| | e Services. 1 | | MMA 1191196 | T /. | | |
|---|---|--|--|---|--|--------------------|
| Date In: 9/9//9 17:44 | Job description | | Date &Time Compl | cted | Don | е Бу |
| Ref No. MA/ AIG 190 15959 164 | SAS c-filling | | | ! | | |
| Veh No. SGY 5979 D. | E-mail (within 8 | his, AIC 2hrs) | | | | 2. |
| 6/9/19 23:20. | i-Motor Ciniu | Form | | | 10 | |
| | I-Motor W/O | (Within: OD 2hrz, 7 | P 4hrs) | | | |
| (II) P. Reporting Only | i-Photo Uplon | | | | | |
| | Assessment/Sur | | | | - | |
| TP Insucer: | Ass't Report by | Fax/Hand to | Owner/Wksp | | | F-41 M-401 - 6-4 |
| Proformd Wksp / WC Assign Wksp / QW: (| of the second section in | COLUMN TO THE PARTY OF THE PART | Tol: | Fax: | MINISTER OF THE PARTY OF THE PA | en vieta i i i i |
| TP Particulars: Veh No: S | H C 8640 P. | INC (|)/Non-INC (|) | - 15 11 11 11 | |
| Owner / Driver: (| HC 10 YOU | | Tcl: | |) | Martine Television |
| Policy No: () Peri | iod: (|) (| Cover Type: (| |) | |
| Confirmed by : (| | Date: | Time: | |) | |
| Insured/Driver Liability: (%) [N | lote-Est. Status (W | O): N: 0-20% | ; P: 21-79%. P: | 80-1009 | 6] | |
| Year of Registration: () W | /arranty: YES (|)/NO() | | | | |
| Excess: (\$) Loading: \$1,00 | 00()/\$2,000(|) | | | • • • | |
| General Reinhelms | Marka Saleman | | | 20360 | Charles Charles | |
| () Walk-In Customar : Customer's infor | | | | | ant description | |
| () Total Loss Case : to e-mail Insurer | | | | | g dalama. | |
| Drive-In ()/Towed-In (); Invoice: | YES()/NO |) () ; Tov | ring Co: (· , ' | | • |) |
| Remarks: 1 (1862) 600 (620) 661618 2 | | | AND THE RESIDENCE AND THE | 2003 | Lyllions | hv · · |
| | urtesy Car () | ALCOHOL: | supplemental property of the second s | A CONTRACTOR | A. fallers | |
| | | | | | | |
| The second secon | | | | | | |
| 2) QC Check / Post Repair Inspection | (·) | | | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30] | (·) | | | | | |
| 2) QC Check / Post Repair Inspection | (·) | | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (·) | | | | Mar Je | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (·) | | | | iosine. | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (·) | | • | | ichiyar. | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (·) | | | | Schile. | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (·) | | • | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | | | ichine. | Calinis) |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Firms 2/Actions and (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) | () | None de la compa | | | Will the | Cango |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Part Times Actions: MA | () | h Volge, UGE (1) | atton Christilist | C (580) | K 9 98 W 1 1 | |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Pare/Times / Actions: Summitted Particulars: Limitable Particulars: | ()- 000] () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | AR (Acadent Re) AR (Acadent Re) DA : Derreyo Ass) TF : Towing Fee | orting (330); serment (5100); IN | 340/545 | Will the | |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Part Times (Actions and Actions an | ()- 000] () | AR : Assident Re DA : Denwyo Ass TF: Towing Fee PT: Follow-Thron PT: Follow-Thron | orting (530); sasmant (5100); IN gh Survey | \$40/\$43 \$120 \$30 | Will the | |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Times / Actions: Summaris Particulars : iver/Owner: ntact No: | () 000] () 1 1 1 1 2 1 2 3 4 5 | AR ! Assident Re DA ! Demego Are TF : Towing Fee PT : Follow-Thron PT : Follow-Thron For claiming again | attlott Cffr cff 131 porting (330); resment (5100); IN gh Survey gh Survey (Resurvey) stinc Only (wef 10 Jan | \$40/\$43 \$120 \$30 | Will the | |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Times Practiculars : iver/Owner: Intact No: | () 000] () 1 1 1 2 1 2 3 4 5 | N. O. D. C. P. P. C. P. P. C. P. C. P. P. P. P. C. P. | gh Survey gli Survey (Resurvey) sting Only (wello lan | \$40/\$45 \$120 \$30 2005) | Will the | |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Part / Times / Actions and a second and a s | () 000] () 1 1 1 2 1 2 3 4 5 | NVOICE II FE [1] AR 1 Accident Rep DA : Demeto Ass TF : Towing Fee PT : Follow-Throu For claiming exait TR : Re-Impection NI : Idae DA + Si NTUC Additional | gh Survey gli Survey (Resurvey) sting Only (wello lan | \$40/\$45 \$120 \$30 2005) \$75 | 32.00 | |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time | () 000] () 1 1 1 2 1 2 3 4 5 | NVOICE H ELIN AR 1 Acadent Rep DA : Demego Ass TF : Towing Fee PT : Follow-Thro For claiming again TR: Re-impection NI : Idae DA + Si NTUC Additional OD* *NS: Courlesy Cas | artion Circuit Silva artion Circuit Silva porting (330); susment (5100); IN gh Survey gh Survey (Resurvey) suinc Only (wsf10 Jan MRT Survey Services:- | \$40/\$45 \$120 \$30 20/03) \$73 \$160 | 32.00 | |
| 2) QC Check / Post Repair Inspection I) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date Firms / Actions and (2) Survey Photo [Repair Cost > \$30 Injury: Date Firms / Actions and (2) Injury: MA Surmantis Particulars \$10 Injury: Injury: Checked by (Engr-In-Charge): | () 000] () 1 1 1 2 1 2 3 4 5 | NVOICE REPAIR NVOICE REPAIR NVOICE REPAIR NVOICE REPAIR NVOICE REPAIR NO AREA | in Chirt Chi | \$40/\$45 \$120 \$30 \$30 2003) \$75 \$160 | 32.00 | |
| 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Times 2/Actions (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) | ()- 000] () 1 1 1 1 1 1 2 3 4 5 6 7 8 | NVOICE REFLICATION OF THE PROPERTY OF THE PROP | gh Survey gh Survey gh Survey (The Allowance dination inspection Excess Coordination | \$40/\$45 \$120 \$30 20/02) \$75 \$160 \$55 \$510 \$23 \$3 | 32.00 | |
| 2) QC Check / Post Repair Inspection I) Upload Resurvey Photo [Repair Cost > \$30 Injury: Data/Times Actions A | () () () () () () () () | NVOICE REFLICATION OF THE PROPERTY OF THE PROP | in Chirt Chi | \$40/\$45 \$120 \$30 20/02) \$75 \$160 \$35 \$10 \$23 \$20 30 | 32.00 | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 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.

| September 1985 and the | ACCIDENT STATEMENT |
|--|--------------------------------------|
| Date Of Report | 09/09/2019 17:44 |
| Date Of Accident | 06/09/2019 23:20 |
| Exact Location Of Accident | KRAMAT RD TWDS CTE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SGY5979D |
| Insured/Policyholder | |
| Name Of Registered Owner | BS CAR RENTAL PTE LTD |
| Co Reg No | • |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-91066965 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CIVIC |
| 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 CAR |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | SGY5979D |
| Cover Note Number | • |
| Driver | |
| Name of Driver | NUR KHALIL BIN MOHD KANAFIAH |
| NRIC No | S9917184G |
| Date Of Birth | 06/06/1999 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/11/2018 |
| Driving Experience | 0 YEAR AND 9 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91066965 |
| Fax Number | |
| Contact Number | |
| | |

NOEMAIL

Address BLK 288 YISHUN AVE 6 #12-46

Postcode 760288 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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 (including own vehicle) 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? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME: : EDY ZHAFRI BIN JURAIMI

GENDER: : MALE

Passenger 2

NAME: : NUR KHAIRIYYAH BINTE MOHD KANA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Police Station Name

Circumstances of Accident

REFER TO POLICE REPORT T/20190907/2009

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 SHC8640P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

NUR KHALIL BIN MOHD KANAFIAH

Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SGY5979D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

NO

Postcode

DETAILS OF INJURED PERSON 2

Name EDY ZHAFRI BIN JURAIMI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGY5979D

Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

Name NUR KHAIRIYYAH BINTE MOHD KANA

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SGY5979D Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 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 opiny 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.
- B. 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;
 - (ii) investigating the actident 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:

Oriver's signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION

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

Policyholder's Signature Date & Time:

Onver's Signature (If oriver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

| | ACCIDENT DATE 06 09 3017 (DD/MM/YYYY), TIME: 23 : 20 (HH: |
|---|--|
| | LOCATION: Kramit Rd Auds CTE |
| | I DETAILS OF VEHICLE |
| | TIVEHICLE NUMBER: SGY 59790 |
| | DINSURANCE COMPANY: AIG |
| | = COLOR (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| | CIPOLICY NUMBER: SQU (9790 |
| | DIPOLICY TYPE: (COMPREHENSIVE / THIRD : AY / THIRD PARTY FIRE &TH |
| | elMAKE & MODEL: Honda civic |
| | F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHER 9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) |
| | hIPURPOSE OF USING AT ACCIDENT TIME: ? Vivorte used |
| | I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) |
| | IF NO, PLEASE STATE (THIRD PARTY CRAIM / REPORTING ONLY) |
| | 2. INSURED / POLICY HOLDER |
| | ANAME: BS Car Rental Pte Ltd [MALE / FEMALE |
| 10 | b/nric/fin/passport: >0/73641FR CONTACT: |
| | CIADDRESS: 87 DETYLANTIO #03-13 (5) (3) (3) (2) |
| | |
| | |
| Δ | CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER |
| ¥ No of p | CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER PASSON 43. DRIVER |
| Hus of p | passangs. DRIVER |
| Cincludin | passongs. DRIVER ON STRICT DINAME: NUR KHALIL BIN MOHD KANAFIAH (MALE) FEMALE DINAME: NUR KHALIL BIN MOHD KANAFIAH (MALE) FEMALE DINAME: NUR KHALIL BIN MOHD KANAFIAH (MALE) FEMALE DINAME: 9106696 |
| (Includin | passongs. DRIVER ON STIVER ON S |
| (Includin | passongs. DRIVER ON STIVER ON STIPP ON STIVER ON STIVER ON STIVER ON STIVER ON STIVER ON STIPP ON STIVER ON STIVER ON STIPP |
| (Includin (<u>3</u>) (CD) ZHAFFEI (BIN) 51 | passongs. DRIVER ON Shiver) ON Shiver ON Sh |
| (Includin (<u>3</u>) (CD) ZHAFFEI (BIN) 51 | passongs. DRIVER a) NAME: NUR KHALIL BIN MOHD KANAFIAH [MALE] FEMALE b) NRIC/FIN/PASSPORT: 99171849 CONTACT: 9106696 c) CIADDRESS: BLK 286 Yishun Ave 6 \$ 12-46 (S) 760289 TURA/MI - M a) OCCUPATION: [INDOOR / OUTOOOR] |
| (Includin (<u>3</u>) (EDY ZHAFFEI (BIN) 51 | passings. DRIVER a) NAME: NUR KHALIL BIN MOHD KANAFIAH [MALE] FEMALE b) NRIC/FIN/PASSPORT: 99171849 CONTACT: 9106696 c) CIADDRESS: BLK 286 YiShun Ave 6 \$ 12-46 (S) 760289 TURA/MI - M a) OCCUPATION: [INDOOR / OUTOOOR] f) YEARS OF DRIVING EXPRERIENCE: |
| (Includin (<u>3</u>) (EDY ZHAFFEI BIN OT NUR XHAIRIYYAH BI | DRIVER DINAME: NUR KHALIL BIN MOHD KANAFIAH (MALE) FEMALE DINRIC/FIN/PASSPORT: STRITIBAG CONTACT: 9106696 CIADDRESS: BLK 286 VISAND AVE 6 \$12-46 (S) 760289 TURA/MI - M DIDATE OF BIRTH: [06 / 06 / 1997 100/MM/YYYY) DIDTE MOHD DIOCCUPATION: [INDOOR / OUTOOOR] TYEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NE |
| (Includin (<u>3</u>) (EDY ZHAFFEI BIN OT NUR XHAIRIYYAH BI | DRIVER DINAME: NUR KHALIL BIN MOHD KANAFIAH DINRIC/FIN/PASSPORT: STRIF 1849 CIADDRESS: BLK 286 VISAUN ARE # 12-46 (S) 760284 TURA/IMI - M DIOCCUPATION: [INDOOR / OUTOOR] DIYEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / MILE) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver |
| (Includin (<u>3</u>) GDY ZHAFFEI BIN OT NUR XHAIRIYYAH BI | DRIVER DINAME: NUR KHALIL BIN MOHD KANAFIAH DINRIC/FIN/PASSPORT: STRIF 1849 CONTACT: 910 6 876 CIADDRESS: BLK 286 YISHIN ARE \$ 12-46 (S) 760288 THERAIM! - M DIDCCUPATION: [INDOOR / OUTDOOR) INTERMORD INTERMORD DISCRIPTION: [INDOOR / OUTDOOR) INTERMORD LEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NEW YEARS) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HINGY 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS] |
| (Includin (<u>3</u>) (EDY ZHAFFEI BIN OT NUR XHAIRIYYAH BI | DRIVER DINAME: NUR KHALIL BIN MOHD KANAFIAH DINRIC/FIN/PASSPORT: STRIF 1849 CIADDRESS: BLK 286 YISHUN AND 6 \$ 12-46 (S) 760288 THERAIM! - M DIDCCUPATION: [INDOOR / OUTOOR) INTE WHO DIVERS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NEW YES) THERAIM OF THE DRIVER WITH INSURED: HINDER DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS] DIROAD SURFACE: (BRY / WET / OTHERS) |
| (Includin (<u>3</u>) (EDY ZHAFFEI BIN OT NUR XHAIRIYYAH BI | DRIVER DINAME: NUR KHALIL BIN MOHD KANAFIAH DINRIC/FIN/PASSPORT: STRITIES CONTACT: 910 6 876 CIADDRESS: BLK 288 YISHIN ARE \$ 12-46 (S) 760288 THERAIM! - M INTE MOHD DIOCCUPATION: [INDOOR / OUTOOOR] TYEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NI IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hings 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS DIROAD SURFACE: [DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) Driver & Passingers |
| (Includin (<u>3</u>) (EDY ZHAFRI BIN OT NUR XHAIRIYYAH BI | DRIVER DINAME: NUR KHALIL BIN MOHD KANAFIAH DINRIC/FIN/PASSPORT: 599171849 CONTACT: 910 6 696 CIADDRESS: BLK 288 YISHIN AND AND 12-46 (S) 760289 THERAIM! - M THE MOHD DIOCCUPATION: [INDOOR / OUTOOOR) I) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO.) THE NO. RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver DINCAD SURFACE: [DRY / WET / OTHERS WAS ANYBODY INJURED (YES) NO.) DRIVER JE GALLANGES 7. DIREPORTED TO POLICE (YES) NO.) |
| (Includin (<u>3</u>) (EDY ZHAFRI BIN OT NUR XHAIRIYYAH BI | DRIVER DINAME: NUR KHALIL BID MOHD KALAFIAH DINRIC/FIN/PASSPORT: 599171849 CONTACT: 910 6 696 CIADDRESS: BLK 288 YISHUA AR 6 \$ 12-46 (S) 760289 TURA/MI - M TUTE MOHD DIOCCUPATION: [INDOOR / OUTOOOR) I) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / MITTER NO., RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS DIROAD SURFACE: [DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG IN. P. C |
| (Including) (3) CDY CHAFFE BIN 51 NUR XHAIRI YYAH BI KANA – F | DRIVER DINAME: NUR KHALIL BIN MOHD KANAFIAH DINRIC/FIN/PASSPORT: STRITIBAG CONTACT: 910 6 876 CIADDRESS: BLK 288 YISHIN AR 6 \$ 12-46 (S) 760288 DILRAIM! - M DIDTE MOHD DIOCCUPATION: [INDOOR / OUTOOOR] TYEARS OF DRIVING EXPRENENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NI IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hingy 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS DIROAD SURFACE: [DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) DRIVEY & PASSINGS 7. DIREPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGHN 10. P. C. |
| (Including) GDY CHAFFEL BIN OF NUR KHALELYYAH BIN ALANA - F | DRIVER DINAME: NUR KHALIL BID MOHD KALAFIAH DINRIC/FIN/PASSPORT: 597171849 CHADRESS: BLK 286 VISLUA AVE & 12-46 (S) 760289 TURA/MI - M ODDATE OF BIRTH: [06 / 06 / 1997) (DD/MM/YYYY) DIDTE MOHD DIOCCUPATION: [INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hingy DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES) NO) DRIVER STATE WHICH POLICE STATION: HOUGAN D. P. C HIRD PARTY VEHICLE MODEL: TAXI |
| (Including) GDY CHAFFEL BIN OF NUR KHALELYYAH BIN ALANA - F | DRIVER DINAME: NUR KHALIL BID MOHD KALAFIAH DINRIC/FIN/PASSPORT: 597171849 CHADRESS: BLK 286 VISLUA AVE & 12-46 (S) 760289 TURA/MI - M ODDATE OF BIRTH: [06 / 06 / 1997) (DD/MM/YYYY) DIDTE MOHD DIOCCUPATION: [INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hingy DIROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES) NO) DRIVER STATE WHICH POLICE STATION: HOUGAN D. P. C HIRD PARTY VEHICLE MODEL: TAXI |
