Address

BLK 863B TAMPINES STREET 83 #03-462

Postcode

522863

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 - HEAD TO REAR

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

YES

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

5

Passenger 1

NAME:

: HABIB MOHAMED BIN OMAR KHATHA

GENDER:

: MALE

Passenger 2

NAME:

: NOOR SARMILA BEGAM BTE ARIFF OMAR

GENDER:

: FEMALE

Passenger 3

NAME:

: MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED

GENDER:

: MALE

Passenger 4

NAME:

: MOHAMED QAISER SIRHAN BIN HABIB MOHAMED

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Acoldenia

REFER TO POLICE REPORT ATTACHED

Atlachment(s)

YES

Are accident photos available for attachment? Was there any video captured by Car Camera?

YES.

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

Page 2 of 18

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE269S

Vehicle Make/Model/Colour

HYUNDAI / H1 STAREX 2,5 CRDI MT ABS AIRBAG 2WD

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

Name

HABIB MOHAMED BIN OMAR KHATHA

Approximate Age

Injuries Sustain

injured person in which vehicle?

SJY6433U

Were seat belts wom?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name

NOOR SARMILA BEGAM BTE ARIFF OMAR

Approximate Age Injuries Sustain

Injured person in which vehicle?

SJY6433U

Were seat belts wom?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 3

Name

MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJY6433U

Were seat beits wom?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

MOHAMED QAISER SIRHAN BIN HABIB MOHAMED

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJY6433U

Were seat belts wom?

Was this injured conveyed to hospital by

ambulance?

YES

Page 3 of 18

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT MOTICE

- 1. Hence support egyportly the dotate of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as symbol and accounts as sensible, any will induspresentation or withinking of material facts may allow insurance companies to require the tradition.
- The issue and acceptance of this Ferm by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. And like reporting may be referred to the Policy for Livestination.
- 6. The report will be forwarded by the branche of the GIA Records Management Centre entablished by the General Insurance Accordion of Sugarom (NAA) for archiving and flight copies of this report will for a fee be made available upon application by Interested parties.
- By this lockmont of this report to the harriers, you hereby consent to the archiving of this report at the centre and to replice of the report being made available aforesald.
- 8. Consent under the Permitt Data Projection Act (PDPA)

I understand, admondedge, agree and conserve that

- Hy interior, my workshop and the General Inturance Association of the spicer I "star" i may/are permitted to collect, use obscise and/or process my personal dampler could life immediate set that he this floring and any other personal information provided by me presented by my hander this interior between the demandiate and transfer such Pressonal Information of the interior of the process of the interior of supercolors of supercolors. The property of the property
 - (ii) processing, handling energy designs with my colors actualing the sentengent of the claims and any accusary investigations relating to the characteristics.
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 - (m) contained not unested august many way was presented by the beautiful to but and higher by their
- (iv) administering my claims (initialing the mailing of correspondence, claimnents, ancelors, reports or notices to me, which could be one disclosure of certain personal data about not to bring about the largery of the same as well as on the mideral cover of envelopes/mail personal personal personal.
- (v) complying with applicable law his administering, purchasing, handling and furched any customy characteristicity the "Properso"
- (b) all instructs who have becomed whicked invested in the excistors and the his near law contain forms, may have permitted to collect, use, disclose and/or process my hydronal information for orders not the slave purposes; and
- (c) his personal information marican be disclosed by any or the highest audion (CA is finite third purificantes personal apentalisations in the lawyers/has thread, which may be stood conducted the papers. For one or more of the stood conducted th
- (d) Inv Personal Information will also be collected and upod to compile deline turony, for the jumpose of manufacturing investigation and manufacturing by problems and triple turbens.
- (e) the information so collected to the figure may be thereof a distributed
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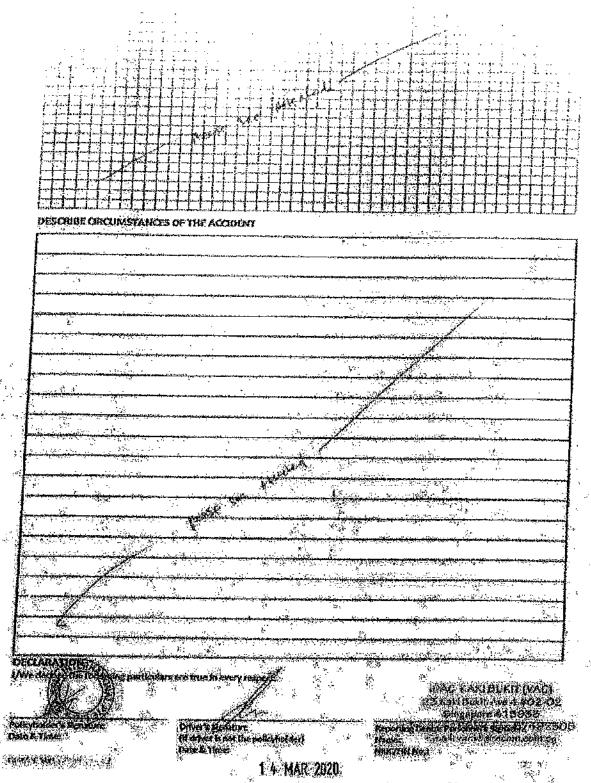
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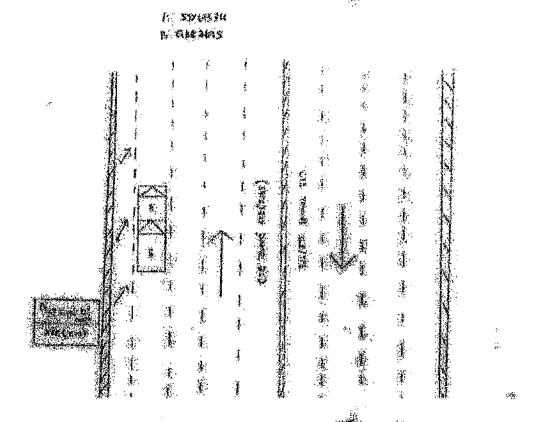
Sketch Plan #3

