

Date of Accident : 26/09/2012 Accident Time: 900hrs (24-HR-Format)
 Accident Place : Fort Canning hike towards Penang road.
 : Penang road towards fort canning
 Vehicle. No. (Car Plate No.) : GBF 7839B Make/Model: Fiat Doblo
 Insurance Company : AXA Policy No: P1910577
 Owner or Company Name /IC No. : Pesticide Pest Control Pte Ltd 199403733M
 Owner or Company Contact No. : 9687 0993 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : S8517226C Nur Syafiq Bin Ismail
 DRIVER'S Date Of Birth : 31/05/1985 DRIVER'S License Pass Date 19/06/2012
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : B1K 558 Pasir ris st 51 #02-303
 3510558
 DRIVER'S Contact No./ Alt No. : 1) 87548051 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): _____
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle. No: SLE 400S Vehicle. No: _____
 Vehicle Make/Model: _____ Vehicle Make/Model: _____
 Name Driver: _____ Name Driver: _____
 IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: Syafiq

SKETCH PLAN

IMPORTANT NOTICE

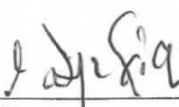
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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. 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.

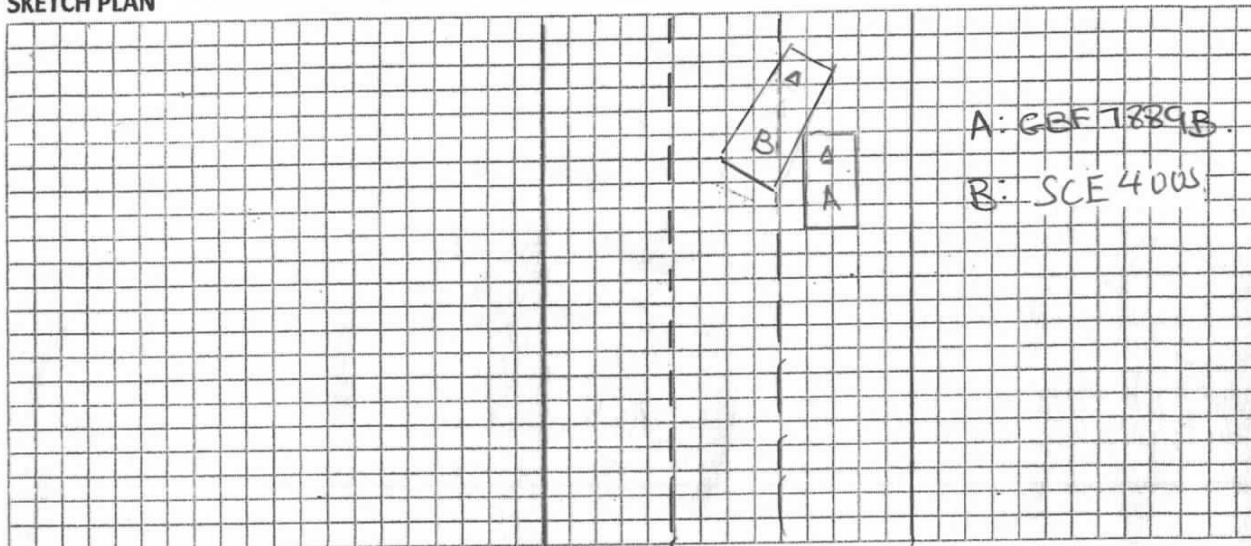


Policyholder's Signature
Date & Time:


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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police Report T/2080426/2163

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:

[Handwritten Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180926/2163

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20180926/2163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2018 20:44		Vide Report No.: E/20180926/0060		Station Diary No.: 89	
Informant's Particulars					
Name of Informant: NUR SYAFIQ BIN ISMAIL			Address: APT BLK 558 PASIR RIS STREET 51 #02-303 SINGAPORE 510558		
ID Type / ID No.: NRIC NO / S8517226C			Contact No.: Home/Office: Mobile: 87548051		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 31/05/1985	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PEST TECHNICIAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/09/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 FORT CANNING LINK PENANG ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7889B	Van				Seriously Damaged	0



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T/20180926/2163

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519457
Tel No: 1800-5852999

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Report No. T/20180926/2163

CONTINUATION OF REPORT

Brief Details.

On 26/9/18 at about 0900hrs, I was travelling on the first lane of a 3 lane road of Fort Canning Link when suddenly a black car entered my lane and immediately jammed brake. Upon seeing this I tried to swerve to the right to avoid the collision but was unable to brake on time. As such the left portion of my vehicle swiped against that said vehicle. The left portion of my vehicle suffered a big dent and multiple scratches. The front left tire of my vehicle was misaligned.

The driver of the said vehicle then alighted from his vehicle and was behaving rather aggressively. He refused to exchange particulars. I then called for 999 and provided the operator with the said person's vehicle registration number. The driver then drove off.

My vehicle was towed away subsequently.

Traffic police was at scene and issued me with a NP323 as he took my micro SD card and card reader.
VIDE: E/20480926/0060
TP SIO: Nor Faizal (65476202)



**SINGAPORE
POLICE FORCE**



T/20180926/2163

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180926/2163

CONTINUATION OF REPORT

Sketch Plan

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:

G /

Sgt 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

26/09/2018 20:44

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

[Handwritten signature]

SIGNATURE