| (Including) (3) CDY CHAFFE BIN 51 NUR XHAIRI YYAH BI KANA – F | DRIVER DINAME: NUR KHALIL BID MOHD KANAFIAH (MALE) FEMALE DINRIC/FIN/PASSPORT: STRIF (849 CONTACT: 910 6 676) CIADDRESS: BLK 288 Yishin Ave 6 & 12-46 CS) 760288 THERAIM! - M DIDCCUPATION: [INDOOR / OUTOOOR] I) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / N IF ND, RELATIONSHIP OF THE DRIVER WITH INSURED: Hingy 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS DIROAD SURFACE: [BRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) DRIVER & PASSINGES 7. DIREPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUSENS D. P. C 8. THIRD PARTY VEHICLE SEASSEY DI VEHICLE NUMBER: SH(8640 P MODEL: TAXI DIRIVER'S NAME: |
| (Including (3) (3) (3) (3) (3) (3) (4) (3) (4) (4) (4) (4) (4) (5) (4) (6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | DRIVER DINAME: NUR KHALL BID MOHD KANAFIAH DINRIC/FIN/PASSPORT: 9917/849 CIADDRESS: BLK 788 YISLUA ARB # 12-46 (S) 760288 DINTE MOHD DIDTE MOHD DIOCCUPATION: [INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NEW THE NO. RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS DIROAD SURFACE: [DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGAN, P. C 8. THIRD PARTY VEHICLE SEARGER DI VEHICLE NUMBER: SHC8640 P MODEL: TAXI DIRIC/FIN/PASSPORT: CONTACT: |
| (Including (3) (3) (3) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (5) (6) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | DRIVER DINAME: NUR KHALL BID MOHD KANAFIAH DINRIC/FIN/PASSPORT: 9917/849 CIADDRESS: BLK 788 YISLUA ARB # 12-46 (S) 760288 DINTE MOHD DIDTE MOHD DIOCCUPATION: [INDOOR / OUTDOOR) I) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NEW THE NO. RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS DIROAD SURFACE: [DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUGAN, P. C 8. THIRD PARTY VEHICLE SEARGER DI VEHICLE NUMBER: SHC8640 P MODEL: TAXI DIRIC/FIN/PASSPORT: CONTACT: |
| Cincluding (3) (3) (3) (4) (4) (4) (4) (4) | DRIVER DINAME: NUR KHALL BID MOHD KALAFIAH DINRIC/FIN/PASSPORT: 57917 1849 CIADDRESS: BLK 286 VISAUD 4,26 # 12-46 CS) 760288 DIRPAIMI - M DIDTE MOHD SIDCOUPATION: [INDOOR / OUTDOOR) I/YEARS OF DRIVING EXPRERIENCE: 1 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / N IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Have 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS DIROAD SURFACE: [BRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) DRIVER & PASSINGS 7. DIREPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUTGARD D. P. C 8. THIRD PARTY VEHICLE STANGER C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SHC86 40 P MODEL: Taxi DIREPORTS NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE DIRECTION MADE: MODEL: DIRECTION MADE: MODEL: DIRECTION MADE: DIREC |
| (Including (3)) GDY CHAFFEL BIN OF PUR XHAIRLYYAH BIN AND - F | DRIVER DINAME: NUR KHALL BID MOHD KALAFIAH DINRIC/FIN/PASSPORT: 57917 1849 CIADDRESS: BLK 286 VISAUD 4,26 # 12-46 CS) 760288 DIRPAIMI - M DIDTE MOHD SIDCOUPATION: [INDOOR / OUTDOOR) I/YEARS OF DRIVING EXPRERIENCE: 1 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / N IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Have 5. DIWEATHER CONDITION: [CLEAR / RAINING / OTHERS DIROAD SURFACE: [BRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES) NO) DRIVER & PASSINGS 7. DIREPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: HOUTGARD D. P. C 8. THIRD PARTY VEHICLE STANGER C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SHC86 40 P MODEL: Taxi DIREPORTS NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE DIRECTION MADE: MODEL: DIRECTION MADE: MODEL: DIRECTION MADE: DIREC |

email = ricoboautosurvices egmall. com fax = 6286 7060





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

1 of 4 Report No. T/20190907/2009

REPORT OF A TRAFFIC ACCIDENT

| | Date/Time Report Made: 07/09/2019 01:26 | | Vide Report No.: | Station Diary No.: 25 | |
|--------------------------------|--|---------------------------|---|------------------------------|--|
| Informa | nt's Partic | ulars | | AND THE REST OF THE PARTY OF | |
| NUR KH | | MOHD KANAFIAH | Address: APT BLK 288 YISHUN AVEN 760288 | IUE 6 #12-46 SINGAPORE | |
| | / ID No.; O / S99171 ity: | 84G | Contact No.: Home/Office: Mobile: 91066965 | | |
| | ORE CITIZ | EN | Z. Trail. | | |
| Sex: Male | Age: 20 | Date of Birth: 06/06/1999 | Type of Informant: Driver | | |
| Race: Malay | | | Language: English | Institution / School Name: | |
| Occupation: GRAB FOOD RIDER | | | Driving Licence Information: Class: 3A | Date of Expiry | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/09/2019 23:20 | Type of Location Straight Road | |
|---|------------------|------------------------------------|---|-----------------------------------|--|
| Location: Along Road 1 KRAMAT RO Kramat Road | | | | | |
| Weather: Clear | | Road Surface: Dry | R | oad Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light | |
| one may | ion: | | A | | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|---------|---|-------|-----------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SGY5979D | Car | HONDA | CIVIC 1.8L A | Black | | 2 |
| SHC8640P | Car | HYUNDAI | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR | Blue | | 0 |





2 of 4

Report No. T/20190907/2009

Police Station Of Origin:

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

| Anv Pedestrian ir | volved: No | | | | | |
|-------------------|--------------------------------|--------------|--|---|-----------------------------------|--|
| No. of Pedestrian | | | Use of Pe | edestrian | Cross | ina: NA |
| Passenger | | Sec. 15. | N 100 100 100 100 100 100 100 100 100 10 | | W. Graph | CONTRACTOR OF STREET |
| Name | EDY ZHAFRI BIN JURA | IMIA | | ID No. | | T0016324J |
| Related Vehicle | SGY5979D (Car) | | | Conta | ct No. | 92724939 |
| Hospital/Clinic | INTEMEDICAL 24 HR CLINIC | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | 07/09/2019 | | Date Dis | | | /2019 |
| | |)2 | | of Injury | | |
| Driver | | 12 PER 20 TO | THE RESIDENCE OF | | The State of | |
| Name | NUR KHALIL BIN MOH | D KANA | FIAH | ID No. | | S9917184G |
| Related Vehicle | SGY5979D (Car) | | Contact No. | | 91066965 | |
| Hospital/Clinic | INTEMEDICAL 24 HR CLINIC | | Class Driving Licent Expire | g | Class: 3A Date of Expiry: NIL | |
| Date Treatment | 07/09/2019 | | Date Dis | scharge 07/09/2019 | | |
| | | 02 | | of Injury NIL | | |
| Passenger | | | | | 3-2-3 | AND THE RESERVE OF THE PARTY OF |
| Name | NUR KHAIRIYYAH BINTE MOHD KANA | | ID No. | | T0134853H | |
| Related Vehicle | SGY5979D (Car) | | Contact No. | | 90216656 | |
| Hospital/Clinic | INTEMEDICAL 24 HR CLINIC | | Class Drivin Licent Expir | g | Class: NIL Date of Expiry: NIL | |
| Date Treatment | 07/09/2019 | | Date Dis | scharge | 07/09 | 9/2019 |
| | | 02 | | of Injury | | |





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 4

Report No. T/20190907/2009

| Driver | VEGETA BUILDING | tering sidils di N | A month of the | emin. | Harrist Co. | THE RESERVE THE PARTY OF THE PA |
|---------------------------------------|----------------------|--------------------|----------------|-------------------------------------|-------------|--|
| Name | ZULKEFFLE BIN OTHMAN | | | ID No | | S1551443D |
| Related Vehicle | SHC8640P (Car) | | Contact No. | | 91061450 | |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expire | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL Date Disc | | | charge | NIL | |
| No. of Days granted Medical Leave NIL | | | Degree o | | NIL | |

CONTINUATION OF REPORT

Brief Details.

On 06/09/2019 at about 2320hrs, I was driving my rented car(Registration No. SGY5979D) along Kramat Road towards CTE on 1st lane of the 3lanes road when suddenly, another taxi(Registration No. SHC8640P) came from the right side minor road and collided onto my car's right portion, resulting in dent damages. I wish to state that the other taxi did not stop at the stop line to give way. My passenger and I suffered impact. I then alighted from my car to inspect the damages, take photos, exchange particulars, agree on Insurance Claim and left the scene. There is no dashcamera in my car.

On 07/09/2019 at about 0000hrs, my passengers and I arrived at Intermedical Clinic and was given 2days of MC each. I am lodging this Traffic Accident report for Claims.





Report No. T/20190907/2009

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 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: F / Sgt 2 BOH YONG SENG | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 07/09/2019 01:26 |
| Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172 | Classification Of Case: |
| Authentication Stamp NP168 | |



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1687 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

(The below excess is subject to GST)

M.Z.400

TPFT Commercial Motor

CERTIFICATE NO.

SGY5979D

POLICY EXCESS

S\$2,000.00 (II)

WINDSCREEN EXCESS

SUM INSURED

SGY5979D

INSURING WITH COE/PARF Yes

Market Value

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

BS Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

02 April 2019

4) DATE OF EXPIRY OF INSURANCE

01 April 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission. Driver must hv at least 2 years DE. For Driver age <23 or >65 Sect II Excess is \$3000,\$5000(Outside Singapore).

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 so 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.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tution, driving test, racing, pace-making, reliability trial or speed-testing, 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

Teck Wei Credit Pte Ltd

is 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 *Limitations rendered inoperative by Section 8 or the Mo (Malaysia), are not to be included under these headings.

17 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).

Issued in Singapore 01 Apr 2019

0691991-000 Moh Kok Heng 78 Shenton Way #07-16 SINGAPORE 079120

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY

ORIGINAL