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 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.

| aforesaid. | |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 27/08/2018 14:05 |
| Date Of Accident | 25/08/2018 17:30 |
| Exact Location Of Accident | ANG MO KIO AVE 1 TWDS UPPER THOMSON DIRECTION |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMA6140E |
| Insured/Policyholder | |
| Name Of Registered Owner | D'LOFTY LIFESTYLE |
| Co Reg No | 53114499B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97439434 |
| Alternative Phone No | OFFICE-97439434 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CIVIC 1.8S 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5101446794 |
| Cover Note Number | |
| Driver | |
| Name of Driver | RAJIS BIN ISHAK |
| | |

Name of Driver
RAJIS BIN ISHAK

NRIC No
S8903814F

Date Of Birth
01/02/1989

Occupation
OUTDOOR
Date Of Driving Pass
13/09/2013

Driving Experience
4 YEARS AND 11 MONTHS

Gender
MALE

Fax Number

Mobile Number (LOCAL) +65-91093370

Contact Number OTHERS-91093370

EMail Address NOEMAIL

BLK 162 YISHUN STREET 11 Address

#06-246

Postcode 760162

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RENTAL

Vehicle Registration Number of Driver's Own

Vehicle

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180826/2018

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons: **REVERT**

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

XD6706C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 26

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name **RAJIS BIN ISHAK**

Approximate Age

Injuries Sustain Injured person in which vehicle? SMA6140E

Were seat belts worn? Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BACK PAIN

YES

Sketch Plan

SKETCH PLAN

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.
- 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 Bability</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 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 aforeseld.
- 3. 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 insurers) 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;
 - (b) 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 edministering, 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.

Policyhol Se Mature Date & Time!

Driver's Slap ture (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Namet NRIC/FIN No.:

Sketch Plan #2

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Sketch Plan #3





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

2 of 3 Report No. T/20180826/2018

CONTINUATION OF REPORT

Brief Details.

On 25/08/2018 at about 1730hrs, I was travelling in my car(White Honda Civic / SMA6140E) along Ang Mo kio Avenue 1.

While travelling on a straight road, suddenly I felt an impact from the side, immediately I stopped by the side of the road.

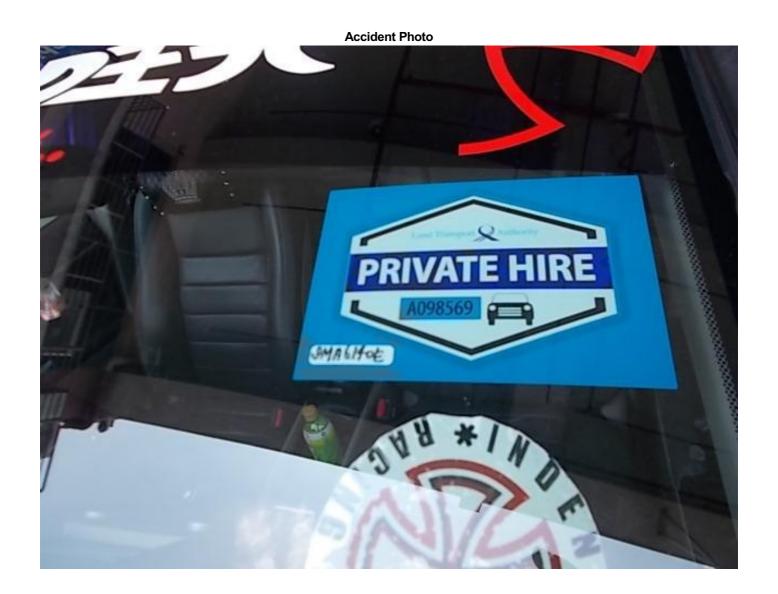
There was no visible injury on me and my passenger but both of us felt a pain on our back. I got down my vehicle and discovered the right side of my passenger door was slightly dent, back bumper was slightly damaged. There was a slight damaged at the front of the other vehicle. There was no visible injury on the other party, we managed to exchange particulars. No ambulance or traffic police at scene. I wish to state that there was a in car camera in my vehicle. I had 3 days MC from Khoo Teck Puat hospital from 26/8/2018 to 28/8/2018.