On 10/03/2020 @ about 1845hrs I was driving my vehicle, SJY6433U, along CTE towards AYE(Tuas). At the location before 5t Timah Rd Exit, the front traffic was slowing down. I also slowed down my vehicle.

All of a sudden, I heard a very loud bang and felt impact coming from the rear of my vehicle. I then realised that one vehicle, GBE2695 had hit on to the rear part of my vehicle. The rear part of my vehicle were damage.

I, my Wife and my son was conveyed to the Tan Tock Seng Hospital. My another one son was conveyed to KK Hospital.

That's all.



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 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.
- 7. By the lodgement of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of the report being made available aforceast.

ACCIDENT STATEMENT 14/03/2020 12:24 10/03/2020 18:50 CTE TOWARDS AYE (TUAS) BEFORE BUKIT TIMAH EXIT SINGAPORE
10/03/2020 18:50 CTE TOWARDS AYE (TUAS) BEFORE BUKIT TIMAH EXIT SINGAPORE
CTE TOWARDS AYE (TUAS) BEFORE BUKIT TIMAH EXIT SINGAPORE
SINGAPORE
ETAILS OF OWN VEHICLE
SJY6433U
S.A ASIA INTERNATIONAL PTE. LTD.
2XXXX987E
NOEMAIL
OFFICE-81330068
тоуота
WISH 2.0 AUTO
NO
THIRD PARTY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
THIRD PARTY FIRE AND/OR THEFT
NO
5115868404 TPFT
HABIB MOHAMED BIN OMAR KHATHA
SXXXX064B
14/07/1973
OUTDOOR

Date Of Driving Pass 21/01/1994

Driving Experience 26 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) 465-81383595

Fax Number **Contact Number**

EMail Address NOEMAIL Address

BLK 863B TAMPINES STREET 83 #03-462

Postcode

522863

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance? Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (including Driver)

5

Passenger 1

NAME:

: HABIB MOHAMED BIN OMAR KHATHA

GENDER:

: MALE

Passenger 2

NAME:

: NOOR SARMILA BEGAM BTE ARIFF OMAR

GENDER: : FEMALE

Passenger 3

NAME:

: MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED

GENDER:

: MALE

Passenger 4

NAME:

: MOHAMED QAISER SIRHAN BIN HABIB MOHAMED

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ

Police Station Name **Police Station Address**

ROAD: 10 UB! AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera? YES YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE269S

Vehicle Make/Model/Colour

HYUNDAI / H1 STAREX 2.5 CRDI MT ABS AIRBAG 2WD

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

Name

HABIB MOHAMED BIN OMAR KHATHA

Approximate Age Injuries Sustain

Injured person in which vehicle?

SJY6433U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name

NOOR SARMILA BEGAM BTE ARIFF OMAR

Approximate Age Injuries Sustain

Injured person in which vehicle?

