

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 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 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

| | |
|---------------------------------|--|
| Date of Submission | 28/06/2021 10:59 (SGT) |
| Date of Accident | 24/06/2021 14:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | WOODLANDS AVE 7 TURNING TO WOODLANDS AVE 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJR4474B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | AUTOGRAND PTE LTD |
| Company Reg No | 2XXXXX171M |
| Email Address | christophersoh1988@gmail.com |
| Mobile Phone No | (Phone) +65- |
| Alternative Phone No | +65- |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Lancer |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | 5111548938-01 (TP) |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------------------|
| Name of Driver | MUHAMMAD SAIFULLAH BIN IBRAHIM |
| NRIC No | SXXXX782C |

| | |
|--|----------------------|
| Date Of Birth | 02/04/1997 |
| Occupation | Indoor |
| Date Of Driving Pass | 12/11/2015 |
| Driving experience | 5 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65 |
| Alt. Phone Number | - |
| Email Address | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Woodlands Division Headquarters |
| Police Station Phone No | (Phone) +65-18004660000 |
| Police Station Address | 1 Woodlands St 12 Singapore 738622 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACHED.

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 | SHC4559T |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Prius |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | LOW KOK FOO |

| | |
|---|----------------------|
| NRIC No | SXXXX772Z |
| Contact Number | (Phone) +65-90627872 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------------------|
| Name of injured person | MUHAMMAD SAIFULLAH BIN IBRAHIM |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | REFER TO POLICE REPORT ATTACHED. |
| Injured person in which vehicle? | - |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | 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 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 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 lodging 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.

2. 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.



28 JUN 2021



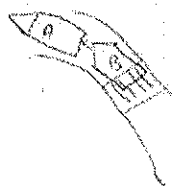
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Location of
me: 2



Location of
me: 7

Morning left from Washington Nov 9 to San Francisco where I was stopped.
snapped at me and saying "Go to hell" and "I'm not going there" was his by
the time while flying over.

We declare the foregoing particulars are true in every respect.

holder's Signature

24 Aug 1941 1943

Witnessed by Reporting Centre Personnel

IMAGES

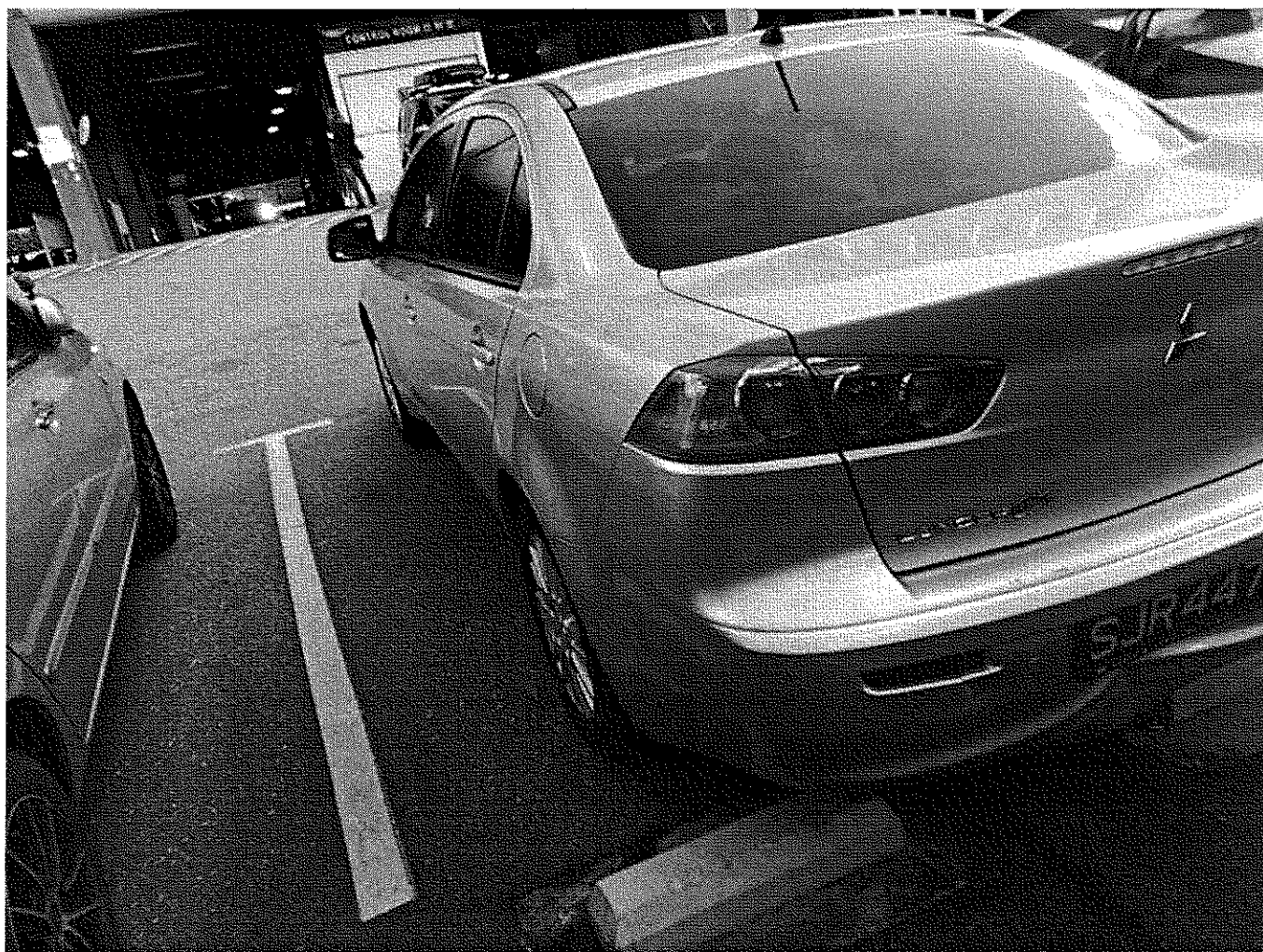




IMAGES #3










**SINGAPORE
POLICE FORCE**


L/20210625/7017

1 of 2

POLICE REPORT (NP299)

Report No. L/20210625/7017

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

| | | |
|--|--|-------------------|
| Date/Time Report Made 25/06/2021 12:19 | Vide Report No. | Station Diary No. |
| Name Of Informant MUHAMMAD SAIFULLAH BIN IBRAHIM | Address | |
| ID Type / ID No. NRIC NO / S 782C | Contact No. Home/Office: | Mobile: |
| Nationality SINGAPORE CITIZEN | Email Address saifuuullt@gmail.com | |
| Occupation Financial/Investment adviser | Sex Male | Age 24 |
| Institution/School Name | Date of Birth 02/04/1997 | Race Malay |
| Date/Time Of Incident 24/06/2021 14:55 - 24/06/2021 15:10 | Location Of Incident WOODLANDS AVENUE 7 | |
| Brief details. | | |

Was about to turn left from Woodlands Ave 7 to Woodlands Ave 2 via the slip road. Stopped at the give way sign to check for incoming traffic and was rear ended by SMRT taxi SHC4559T. My rear bumper is damaged due to the impact. Stopped at the side of the road and exchanged particulars with the SMRT taxi driver. Went to see GP at around 6 pm as my back and neck was aching due to the impact.

| | |
|--|--|
| Subjects Involved | |
| Suspect | |
| 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: 25/06/2021 12:19 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |



**SINGAPORE
POLICE FORCE**



L/20210625/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210625/7017

| | | | |
|-------------|--|----------------|-----------|
| Person Name | Low Kok Foo | | |
| ID Type | NRIC NO | ID No | S6945772Z |
| Gender | Male | Age | 45-55 |
| Race | Chinese | Language | English |
| Occupation | Taxi driver | Mobile No | 90627872 |
| Victim | | | |
| Person Name | MUHAMMAD SAIFULLAH BIN IBRAHIM | | |
| ID Type | NRIC NO | ID No | E 782C |
| Gender | Male | Age | 24 |
| Race | Malay | Language | English |
| Occupation | Financial/Investment adviser | Address | |
| Mobile No | | Is Informant A | Yes |
| | | Victim? | |
| Person Name | MUHAMMAD SAIFULLAH BIN IBRAHIM (Informant) | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

25/06/2021 12:19

Classification Of Case: