPORT (NP299)

# CONTINUATION OF REPORT

Report No. G/20180204/7033

Race	Malay	Language	English
Occupation	RELATIONS OFFICER	Address Type	
Address	APT BLK 316A PUNGGOL WAY #09-727 SINGAPORE 821316	Mobile No	90238328
s Informant A Victim?	Yes		
Person Name	Farah Binte Saud Marie		
ID Type	NRIC NO	ID No	S8117037A
Gender	Female	Age	36
Race	Arab	Address Type	HDB / HUDC
Address	APT BLK 316A Punggol Way #09-727 SINGAPORE 821316	Mobile No	96950893
Relation To Informant	Spouse		
Person Name	Aria Marie Ragie	- 37	
ID Type	NRIC NO	ID No	T1717795D
Gender	Female	Age	0-1
Race	Malay	Address Type	HDB / HUDC
Address	APT BLK 316A Punggol Way #09-727 SINGAPORE 821316	Relation To Informant	Daughter

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: 04/02/2018 22:27			
Officer In-Charge Of Case:	Classification Of Case:			
Authentication Stamp				

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8108637J





MOHAMAD RAGIE BIN MOHD AIKSAN

MALAY Date of birth Sex 14-03-1981 M SINGAPORE

25 30 HO 37.

REPUBLIC OF SINGAPORE **DRIVING LICENCE** 







14-04-2011

APT BLK 316A PUNGGOL WAY #09-727 SINGAPORE 821316

NRIC No: \$8108837J

Date: 15/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

4716053

Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Oct 2000 of the driver; and other motor vehicles =< 2500kg

HILLIAN NO: SAIOSESTANIN

PIP 428A

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eginsurance.com.sg reg no. 1978-00490-N



### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

## PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ17-004748

1. Index Mark and Registration Number of Vehicles

SJV1849C

Form: MX2 Excess: SGD500.00 Named Driver Unnamed Drivers Add SGD2,000.00 Additional SGD3,000.00 YEID

2. Name of Policyholder Hitachi Capital Asia Pacific Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 86/89/2017
- 4. Date of Expiry of Insurance 05/09/2018
- Person or Classes of Persons entitled to drive\*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

\*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 regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

- (c) use for the carriage of goods (other than samples) in connection with any
- (d) use for any purpose in connection with the Motor Trade

\*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 headings.

I/WE 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) or and Amendment, Act or Acts passed in substitution thereof.

> Authorised Signatory EQ Insurance Company Limited

UNWNBF/HO/A000298/Tong Hin Insurance A