SJY6433U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 3

Name

MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJY6433U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

MOHAMED QAISER SIRHAN BIN HABIB MOHAMED

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJY6433U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Page 3 of 18

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Clease report correctly the details of the recident to speed up the claims process.
- 7. This form must be completed by the Policifielder and/or the Authorized Direct.
- 3. Information provided must be as implifit and accurate as translate. Any willul misropresentation or withholding of material facts may allow insurance companies to reguldate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy trability on the part of the insurance companies.
- 5. Any later reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GM Receptly Management Centre established by the General insurance Association of Singapore (GM) 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 historys, 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, admowledge, agree and consent than

- (a) My history, 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 the 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' have entire the Monetary Authority of Singapore and any referent government agency/authority (such as the police), for the purpose(s) of:
 - (f) processing, handling and/or dealing with my claims including the settlement of the claims and any incressary investigations relating to the claims.
 - (ii) Investigating the people of and/or my daims;
 - (III) carrying out and/or dealing with my instructions or responding to any exquiries by me;
 - (iv) administering my dalms (including the mailing of correspondence, statements, invokes, reports or notions to me, which could involve declosure 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 administrating processing handling and/or dealing with my dalars/collectively the "Purposes".
- (b) all insurer(s) who have insured vehicle(s) involved to this accident and the insurers' lawyers/hav fame, 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 liveyers/hav family, which may be aked outside of Singapore, for one or more of the above Purposes:
- (d) my Personal Information will also be collected and used to compile claims bistory for the purpose of fraul desection, investigation and management in present and all future claims.
- (a) the information so collected under (d) above may be stored / disclosed:

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(f) to all incurers and/or any other third parties that assist in evakoring, investigating, controlling or managing fraud, regulators, law enforcement and government spenders as regionably required for the purposes stated, or

(i) for complying with regularizating under any regulations, laws or court orders.

Policylanider's Signature Date & Time: Driver's lignature (If direct is not the policyholder) Date & Times

1 4 MAR 2020

Name: NRIC/RN No.:

IDAC KANDUKIT (VAC) 23 Kand Bukit Avs 4 #02-02 Sisgapore 4 15933 Tel: 67416697 Fek: 67492305

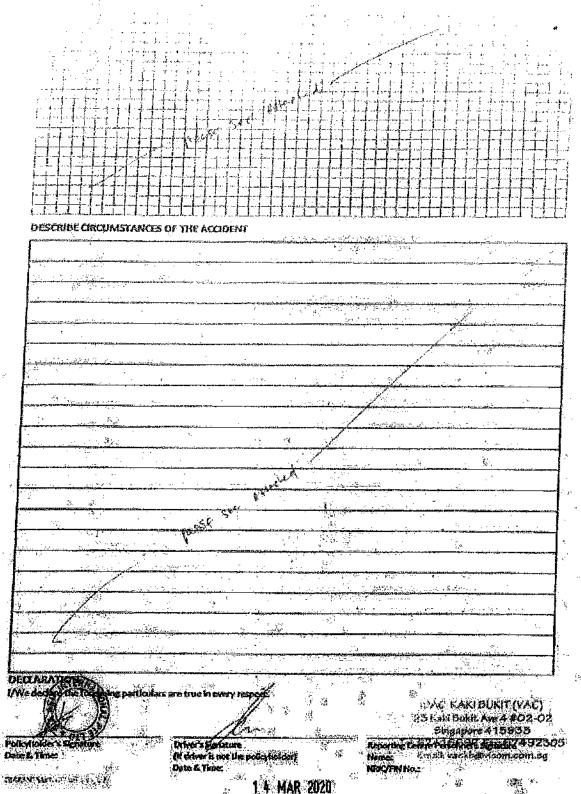
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Sketch Plan #3

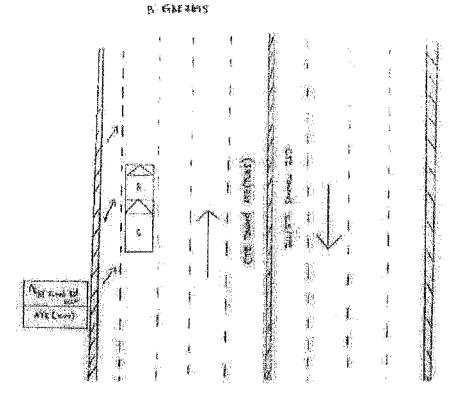
On 10/03/2020 @ about 1845hrs I was driving my vehicle, SJY6433U, along CTE towards AYE(Tuas). At the location before Bt Timah Rd Exit; the front traffic was slowing down. I also slowed down my vehicle.

All of a sudden, I heard a very loud bang and felt impact coming from the rear of my vehicle. I then realised that one vehicle, GBE269S had hit on to the rear part of my vehicle. The rear part of my vehicle were damage.

I, my wife and my son was conveyed to the Tan Tock Seng Hospital. My another one son was conveyed to KK Hospital.

That's all.

