ST0Y21A20001 / TC AUTOCLINIC PTE LTD[628099] ENTRY DATE & TIME: 04/10/2021 14:03 (SGT) SUBMITTED BY: Ho Yue Meng VERSION: 1 (04/10/2021 14:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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 Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

04/10/2021 14:03 (SGT) 01/10/2021 23:55 (SGT)

Singapore

ALONG PIE TOWARDS CHANGI JUST AFTER STEVEN ROAD

EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJV7727G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No.

Alternative Phone No

No

USWATUN HASANAH BTE ABU BAKAR

SXXXX100H

uswatun@gmail.com

(Phone) +65-97318057

+65-97318057

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Nissan

Qashqai

Private use

No - Claiming third party

Private car

Auto

1197

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

2070149064

DRIVER

Name of Driver

SAIYID FARIS BIN NUR QARNAIN

TXXXXX003I NRIC No 07/05/2000 Date Of Birth Outdoor Occupation Date Of Driving Pass 08/09/2020 Driving experience Gender Mobile Number

1 YEAR AND 1 MONTH (Phone) +65-91797880 Alt. Phone Number

nurgarnain@gmail.com **Email Address** BLK 828, JURONG WEST STREET 81, #04-290 Address Address complement

640828 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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

Collision - Head to Rear Type of Accident Raining Weather Conditions Wet Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No 3 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

PASSENGER 1

MUHAMMAD THOYBAH BIN HAYUM Name Male Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Nanyang Neighbourhood Police Centre Police Station Name (Phone) +65-18007929999 Police Station Phone No (Fax) +65-67912972 Alt. Police Station Phone No No. 2 Jurong West Avenue 5 Singapore 649482 Police Station Address Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED. SD CARD OF VIDEO RECORDING TAKEN BY TRAFFIC POLICE.

ATTACHMENT(S)

Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS9886J

Mercedes Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category KRIS CHEW YEE FONG (ZHOU YIFENG) Name of Driver SXXXX303E NRIC No 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

SML3668L Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car 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)

INJURED PERSONS DETAILS

INJURED 1

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>.
- 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 GA Records Management Centre established by the General Insurance Association
 of Singapore (GA) 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)

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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yershaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (coult us 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 wiell 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.

TC ALIDOMNIC PTB Ltg 1 SUCTH LOK YANG ROAD SINGAPORE 828099 TEL: 8282 2212 FAX: 6282 3892

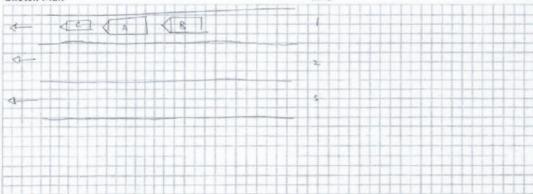
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Lan



Describe Circumstances of the Accident I, Saight Fans, driver of venicle SJV77276 get into an accident in PIE securds they just after literary Rd exit was the discret I was driling along love I am I congret love to love I have us congestion table 2 and eviling 2 worked whom were mad a version qualitary or from all me die to his suit personal collision which was not with line I peopled five to ease. A Wescados his how From secure other Scare supplet my vehicle course my vehicle to more one our are vehicle bedrand. After that, we called the palet and he ages for all of our liveries both it is three direct whicherged ICs. Prechange, I am one injusted, my delend sesion me was me injust and The delice must his me was bijused After at the country things must me palse acres from may I maked and may made some there you while I was every the I represent to your three your deep the property the also don't my \$0 care for the famous absence house. Their is no my base of my knowledge.

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 2 nd Oct 24 Driver's Signature (# driver is not the policyholder) / Date

8 Time 2 nd 0421

TC AutoClinic Pte Lto 1 SIXTH LOK YANG ROAD SINGAPORE \$28099 TEL: 8262 2212 FAX: 6262 3692

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

1 of 4 Report No. T/20211002/2027

Tel No: 1800-7929999

REPORT OF	A	TRAFFIC	ACCIDENT
KEPURIUE	~	INMERIC	ACCIDENT

	Date/Time Report Made: 02/10/2021 11:37		Vide Report No.: E/20211002/0007	Station Diary No.:		
Informa	nt's Partici	ulars				
Name of Informant: SAIYID FARIS BIN NUR QARNAIN ID Type / ID No.; NRIC NO / T0016003I Nationality: SINGAPORE CITIZEN			Address: APT BLK 828 JURONG WEST STREET 81 #04-290 SINGAPORE 640828			
		031	Contact No.: Home/Office: Mobile: 91797880			
		EN	Email:			
Sex: Male	Age. 21	Date of Birth: 07/05/2000	Type of Informant: Driver			
Race: Boyanese			Language: English	Institution / School Name:		
Occupation: National Service Full Time		ull Time	Driving Licence Information: Class. 2B,3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No.	Date/Time of Accident: 01/10/2021 23:55	Type of Location: Straight Road	
Location: STEVENS RC Lamp Post Nu		Road Surface:		Road Speed Limit:	
Weather: Drizzling		Wet		Noad Opeda Limit	
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Dual Carriage		Type of Collision: Between Moving Vehicles - Head To Rear			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
	Car				Seriously Damaged	1
SLS9886J	Car				Seriously Damaged	0
SML3668L	Car				Slightly Damaged	1



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE Tel No: 1800-7929999

2 of 4 Report No. T/20211002/2027

CONTINUATION OF REPORT

Details of Perso					
Any Pedestrian I	nvolved: No		-		
No of Decision		Use of	Jse of Pedestrian Crossing: NA		
Driver			1 00000110110		
Name	SAIYID FARIS BIN NUR QARNAIN		ID No.	T0016003I	
Related Vehicle	SJV7727G (Car)		Contact	No. 91797880	
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	Date of Exp &	
Date Treatment			Discharge NIL		
			se of Injury NIL		
Driver					-
Name	KRIS CHEW YEE FONG		ID No.	S76153038	
Related Vehicle	SLS9886J (Car)		Contact	No. NIL	-
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	Date of Exp	oiry: NIL
Date Treatment			Discharge NIL		
No. of Days gran	ted Medical Leave NIL		of Injury S	erious	
Driver					
Name	JONAS LAM KAI SEN		ID No.	\$9831756B	
Related Vehicle	SML3668L (Car)		Contact	No. 82825487	
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	Date of Exp &	iry: NIL
Date Treatment	NIL Date D			VII	
The second secon	ed Medical Leave NIL		e of Injury	ALC:	

Brief Details.

On 01/10/2021 at about 2355hrs, I was driving V1)SJV7727G along PIE heading towards Airport after Stevens Road when I noticed there is a traffic congestion ahead thus I decided to change lane to lane 1 as the lane 1 is clear. After I changed lane, I noticed a bluesg car V2) SMI3668L was in stationery at lane 1. I applied brake and stopped right behind the V2. Subsequently, I noticed V3) SLS9886J was driving right behind V1. I felt an impact coming from behind and I observed V1 surged forward and hit on the rear of V2. I went out of V1 and to inspect the damages of V1. I observed V1 had some dents at the back and front bumpers. I also went to inspect the damages of V2 and V3. I observed that V3 front bumper area was totally damaged while V2 had some slight dent at the back bumper. I also noticed that driver of V3



T-202110022027

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 4 Report No. T/20211002/2027

CONTINUATION OF REPORT

had some bleeding on the right wrist. The driver of V2 then called for police and ambulance assistance. While waiting for police and ambulance to arrive, We exchanged our particulars and contact number with each other. Subsequently, traffic police and ambulance arrived. The driver of V3 was conveyed to hospital due to his injuries. I was instructed by traffic police to proceed to the police station to lodge a traffic accident report. I had also handed over my car cam SD card to the traffic police.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 T/20211002/2027

4 of 4 Report No. T/20211002/2027

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 J / Sgt 3 KANG YONG HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2021 11:37
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	Y