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 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.
- 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.

| By the lodgement of this report to the insurers, you he aforesaid. | ereby consent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 14/05/2018 15:29 |
| Date Of Accident | 12/05/2018 14:00 |
| Exact Location Of Accident | JALAN HUSSIEN/LOR MARZUKI |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SGV1991J |
| Insured/Policyholder | |
| Name Of Registered Owner | ANDIK MUHAMMAD ASY' ARI BIN IBRAHIM |
| NRIC No | S8332077Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-86831991 |

OFFICE-86831991

Alternative Phone No **Vehicle Particulars**

MAZDA Manufacturer Model RX-8-1.3 (M)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number DMPPHQ18-000942

Cover Note Number

Driver

Name of Driver MOHAMMAD IKBAR BIN RAHUD

NRIC No S8719901J Date Of Birth 14/06/1987 Occupation INDOOR **Date Of Driving Pass** 02/03/2009

Driving Experience 9 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90731887

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 671B EDGEFIELD PLAINS #14-523 S(822671)

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

NO

SINGAPORE

NO

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

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? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK4396E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 Authorised Driver.
- 3. 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>.
- 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. 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.
- 7. 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:
 - (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.
- (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.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the

(If driver is not the policyholder)

Reporting Centre Personnel's Signato

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

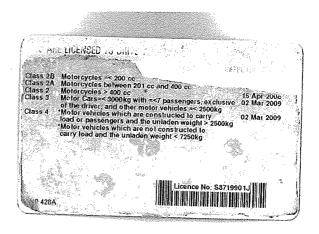
| SKETCH PLAN | | B 87× 43 | |
|---|--|----------------------------------|---|
| DESCRIBE CIRCUMSTANCES | OF THE ACCIDENT | | |
| Refer to TP | Report 7/20180513/ | 2045. | |
| <u></u> | ATT 1990 - 1990 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1 | | |
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| DECLARATION I/We declare the foregoing parti | culars are true in every respect. | Jo | T C C C C C C C C C C C C C C C C C C C |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policyholder) | Reporting Centre Person Name: | nel's Signature |

NRIC/FIN No.:

Date & Time:

Page 5 of 20





EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg



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.: DMPPHQ18-000942

Form: MX3 Excess:

 Index Mark and Registration Number of Vehicles SGV19913 Insured/Named Driver SGD1,500.00

Name of Policyholder ANDIK MUHAMMAD ASYARI BIN IBRAHIM

- Effective Date of the Commencement of Insurance for the purpose of the Act 11/02/2018
- 4. Date of Expiry of Insurance 10/02/2019
- 5. Person or Classes of Persons entitled to drive*
 - (a) The Policyholder
 - (b) The specific person(s) whose name is lodged in the Schedule.

*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 and on race track
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade
- (e) use by any other persons than those defined as entitled to drive in paragraph 5 above

*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.

UNWSR/HO/A000258/SGDrivers Pte Ltd

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited





Police Station Of Origin:

Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 4 Report No. T/20180513/2045

| REPORT | OF A | TRAFFIC | ACCIDENT |
|--------|------|---------|----------|
|--------|------|---------|----------|

| Date/Time Report Made: 13/05/2018 13:11 | | /lade: | Vide Report No.: | Station Diary No.: | |
|--|-------------|--------|--|--|--|
| Informa | nt's Partic | ulars | | A STATE OF THE PARTY OF THE PAR | |
| Name of Informant: MOHAMMAD IKBAR BIN RAHUD | | | Address: APT BLK 671B EDGEFIELD PLAINS #14-523 SINGAPORE 822671 | | |
| ID Type / ID No.: NRIC NO / S8719901J | | | Contact No.: Home/Office: | Mobile: 90731887 | |
| Nationality: SINGAPORE CITIZEN | | EN . | Email: | | |
| Sex: Age: Date of Birth: Male 30 14/06/1987 | | | Type of Informant: Driver | | |
| Race: Indian | | | Language: | Institution / School Name: | |
| Occupation: SAFETY OFFICER | | 1 | Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: | | |

| General Inform | nation of the Accident | See and a second | | COLUMN TO SERVICE | |
|---|------------------------------------|-----------------------|--|-------------------------------------|--|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 12/05/2018 14:0 | Type of Location T-Junction | |
| JALAN HUSS LORONG MA | RZUKI Hussein turning into Lore | | | Road Speed Limit: | |
| Clear | | Dry | | Road Speed Limit; | |
| Traffic Flow: Traffic Control: Not Controlled | | | Traffic Volume: No Traffic | | |
| Type of Collis Between Mov | ion: ing Vehicles - Head On | | 9 | Anyone conveyed by ambulance: No | |

| Details of V | ehicle Invo | lved | | | | |
|--------------|-------------|------|-------|-------|-----------|----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
| SGV1991J | Car | | | | | 0 |
| SJK4396E | Car | | | | | 2 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



T/20180513/2045

2 of 4

Report No. T/20180513/2045

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

| Driver | | | | | | |
|------------------|--------------------------|-----|----------|-------------------------------------|-----------|--|
| Name | MOHAMMAD IKBAR BIN RAHUD | | | ID No | | S8719901J |
| Related Vehicle | SGV1991J (Car) | | | Conta | ct No. | 90731887 |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expiry | g | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | NIL Date Disc | | | charge | NIL | |
| | | | Degree o | of Injury | NIL | |
| Driver | | | | | 3 Bin | A SECOND STATE OF THE SECO |
| Name | RAMESH SIVALINGAM | | ID No | | S8327164G | |
| Related Vehicle | SJK4396E (Car) | | Conta | ict No. | 91834450 | |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL Date Dis | | | charge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree o | of Injury | NIL | |

Brief Details.

