Email: Sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week. Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 05/01/2021 (dd/mm/yy) Time of Accident: Vehicle No. : YP 1089 H Vehicle Make & Model / Engine (cc): MitsubishiCanter 2998 cc Private Hire: (Y/N Exact location of Accident: BUKIT TIMAH EXPRESSWAY Policyholder's Name / IC No. : YOKE MAH PLASTERCEIL PTE LTD 200909528D Driver's Name / IC No. : MUHAMMAD TAHIR BIN AZMI S8740350E Driver's Contact No.: 8894 2623 Company Contact No / Owner Contact No: 6484 6679 Driver's Address: 18 Tampines Industrial Cres, #03-02, Singapore 528605 Owner Email address: account@yokemahplasterceil.com Insurance Company: Driver Email address : TAHIMZA@GMAIL.COM Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: EMPLOYEE What do you wish to claim? (Please TICK one only) ✓ Own Insurance / Other Vehicle (*The one you want to claim against*) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) Indoor/ V Outdoor Was being used at time of accident? *No. of Passengers (Including Driver): 01 Private use / Work purpose *Passanger Name: _ Gender: *Passanger Name: _ Gender: Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / V No Any Injuries: Yes / No (If YES) Injured Person' Name: MUHAMMAD TAHIR BIN AZMI Injured Person in Which Vehicle: YP 1089 H Injuries Sustain: Police Report filed: Yes / No (If YES) Which Police Station: 10 ubi ave 3 The Other Party(s) Details: ____Insurance Company : Driver's Contact No: Vehicle No: ____ 2. Driver's Name / IC No (If Any): _____ ____Insurance Company: Driver's Contact No: *Independent Witness (If Any): ______ Contact No:

Preferred Workshop Name: _____ Contact No:

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 <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>.
- 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.

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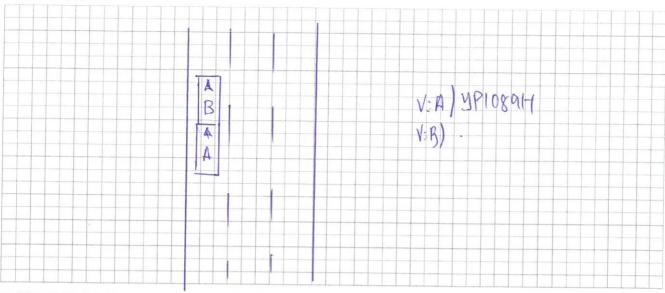
Policyholder's Signature Date & Time:

3

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

NRIC/FIN No.:

SKETCH PLAN



 Neter	to police	
Yoport	No. T/20210106/7066.	
Chail	7. 1720210110 7000.	

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:

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





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210106/7066

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:	Station Diary No.:
Address: 489B TAMPINES STREET 45	5 #10-219 SINGAPORE 521489
Contact No.: Home/Office:	Mobile: 88942623
Email: TAHIMZA@GMAIL.COM	
Type of Informant: Driver	
Language: English	Institution / School Name:
Driving Licence Information: Class: 3	Date of Expiry:
	Address: 489B TAMPINES STREET 48 Contact No.: Home/Office: Email: TAHIMZA@GMAIL.COM Type of Informant: Driver Language: English Driving Licence Information:

General Infor	mation of the Accident	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		
Type of Accident:	Injury Conveyed By Ambular	Drink	Date/Time of Accident: 05/01/2021 13:20	Type of Location: Straight Road	
Location:					
BUKIT TIMAH	HEXPRESSWAY				
Sunny Dry		Road Surface:		Road Speed Limit: 70 Km/h	
		Dry_	7		
		Traffic Control:		Traffic Volume:	
Dual Carriage Way Not C		Not Controlled	N	Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head To Rea	ar	a	Anyone conveyed by ambulance: 'es	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
YP1089H	Lorry	MITSUBISHI	Canter 4 Ton	Orange	Seriously Damaged	0
(R8327K	Lorry			Blue	Slightly Damaged	0





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

T/20210106/7066

2 of 3

Report No. T/20210106/7066

CONTINUATION OF REPORT

Vehicle No.	Insurance Company		1 12 12	<u> </u>
YP1089H	AIG ASIA PACIFIC INSURANCE PTE.	Insurance No	Effective	Expiry Date
LTD.	LTD.	1900254013	25/01/2020	24/01/2021

Any Pedestrian	on Involved Involved: No	Treatment of the same			
No. of Pedestria	ns Injured: NIL		Use of P	adoption Con	
Driver			A Markey	edestrian Cro	ssing: NA
Name	MUHAMMAD TAHIR BIN AZMI		ID No.	S8740350E	
Related Vehicle	YP1089H (Lorry)		Contact No	0. 88942623	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	05/01/2021		Date		1/2024
No. of Days gran	ted Medical Leave	09	Degree o		1/2021
Driver			1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon	
Name	Unknown Driver		ID No.	NIL	
Related Vehicle	(Lorry)		Contact No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	Expiry	
vo. of Days grant	ed Medical Leave	NiL	Degree of	NIL NIL	

Brief Details.

I was driving a lorry (YP1089H) to Sungei Kadut along SLE-BKE 9km. While I was driving at about 50km/hr, there was a big lorry infront of me. The lorry infront of me suddenly slowed down and as I was trying to slow down too, I missed my brake pedal. As a result the front of my vehicle collided with the rear of the lorry infront of me.





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

Report No. T/20210106/7066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 06/01/2021 18:27

Classification Of Case:

ETHEROKHIZMENTANIÇAN CIE

Name of Policyholder : YOKE MAH PLASTERCEIL PTE. LTD.

Period of Insurance

: 25 Jan 2020 To 24 Jan 2021

Engine No.

: 4P10C02063

: FEB71EA20085 Chassis No.

Vehicle No.

: YP1089H

Policy No.

: 1900254013

Endorsement No.

enginer of a department of the

Issued Date

: 26 Dec 2019

ABOUT THE COVER

Make/Model

: MITSUBISHI CANTER 4 ton [Lorry]

Engine Capacity/Tonnage: 4.2 Tonnage

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500540000

ALLINK INSURANCE AGENCY

BLK 153 BUKIT BATOK ST 11 #02-290

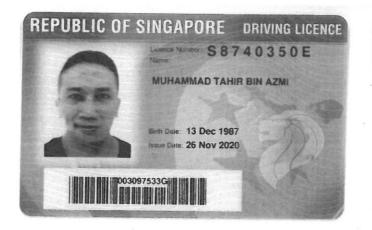
AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

SINGAPORE 650153

Underwritten by AiG Asia Pacific Insurance Pte. Ltd.

Bee Khoon Jennifer Lin

Copyright @ 2019 AIG Asia Pacific Insurance Pte.



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8740350E





MUHAMMAD TAHIR BIN AZMI

M

MALAY
Date of birth
13-12-1987

Date of birth
13-12-1987
Country/Place of birth
SINGAPORE

S8740350E

5850249

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg

NP 428A

12 Jan 2011

Licence No:S8740350E

NRIC No. \$8740350E

Date of issue 22-12-2017

22-

Address APT BLK 489B TAMPINES STREET 45 #10-219 SINGAPORE 521489