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TP Particulars: Veh No: Uoknows INC) / Non-INC	Professed Wksp / INC Assign Wksp / QW: (· ·		Tol:	Fax:
Policy No. (Inknown	. INC(.)/Non-INC(().	
Confirmed by: (Tcl:)
Insured/Driver Liability: (Policy No: () Period	d: ()	Cover Type: ()
Insured Driver Liability: (Date;	Time:)
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Fee Charged Fillings	1.273:				TOTAL TOTAL

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SN09211L000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 21/01/2021 18:09 (SGT) SUBMITTED BY: Chew Hsiao Tong

VERSION: 1 (21/01/2021 18:09 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

21/01/2021 18:09 (SGT) Date of Submission Date of Accident 20/01/2021 01:00 (SGT) Exact Location of Accident Desker Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK4145B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PEER MOHAMED S/O S A KADAR SXXXX724E NRIC No Email Address PEER75@HOTMAIL.SG Mobile Phone No (Phone) +65-90671075 +65-90671075 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model **X3** Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Reporting only Private car Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5111071647-01 Policy Number Cover Note Number

DRIVER

PEER MOHAMED S/O S A KADAR Name of Driver SXXXX724E NRIC No OF HOHOTE

Date Of Driving Pass	13/11/1997
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90671075
Alt. Phone Number	+65-90671075
Email Address	PEER75@HOTMAIL.SG
Address	BLK 663 BUFFALO RD #12-12
Address complement	-
Postcode	210663
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
Road Surface	ы
OTHER INFORMATION	
	No
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	·
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	NO
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Cairnhill Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002968999
Police Station Address	Blk 9 Gloucester Road #01-03 Singapore 210009
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20210120/2098	
ATTACHMENT(S)	
Other and other are the black and other and O	Yes
Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
	LINIZNOWN
Vehicle Registration Number	UNKNOWN
A MARK THE STATE OF THE STATE O	Olivino
Vehicle Manufacturer	
Vehicle Manufacturer Vehicle Model	
Vehicle Manufacturer Vehicle Model Vehicle Variant	
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	

Contact Number

Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Driver's Signature (If driver is not the policyholder) / Date Personnel

Sketch Plan

Desker Rol

B= Unknown

C= Unknown

Lembu Rol

Lembu Rol

Desker Rol

Desker

e Circumsta	ances of th	ne Accident		
Refer	40	Police	Report	7/202/0120/2098
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•				
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Declaration

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

tot

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20210120/2098

Police Station Of Origin: Cairnhill NPP

9 Gloucester Road #01-03 SINGAPORE

210009

Tel No: 1800-2968999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2021 19:08	Vide Report No.: A/20210120/0013	Station Diary No.: 46
Informant's Particulars		
Name of Informant: PEER MOHAMED S/O S A KADAR	Address: APT BLK 663 BUFFALO	O ROAD #12-12 SINGAPORE 210663
ID Type / ID No.: NRIC NO / S7571724E	Contact No.: Home/Office:	Mobile: 90671075

Nationality: Email: SINGAPORE CITIZEN

Sex: Age: Date of Birth: Type of Informant: Male 45 25/10/1975 Vehicle Owner

Race: Language: Institution / School Name:

Occupation: Driving Licence Information:

Self Employed Class: 2B,2A,3 Date of Expiry:

Jones and American	Non-Injury	Drink	Date/Time of	Type of Location
Type of Accident:	Attended by Police	Drive:	Accident: 20/01/2021 01:00	Straight Road
Location:		,		

DESKER ROAD

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - F	Parked Vehicle	Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKK4145B	Car				Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20210120/2098

Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009

Tel No: 1800-2968999

CONTINUATION OF REPORT

Vehicle Owner		The march		Augustani		and the same of the same of the same of the
Name	PEER MOHAMED SA	OSA KADA	\R	ID No	•	S7571724E
Related Vehicle	NIL			Conta	ct No.	90671075
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the above mentioned date, time and location, I parked my vehicle along Desker Road on the right side of the road to have my supper. While I was eating at a restaurant, a black van turned onto Desker Road from Lembu Road and collided with my vehicle. Before I could go and make a check with the van driver, he sped off into the direction of Serangoon Road. The vehicle collision caused a chain reaction and my vehicle collided with the vehicle parked in front of me, which in turns, caused that vehicle to collide with another lorry that was parked in front of it. I immediately called for police assistance.





Report No. T/20210120/2098

Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009 Tel No: 1800-2968999

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: A / Sgt 1 RYAN LEE QI XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2021 19:08
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:
Authentication Stamp SINGAPORE NP168	

Hello, NAC_PAYA_UBI_800601				Change Language			Change Password		Log Out		
My Desktop	Polic	y Query									
0508.700.¥s	Policy N	0.				Date of Accident					
	Vehicle	No.(For Motor)	SKK41	45B		Certi	ficate Numbe	r [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5111071647- 01		PEER MOHAMED S/O S A KADAR	S7571724E	GPC	drivo CLASSIC	SKK4145B	SKK4145B	11/07/2020	10/07/2021

ACCIDENT STATEMENT

ACCID	ENT DATE: 23/	1,21)(DD/MM/YYY	Y), TIME:(20)(HH:MM)
. LOCAT	ION:Dt	esker	Rd		
	DETAILS OF VEHICLE a) VEHICLE NUMBER b) INSURANCE COIC c) POLICY NUMBER d) POLICY TYPE: (C e) MAKE & MODEL f) TYPE: (SALOON / g) VEHICLE CATEG h) PURPOSE OF USIN IF NO, PLEASE STAINSURED / POLICY A) NAME: Pe b) NRIC/FIN/PASSP c) ADDRESS:	MPANY:	IN C INSIVE / THIRD PA MW X3 MPV /VAN / LORI (ATE / COMMERCE CIDENT TIME: RYOUP OWN INS PARTY CLAIM / F	RTY / THÏRD PAR RY / MOTORCYC CIAL / MOTORCY URANCE (YES/N REPORTING ONL	CLE / OTHERS) (CLE) (CLE
Huc of passenger (Including driver) (0)	* CONTINUE TO 3.0 DRIVER a) NAME:A b) NRIC/FIN/PASSP c) ADDRESS:	ORT:			LE / FEMALE)
5. 6. 7. 8. Whe of passenger (Including driver)	b) DRIVER'S NAM c) NRIC/FIN/PASS	INDOOR / G EXPRER EMPLOYE SHIP OF OITION: (CL (DRY / W JURED (YES ATE WHICH LLE BER: LE SPORT:	OUTDOOR) IENCE: E OF THE INSUITHE DRIVER WI LEAR / RAINING / ET / OTHERS S / NO) H POLICE STATION	RED'S COMPAN TH INSURED:_ OTHERS N:CONTACT:	Commercia
9. Ho of passanger (Induding driver)	THIRD, PARTY VEHIC d) VEHICLE NUME	SER:	Uninowr.	MODEL:	CQF
(Including driver)	e) DRIVER'S NAM f) NRIC/FIN/PASS	SPORT:		CONTACT:	
			Vallaswa	C1	umerayl

Cimail = Peer 75 Glhotmail. sg fax = VIDEO = No.