On 12/05/2018 at around 1400hours, I was travelling along Jalan Hussein and turning into Lorong Marzuki at the intersection near to lamp post number 6. While I was approaching the stop line, I stopped at the stop line. There was one vehicle, SJP4609R parked stationary along Lorong Marzuki near to the intersection blocking my vision to check on the oncoming traffic from the opposite direction. As such, I inched out at a very slow speed to make a check.

Out of sudden, one vehicle, SJK4396E, approached from the opposite direction came out from nowhere collided onto my right front engine part. Due to the impact, my vehicle jerk forward. I was in shock for a few seconds. After which, I alighted from my vehicle to make a check. I wish to state that due to the damage on my driver's side door, I have difficulty to open the door. I need to forcefully push it for it to open.

There is no in-built car camera in my vehicle, I made a check on the other party camera and discovered that there is also no in-built car camera. At that point of time, there is no one injured. I wished to inform that there are tyre marks on the road and I believe that it was caused due to hard braking by the driver of SJK4396E. Due to the great impact on my vehicle, I suspect that the driver was speeding, it could have travelled more than 50km/h.

After the accident, I felt pain at my neck area. As such, I will proceed to seek for medical attention after the road traffic accident report has lodged.



T/20190513/2045

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 4 Report No. T/20180513/2045

CONTINUATION OF REPORT





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 4 of 4 Report No. T/20180513/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
F /
Staff Sgt TAY HUEI JING

