MCC619035760 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens ENTRY DATE & TIME: 18/03/2019 14:10 SUBMITTED BY: Mabel Tan Shieh Yuen

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>
- 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 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. 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 hereby conse aforesaid. | nt to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 18/03/2019 14:10 |
| Date Of Accident | 16/03/2019 12:30 |
| Exact Location Of Accident | BKE TOWARDS WOODLANDS CHECKPOINT |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMD9322L |
| Insured/Policyholder | |
| Name Of Registered Owner | ABDUL HAMID KHAN S/O ABDUL MAJEED |
| NRIC No | S1703475H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-88184439 |
| Alternative Phone No | Others-88184439 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | ATTRAGE-1.2 CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | PERSONAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1800109169 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MUHAMAD IMRAN KHAN BIN ABDUL HAMID KHAN |
| NRIC No | S9626591C |
| Date Of Birth | 29/07/1996 |
| Occupation | INDOOR |

02/06/2016

2 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88184439

Fax Number

Contact Number

EMail Address IMRANKHAN_BADMINTON@HOTMAIL.COM

Address BLK 319A ANCHORVALE DRIVE #14-70

Postcode 541319 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

2

Passenger 1 Name: : NUR INSYIRAH KHAN BTE ABDUL HAMID KHAN

> Gender: : Female

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: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 FBM4088D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver RAZI

NRIC/Passport Number

92388837 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

RAZI Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBM4088D

Were seat belts worn? NO

Was this injured conveyed to hospital by

ambulance?

Address Postcode MULTIPLE ABRASIONS

YES

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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 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)

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)
 - 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:

S. Addition

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

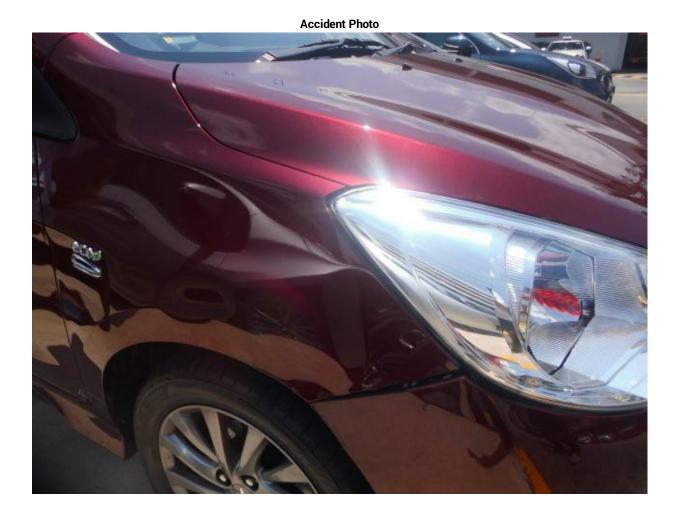
| | BKE towards Woodlands Checkpoint | |
|--|---|--|
| | \rightarrow \rightarrow | |
| | → → A State | nery |
| | В | |
| | | |
| ESCRIBE CIRCUMSTANC | CES OF THE ACCIDENT | |
| Refer to Police Repo | | |
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| | | |
| LARATION e declare the foregoing part | ticulars are true in every respect. | |
| yholder's Signature & Time: | Oriver's Signature (If driver is not the policyholder) | Reporting Centre Personnel's Signature Name: |

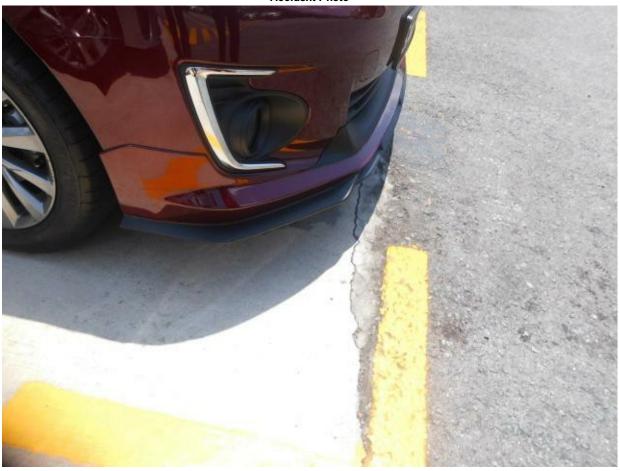
NRIC/FIN No.:

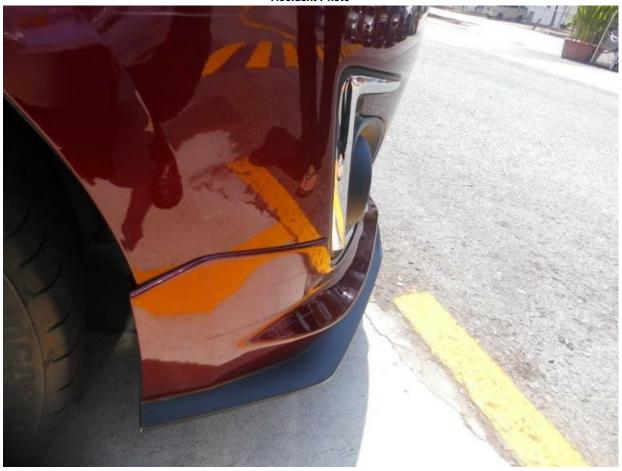




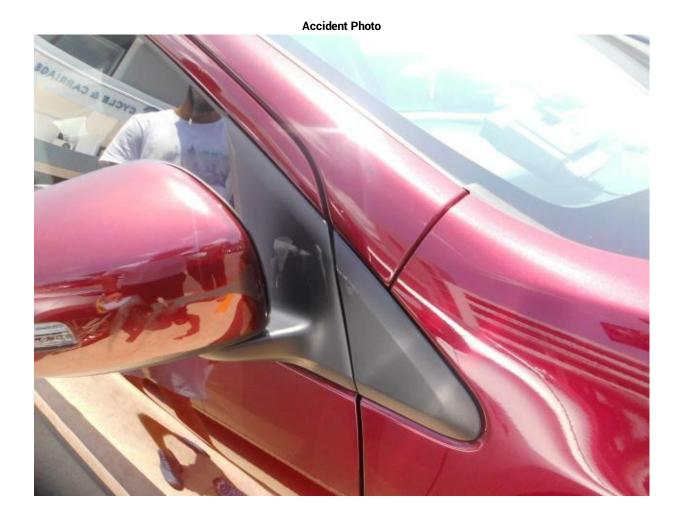














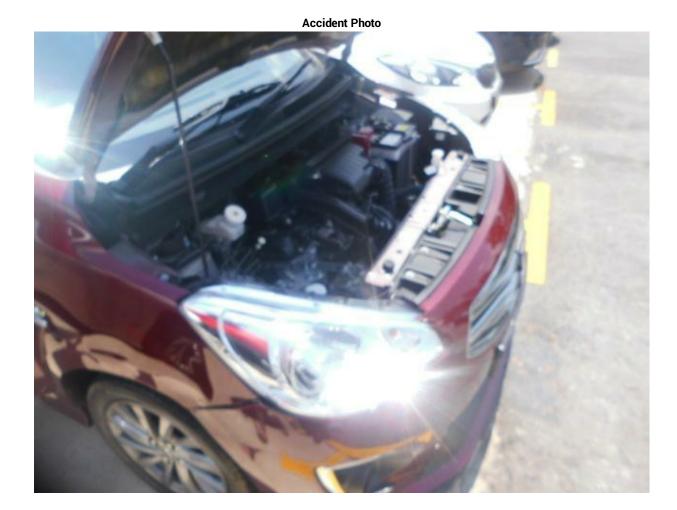




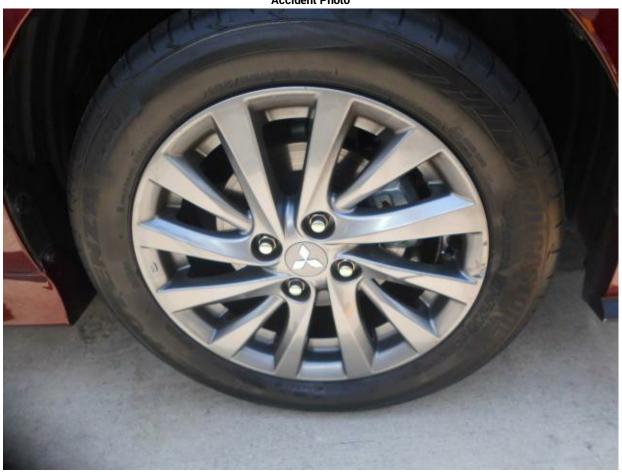


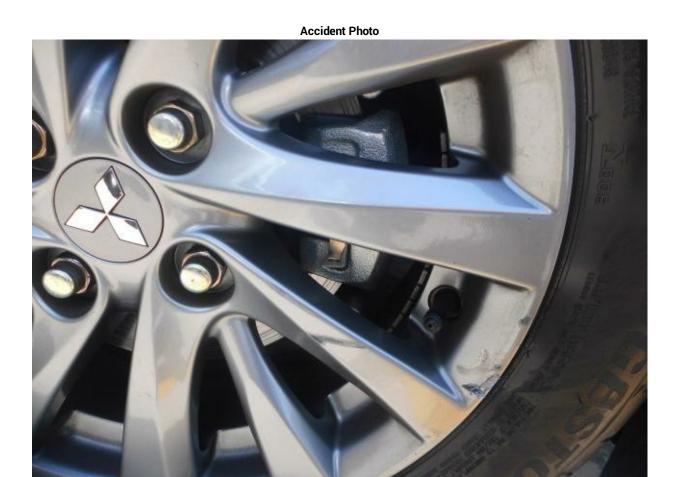












Police Report





Police Station Of Origin: PUNGGO N.P.C 21A Tebing Lane SINGAPORE 826837 Tel No: 1800-8049999

1 of 3 Report No. T/20190316/2088

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 16/03/2019 14:39 | | year trace | Vide Report No.: L/20190316/0110 | Station Diary No. 62 | |
|---|--------------|----------------|--|----------------------------|--|
| Informa | ant's Partic | ulars | | 102 | |
| Name of Informant: MUHAMAD IMRAN KHAN BIN ABDUL HAMID KHAN ID Type / ID No. NRIC NO / \$9626591C Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 22 29/07/1998 | | KHAN BIN | Address: APT BLK 319A ANCHORVALE DRIVE #14-70 SINGAPORE 541319 Contact No.: | | |
| | | | Home/Office: Email: | Mobile: 88184439 | |
| | | Date of Birth: | Type of Informant: Driver | | |
| Race; Javanese-Indian Occupation: ATHLETE | | | Language: English | Institution / School Name: | |
| | | | Driving Licence Information: Class: 3 | Date of Expiry | |

| Type of Accident: | Injury Conveyed By Ambula | Ambulance Drink Drive: Accident: No 16/03/20 | | . 8 | ype of Location straight Road | |
|---------------------------------|-----------------------------------|--|--|--------|----------------------------------|--|
| | EXPRESSWAY | Road Surface: | | Road S | peed Limit | |
| Traffic Flow: One Way | i | Ory Fraffic Control: Not Controlled | | | Traffic Volume: Heavy | |
| Type of Collisi Between Movi | on: ng Vehicles - Side Swipe - | Same Direction | | - | conveyed by | |

| Details of V | ehicle Involve | d | AND DESCRIPTION OF THE PARTY OF | 0.000 | | |
|--------------|----------------|------------|--|-------|-----------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| FBM4088D | Motorcycle | | | | GALLOCULE | 0 |
| SMD9322L | Car | MITSUBISHI | ATTRAGE | Red | | 1 |
| | | | 1.2 CVT | | | 8 |

| e No Effec | tive Expiry Date |
|------------|-------------------|
| | 9/2018 09/09/2020 |
| | talle. |

Police Report





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-8049999

Report No. T/20190316/2088

CONTINUATION OF REPORT

| NO. OF PROBECTS | Involved: No ins Injured: NIL | | | | |
|------------------|--|-----------------|----------|---------------------|--|
| Rider | THE PROPERTY OF THE PARTY OF TH | Use of Pedest | ian Cros | sing: NA | |
| Name | RAZI | | | 3.14 | |
| 57/67/61 | 1 | ID | No. | NIL | |
| Related Vehicle | FBM4088D (Motorcycle) | | | Tent. | |
| | (Matercycle) | Cor | tact No. | 92388837 | |
| Hospital/Clinic | NIL | 220 | | 06300037 | |
| | TAIL | Cla | ss of | Class: NIL | |
| | | Driv | nce & | Date of Expiry: NIL | |
| Date Treatment | NIL | Exp | iry Date | | |
| No. of Days gran | ted Madigal Leaves | Date Discharge | MIL | | |
| Driver | ted Medical Leave NIL | Degree of Injun | NIL | | |
| Name | | | | THE PERSON NAMED IN | |
| | MUHAMAD IMRAN KHAN BIN ABD HAMID KHAN | UL ID N | 0. | \$9626591C | |
| Related Vehicle | SMD9322L (Car) | | 910 | | |
| | CIMDOSEZE (Car) | Con | act No. | 88184439 | |
| Hospital/Clinic | NIL | | | | |
| | | Clas | | Class: 3 | |
| | | Drivi | | Date of Expiry: NIL | |
| | | Licer | | | |
| Date Treatment | NIL I S | Expir | y Date | 0.893508 | |
| Date Treatment | A District | | y Date | 77 793 534 | |

Brief Details.

On 18/03/2019 at about 1230hrs, I was travelling along BKE towards Woodlands Checkpoint on the 2nd most right tane. It was a heavy traffic and all vehicles were moving slowly. As the right most lane was cleared up. I had proceeded to switch lane to the right and my front portion had already entered the lane when I feit an impact from the right portion of my vehicle. I then discovered that a motorist had hit onto my The rider was then conveyed to make a check whilst the other road users had called for Ambulance. The rider was then conveyed to hospital. My vehicle has an in-car camera and the SD card has been handed over to Traffic Police on scene. The witness namely Daniel Aye Hip: 92329033 came forth and his SD card was also handed over. That is all.

Police Report





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-8049999

3 of 3 Report No. T/20190316/2088

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 Reco F / Staff Sgt MOHAMAD RAD SALEH | | Signature Of Informant: |
|--|------------------|--------------------------------|
| Signature Of Interpreter: Not applicable | | Date/Time: 16/03/2019 14:39 |
| Officer in Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251 | | Classification Of Case: |
| Authentication Stamp | Singapore Polici | |

Identification Card