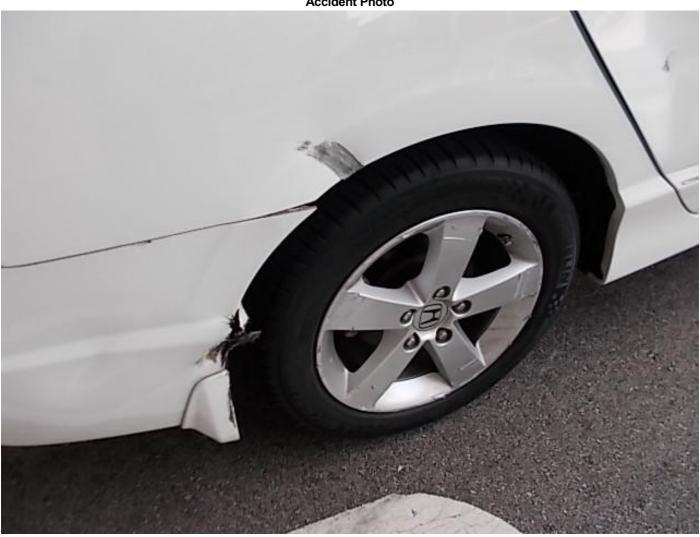




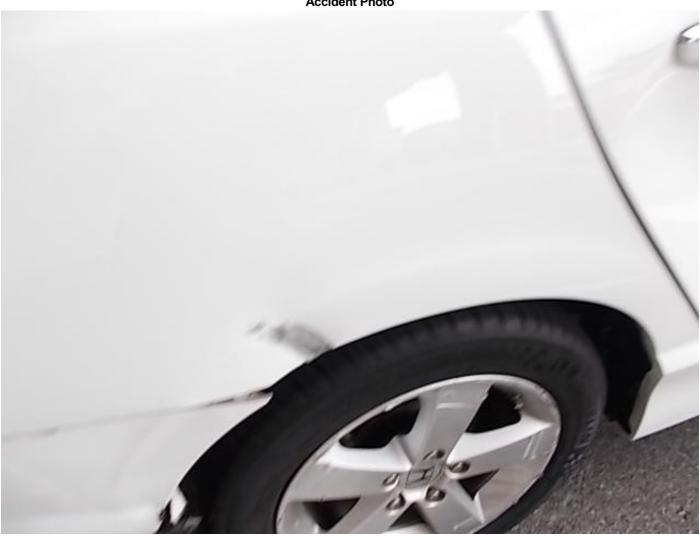


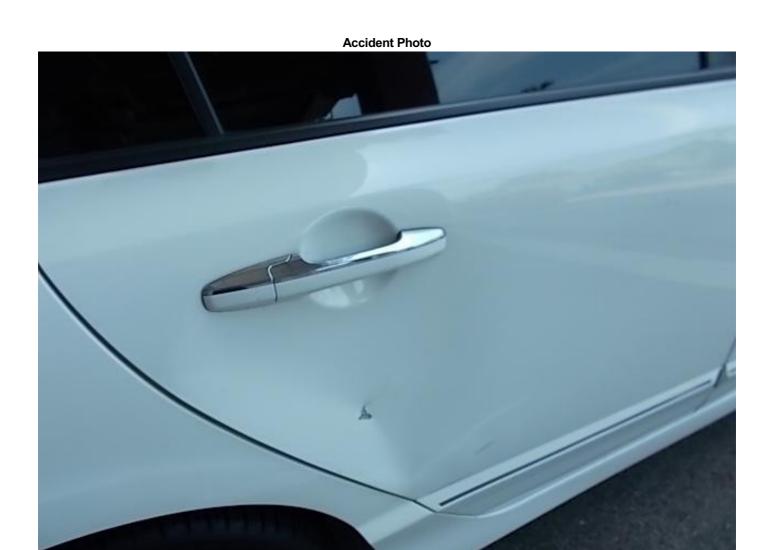


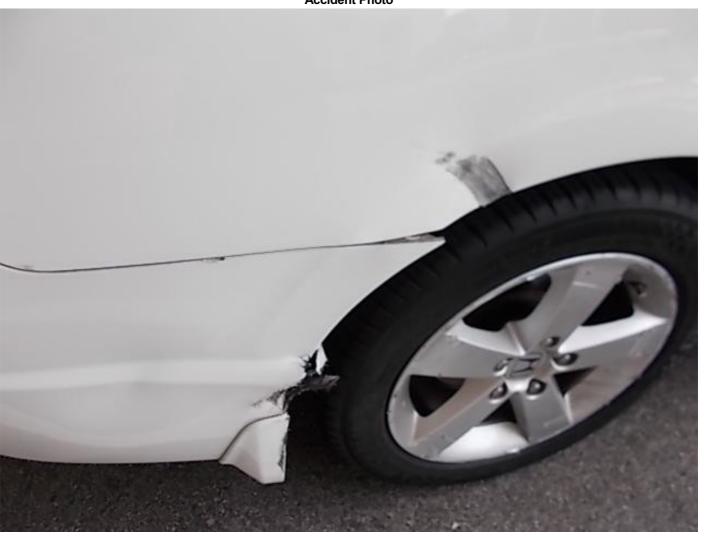




















Police Report





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 1 of 3 Report No. T/20180826/2018

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 26/08/2018 08:03 | | fade: | Vide Report No.: | Station Diary No. 32 | | |
|--|--------------|------------------------------|--|----------------------------|--|--|
| Informa | nt's Partice | ulars | | | | |
| Name of Informant: RAJIS BIN ISHAK | | | Address: APT BLK 162 YISHUN STREET 11 #06-246 SINGAPORE 760162 | | | |
| ID Type / ID No.: NRIC NO / S8903814F | | | Contact No.: Home/Office: | Mobile: 91093370 | | |
| Nationality: SINGAPORE CITIZEN | | EN . | Email: | | | |
| Sex: Male | Age: | Date of Birth: 01/02/1989 | Type of Informant: Driver | | | |
| Race: Malay | 7.000 | | Language: English | Institution / School Name: | | |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 2B,2A,3 | Date of Expiry: | | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 25/08/2018 17 | 30 | Type of Location Straight Road |
|--|---------------------------|------------------------------------|--|--------------------------|-----------------------------------|
| Location: Along Road 1 ANG MO KIO Towards Ang | AVENUE 1 Mo Kio Avenue 1 | | ©. | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: Dual Carriage | Way | Traffic Control: Not Controlled | | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------|-------|-------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SMA6140E | Car | | | | Slightly Damaged | 1 |
| XD6706C | Lorry | | | | | 0 |

Police Report





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/20180826/2018

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Police Report





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20180826/2018

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

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.

| Signature Of Officer Recording The Report: F/ SI LEE YAO MING, KEVIN GABRIEL Set like Yakes | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 26/08/2018 08:03 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |
| Authentication Stamp | |