Signature Of Interpreter:
Not applicable

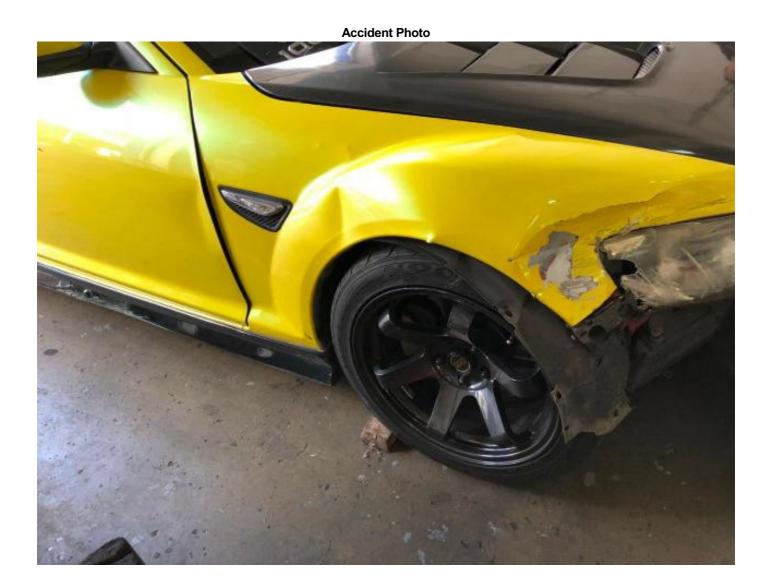
Date/Time:
13/05/2018 13:11

Classification Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

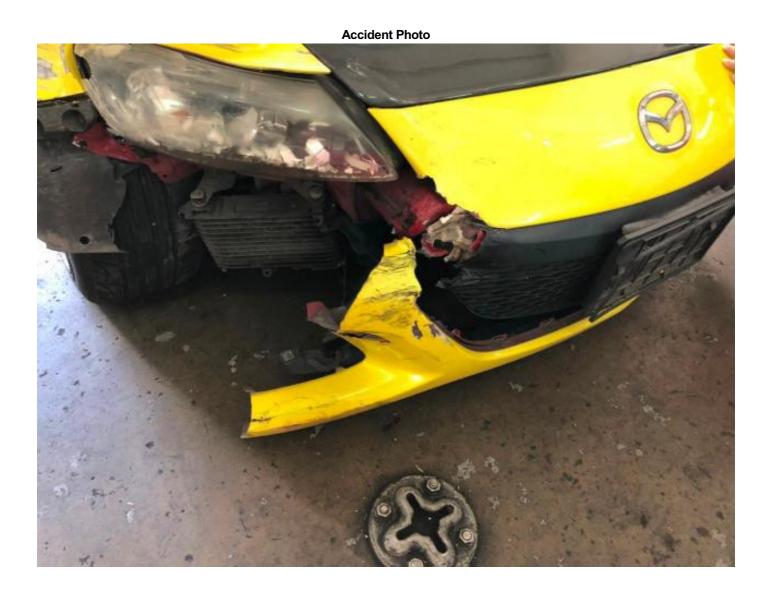
Authentication Stamp
NP168

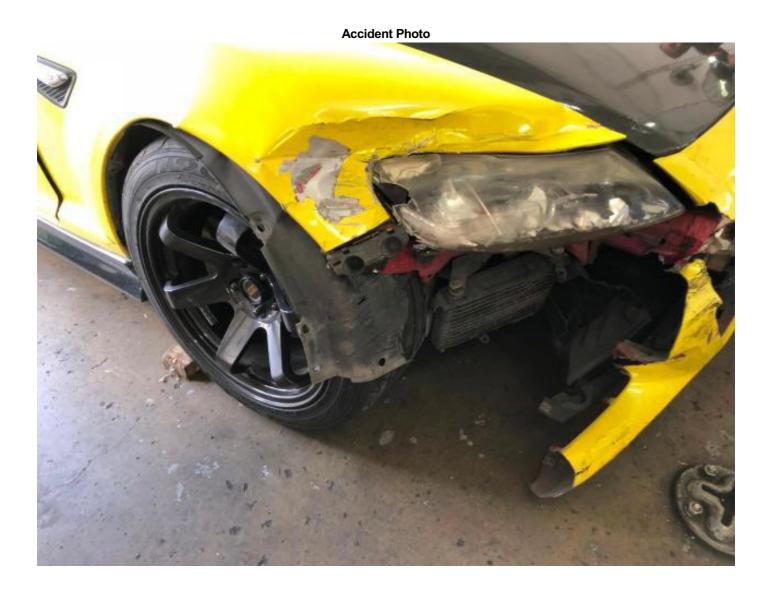
Singapore Police Force

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.



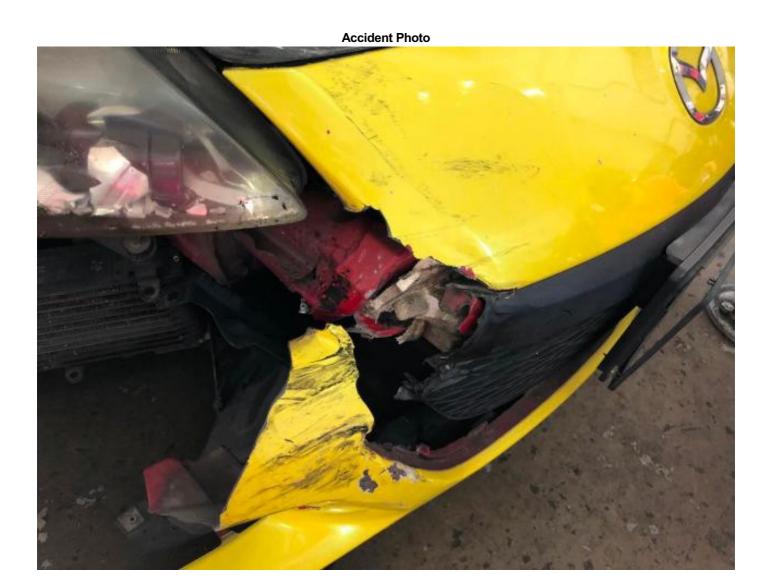


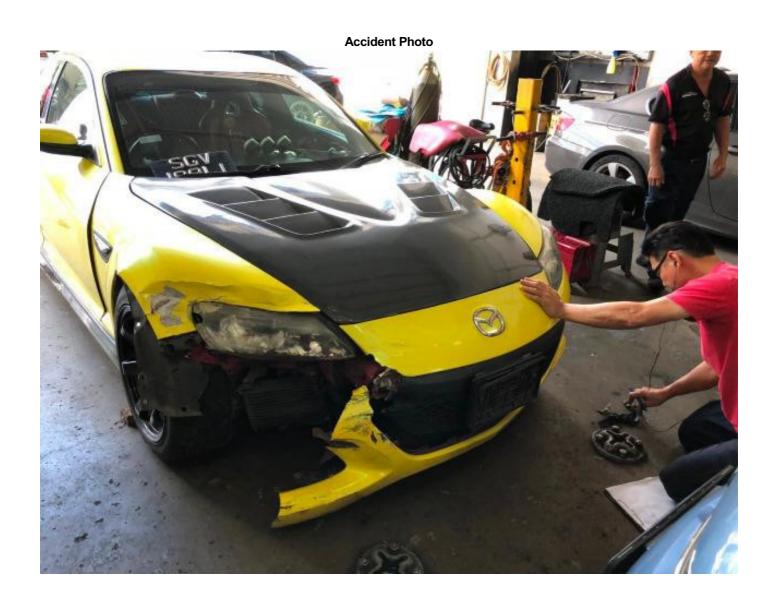












Stationary park vehicle: SJP4609R
•Parking a vehicle within 6 metres
of a junction of any road or street

(reference LTA Illegal parking

Annex B)