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Page 7 of 18





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 4 Report No. T/20200313/7020

Date/Time Report Made: 13/03/2020 16:24		lade:	Vide Report No.:	Station Diary No.:	
an (emina)	क्षित्रवासाहर	llársi e e e			
Name of Ir HABIB MC KHATHA		BIN OMAR	Address: APT BLK 863B TAMPINES S 522863	TREET 83 #03-462 SINGAPORE	
ID Type / ID No.: NRIC NO / S7327064B		64B	Contact No.: Home/Office: Mobile: 81383595		
Nationality SINGAPO		EN	Email: pva.ins@hotmail.com		
Sex: Male	Age: 46	Date of Birth: 14/07/1973	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class: 3	Date of Expiry:	

Generalánforn	nation of the Accident			
Type of Accident:	Injury Conveyed By Ambulan	Drink ce Drive: No	Date/Time of Accident: 10/03/2020 18:50	Type of Location: Straight Road
Location:				
CENTRAL EX	PRESSWAY			
Weather: Clear	1	oad Surface:	:	Road Speed Limit: 90 Km/h
Clear	D	ı y		
Traffic Flow:		raffic Control:		Traffic Volume:
One Way	N	ot Controlled		Moderate
Type of Collision Between Movi	on: ng Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes

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SJY6433U	Car					0

Details of Person Involved (2)	
No. of Pedestrians Injured: MIL	Use of Pedestrian Crossing: NA





2 of 4 Report No. T/20200313/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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Related Vehicle Hospital/Clinic TAN TOCK SENG HOSPITAL Class of Driving Licence & Expiry Date Date Treatment 10/03/2020 No. of Days granted Medical Leave 03 Degree of Injury Slight Mame MOHAMED QAISER SIRHAN BIN HABIB ID No. T0121628C MOHAMED QAISER SIRHAN BIN HABIB ID No. T0121628C Related Vehicle SJY6433U (Car) Date Treatment NIL Date Discharge NIL Date of Expiry: NIL Date of	Driver						
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Name							
Hospital/Clinic NIL Date Treatment NIL No. of Days granted Medical Leave NIL North Mohamed Mohamed Mohamed Mohamed North Mohamed N	Officer of the second s		SIRHAN BI	I HABIB	ID No		T0121628C
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Name MOHAMED MIKHAIL SIRHAN BIN HABIB ID No. T0606944J Related Vehicle SJY6433U (Car) Contact No. 91079858 Hospital/Clinic KK WOMEN'S AND CHILDREN'S HOSPITAL Class of Driving Licence & Expiry Date Expiry Date Sylvesty Date Discharge 10/03/2020 No. of Days granted Medical Leave 06 Degree of Injury Slight Name NOOR SARMILA BEGAM BINTE ARIFF ID No. S7332765B Related Vehicle SJY6433U (Car) Contact No. 91079858 Hospital/Clinic TAN TOCK SENG HOSPITAL Class of Driving Licence & Expiry Data Class: NIL Date of Expiry: NIL NIL Date of Expiry: NIL Date of Expiry: NIL NIL NIL Date of Expiry: NIL NIL D	Date Treatment	NIL		Date Disc	harge	NIL	
Name MOHAMED MIKHAIL SIRHAN BIN HABIB ID No. T0606944J Related Vehicle SJY6433U (Car) Contact No. 91079858 Hospital/Clinic KK WOMEN'S AND CHILDREN'S Class of Driving Licence & Expiry Date Serving Date of Expiry: NIL Date Treatment 10/03/2020 Date Discharge 10/03/2020 No. of Days granted Medical Leave 06 Degree of Injury Slight Name NOOR SARMILA BEGAM BINTE ARIFF ID No. S7332765B Related Vehicle SJY6433U (Car) Contact No. 91079858 Hospital/Clinic TAN TOCK SENG HOSPITAL Class of Driving Licence & Expiry Data Serving Data Servin	No. of Days gran	led Medical Leave	NIL	Degree of	Injury	NIL	
Name MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED							
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3 of 4 Report No. T/20200313/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

On 10/03/2020 @ about 1845hrs I was driving my vehicle, SJY6433U, along CTE towards AYE(Tuas). At the location before Bt Timah Rd Exit, the front traffic was slowing down. I also slowed down my vehicle.

All of a sudden, I heard a very loud bang and felt impact coming from the rear of my vehicle. I then realised that one vehicle, GBE269S had hit on to the rear part of my vehicle. The rear part of my vehicle were damage.

I, my wife and my son was conveyed to the Tan Tock Seng Hospital. My another one son was conveyed to KK Hospital. That's all.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

4 of 4 Report No. T/20200313/7020

CONTINUATION OF REPORT

Sketch Plan	
Informant is not able to provide sketch	olar

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2020 16:24
Officer In Charge Of Case: TP / TPHQ / ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp	