SA1E217D0004 / Abwin Service Pte Ltd ENTRY DATE & TIME: 13/07/2021 19:05 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (13/07/2021 19:05 (SGT))

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.

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 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 13/07/2021 19:05 (SGT) Date of Accident 12/07/2021 16:35 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ7928B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner H2O LIFE SOURCE (SEA) PRIVATE LIMITED Company Reg No 200822205Z **Email Address** syukoribrahim@gmail.com Mobile Phone No (Phone) +65-93369461 Alternative Phone No (Home) +65-93369461

VEHICLE PARTICULARS

Manufacturer Suzuki Model Every Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 658

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5112025041-01 Cover Note Number

DRIVER

Name of Driver MUHAMMAD SYUKUR BIN IBRAHIM NRIC No. S8927233E

Date Of Birth 08/08/1989 Occupation Indoor Date Of Driving Pass 28/12/2009 Driving experience 11 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-93369461 Alt. Phone Number Email Address syukoribrahim@gmail.com Address BLK 174 YISHUN AVENUE 7 Address complement #04-841 Postcode 760174 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLU5975B Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	GBH8813C Commercial vehicle -
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	SHD2013J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Taxi
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	MUHAMMAD SYUKUR BIN IBRAHIM
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	GBJ7928B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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, involces, 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;
 - 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 upder any regulations, laws or court orders.

Policyholder's Signature Date & Time:

SOU

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

1 of 3 Report No. T/20210712/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2021 20:07			Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: MUHAMMAD SYUKUR BIN IBRAHIM			Address: 1 174 YISHUN AVENUE 7 #04-841 SINGAPORE 760174		
ID Type NRIC NO	/ ID No.: D / S89272	33E	Contact No.: Home/Office:	Mobile: 93369461	
Nationali SINGAP	ty: ORE CITIZ	ΈΝ	Email: SYUKORIBRAHIM@GMAIL.COM		
Sex: Age: Date of Birth: Male 31 08/08/1989			Type of Informant: Driver		
Race: Boyanese			Language: English	Institution / School Name:	
Occupation: Technician			Driving Licence Inform Class: 3	nation: Date of Expiry:	

Type of Accident:	e of Others Drive: Acciden		Date/Time of Accident: 12/07/2021 16:35	Type of Location Straight Road
	(PRESSWAY			
Weather: Drizzling		Road Surface: Wet	18	toad Speed Limit:
Weather: Drizzling Traffic Flow: One Way		# 10.00 m		toad Speed Limit: raffic Volume: leavy

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH8813C	Van					0
GBJ7928B	Van					0
SHD2013J	Саг					0
SLU5975B	Car				1	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210712/7047

CONTINUATION OF REPORT

Any Pedestrian I	nuclead: No			1777 A. T.			
	C		Lien of D		n C	ine: MA	
				e of Pedestrian Crossing: NA			
Driver				4714P-52-7			
Name	MUHAMMAD SYUR	KUR BIN II	BRAHIM	ID No	ο.	S8927233E	
Related Vehicle	GBJ7928B (Van)			Cont	act No.	93369461	
Hospital/Clinic	NIL	NIL		Class of Driving Licence & Expiry	ng nce &	Class: 3 Date of Expiry: NIL	
Date	12/07/2021	2/07/2021 Date		10	12/07	7/2021	
No. of Days gran	ted Medical Leave	03	Degree	of	Sligh		

Brief Details.

On the above mentioned date time and location I was the driver of vehicle(a).

The car infront of me slowed down and came to a completed stopped hence i followed suit. Seconds later i felt a huge impact from the rear and when i alighted i realised it was a chain collision of 4 vehicles. Vehicle(d) rear ended vehicle(o), vehicle(o) hit vehicle(b) and vehicle(b) rear ended vehicle(a).

I felt pain on my neck and lower back so i went to greenlink medical clinic to seek consultation and was given 3days mc.

Vehicle(a) gbj7928b

Vehicle(b) slu5975b

Vehicle(c) gbh8813c

Vehicle(d) shd2013j



T/20210712/7047

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210712/7047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: Not applicable The identity of the person making this report has been authenticated by Singpass. No signature is required. Signature Of Interpreter: Date/Time: 12/07/2021 20:07 Not applicable Classification Of Case: Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404 Authentication Stamp

NP168



Certificate of Insurance

Cover : Comprehensive

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189).

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960.

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5112025041-01

1. Index mark and Registration Number of Vehicle : GBJ7928B

Chassis Number : DA17V264498

2. Name of Policyholder : H2O LIFE SOURCE (SEA) PRIVATE LIMITED

3. Effective Date of Insurance : 25 Aug 2020 4. Expiry Date of Insurance : 25 Aug 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. 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.

5. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headines.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : S\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 INSURE WITH COE : YES

HIRE PURCHASE COMPANY : THINK ONE CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/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)

Agency

: THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue

: 21 Aug 2020 11:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive