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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	26/07/2021 14:02 (SGT)
Date of Accident	24/07/2021 13:45 (SGT)
Exact Location of Accident	Holland Dr, Singapore
Additional Location Information	Near Lampost 14
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number		SLG4107X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Craft Leasing Pte Ltd
Company Reg No	201718381N
Email Address	kh@craftleasing.com
Mobile Phone No	(Phone) +65-98449132
Alternative Phone No	+65-98449132

VEHICLE PARTICULARS

Manufacturer Model Variant	Mazda 3 -
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Reporting only
Vehicle Category Transmission CC	Private hire Auto 1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D21MFL0005172
Cover Note Number	-

DRIVER

Name of Driver	Teo Hai Hoon
NRIC No	S1619845E

Date Of Birth 05/09/1963 Occupation Outdoor Date Of Driving Pass 14/05/2003 Driving experience 18 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98449132 Alt. Phone Number Email Address williamteo37@gmail.com Address Blk 64 Lorong 5 Toa Payoh Address complement #11-336 Postcode 310064 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collided into Motorcyclist Weather Conditions Clear Road Surface Dry 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? Yes 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Boon Teck Neighbourhood Police Post Police Station Phone No (Phone) +65-18002549999 Alt. Police Station Phone No (Fax) +65-63554310 Police Station Address Blk 207 Toa Payoh North #01-1231 Singapore 310207 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report: T/20210724/2052 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident Video with Traffic Police Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberFBH7612YVehicle ManufacturerYamaha

Vehicle Model
Vehicle Variant

Vehicle Colour

Vehicle CategoryMotorcycleName of DriverMohamad Mahdzar Bin SamsudinNRIC NoS6819757JContact Number(Phone) +65-90920712Address-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 Mohamad Mahdzar Bin Samsudin Gender Male Phone No (Phone) +65-90920712 Address Address Complement Post Code Approximate Age Years Old
Injuries Sustained Injured person in which vehicle? FBH7612Y Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes

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.
- 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.
- 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.
- 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)

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:
 - 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.

Policyholder's Signature Date & Time: 26/2/21

Driver's Signature

(If driver is not the policyholder)

Date & Time: 76 7 21

Reporting Centre Personnel's Signature

Name: Ful

NRIC/FIN No .:

GIARMC SketchPlanForm: V

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DECLARATION |

I/We declare the point particulars are true in every respect.

Policyholder's Signature
Date & Time: 76 77 21

GIARMS ShorthBlankorm V3

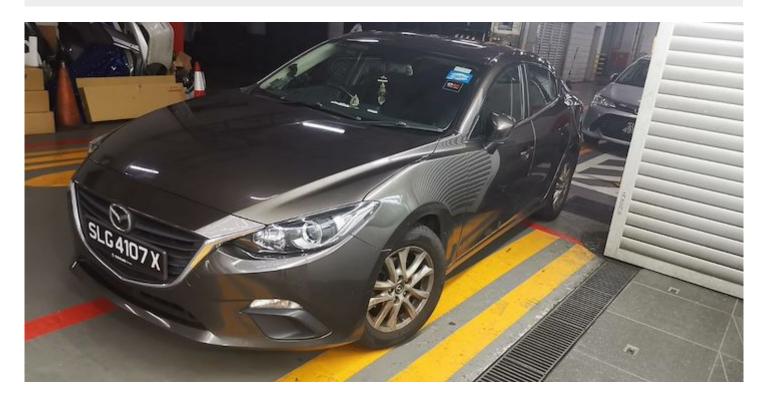
Driver's Signature

(If driver is not the policyholder) Date & Time: おりカソ dia"

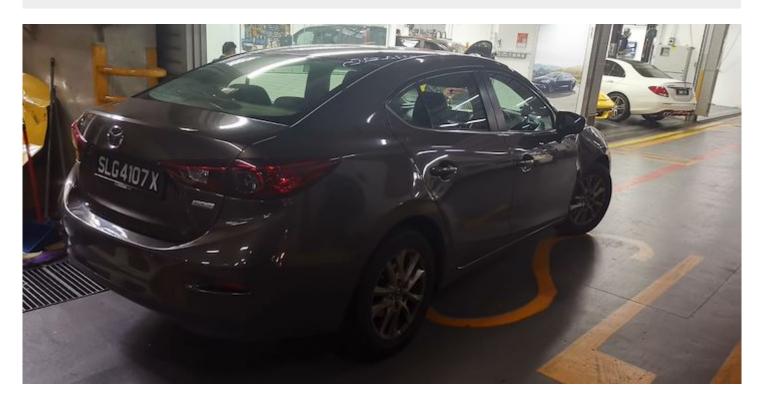
Reporting Centre Personnel's Signature Name: 6-{ NRIC/FIN No.:



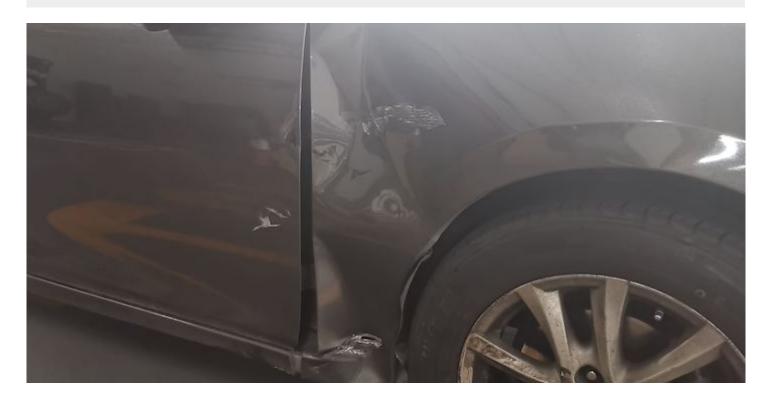




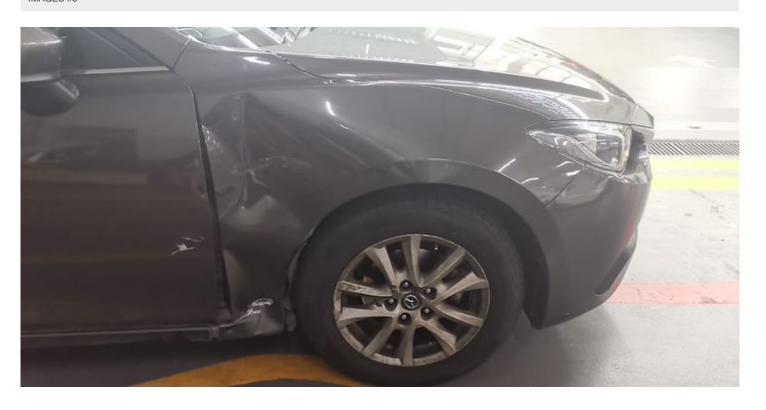
















T/20210724/2052

Report No. T/20210724/2052

1 of 4

Police Station Of Origin: Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

Date/Fime Report Made: 24/07/2021 16:09		Vide Report No.: Station Diary No. D/20210724/0071 10				
Informa	nt's Partici	ulars		CAN AREAS DESCRIPTIONS OF COMMUNICATIONS		
Name of Informant: TEO HAI HOON			Address: APT BLK 64 LORONG 5 TOA PAYOH #11-336 SINGAPORE 310064			
ID Type / ID No.: NRIC NO / S1619845E			Contact No.: Home/Office: Mobile: 98449132			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 57 05/09/1963		Type of Informant: Driver				
Race: Chinese		Language: Institution / School Name:				
Occupation: PHV DRIVER			Driving Licence Inform Class: 3	nation: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2021 13:45	Type of Location T-Junction	
Location: HOLLAND DI Lamp Post No					
Weather: Clear	uniber, 14	Road Surface: Dry	100000	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light	
Type of Collis Between Mov	sion: ving Vehicles - Side Swipe		Anyone conveyed by ambulance: Yes		

Details of V	ehicle Involve	d	Contract of	Salts.		ng ta da etga 3
Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
FBH7612Y	Motorcycle	YAMAHA	FZ16ST	Red	Slightly Damaged	0
SLG4107X	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Grey	Slightly Damaged	0





Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207 CONTINUATION OF REPORT

2 of 4 Report No. T/20210724/2052

Tel No: 1800-2549999

Details of Perso	n Involved		114			
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of P	edestrian	Cross	ing: NA
Rider			3.44			
Name	MOHAMAD MAHDZ	ZAR BIN S	AMSUDIN	ID No.		S6819757J
Related Vehicle	FBH7612Y (Motorcy	ycle)		Conta	ct No.	90920712
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	W15504-0-1557	scharge	NIL		
No. of Days gran	ted Medical Leave	Degree	of Injury	NIL		
Driver						
Name	TEO HAI HOON			ID No		S1619845E
Related Vehicle	SLG4107X (Car)			Conta	ct No.	98449132
Hospital/Clinic	NIL			of g ce & / Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	scharge	NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	

Brief Details.

On 24/07/2021 at about 1345hrs, I was travelling in my vehicle bearing plate number SLG4107X along Holland Drive towards Holland Avenue. I was driving along the left lane out of 2 lanes, behind one SBS bus. However, as I wanted to turn right ahead, I made a quick check and changed to the right lane.

Suddenly, I felt an impact from my driver side, and noticed that I had collided onto one motorcycle bearing plate number FBH7612Y. Immediately, I stopped my vehicle and observed no visible injuries on myself. I then alighted from my vehicle to make a check on the motorcyclist as he was already on the road.

The said motorcyclist then informed me that his legs was swollen, and he then called for ambulance to make a check. While waiting for the ambulance, we then exchanged particulars and also took pictures of the accident. We also shifted our vehicle to a side to not block the traffic flow.

Shortly later, the Ambulance and Traffic Police also arrived at scene to assist us. The said motorcyclist was also conveyed by the ambulance after being assessed by the paramedics.

I then informed to the Traffic Police of what happened and I was told to provide my SD card of my vehicle's dashcam. I was then issued an acknowledgement slip and also a case card vide D/20210724/0071 by officer SSGT T130106 Khairulanwar.

I was then told that I could leave the incident location together with my vehicle and to lodge a Police





3 of 4

Report No. T/20210724/2052

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

Tel No: 1800-2549999

CONTINUATION OF REPORT

report immediately.





4 of 4 Report No. T/20210724/2052

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 CONTINUATION OF REPORT Tel No: 1800-2549999

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: E / Sgt 1 CHAN JUN JIE	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	24/07/2021 16:09
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.: 65476090 SINGAPORE POLICE FORCE	SN 62
Authentication Stamp	
SIGNATUME	

