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.

- 4. The issue and acceptance of this is form by instrained 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 15/11/2021 17:22 (SGT) Date of Accident 13/11/2021 09:15 (SGT) Exact Location of Accident Bukit Panjang Ring Rd, Singapore Additional Location Information slip road from Bukit Panjang Ring Road to Bukit Panjang Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN5810D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner NGS Motorsport Pte Ltd Company Reg No 201812604N Email Address ngsmotorsportaccident@gmail.com Mobile Phone No (Phone) +65-88283773 Alternative Phone No (Home) +65-88283773

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Transmission Auto CC 1497

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number VFX/P2353908 Cover Note Number

DRIVER

Name of Driver Muhammad Nurhalim Bin Rahman NRIC No. S9321355F

Date Of Birth 23/06/1993 Occupation Outdoor Date Of Driving Pass 23/04/2012 Driving experience 9 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-88283773 Alt. Phone Number Email Address ngsmotorsportaccident@gmail.com Address 10 Ang Mo Kio Ind Park 2A #02-01 Address complement Postcode 568047 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 Collision - Head to Rear Weather Conditions Clear Road Surface \/\e_t 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? Nο **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 attached police report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMD6360X 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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	Muhammad Nurhalim Bin Rahman Male
Phone No	(Phone) +65-88283773
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJN5810D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the	Accident	
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Destaution		
Declaration		f
We declare the foregoing particula	rs are true in every respect.	I_{ij}
(2) Co. Rea. No.: \2		\mathcal{U}
20181260411	0.7	
William Comment	UW,	
X10	Driver's Signature (If driver is not the policy	holder) / Date Witnessed by Reporting Ce
Policyholder's Signature / Date &	The second of the second	Personnel

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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
- (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.

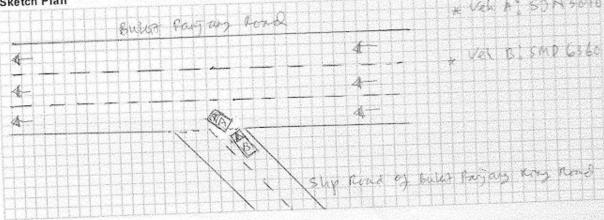
201812

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



		VEHICLE	LEASE AGREEMEN	<u>T</u> Agreement Date:	206-11. 0	1
			,			
				Referrer Name: _	(Urouse)	<u>L</u>
				그들이 나는 종교를 되었다. 아이는 일반 선생님은 하게 되었다.		
				Car plate no.:		
Company	NGS MOTO 201812604N	RSPORT PTE LTI)			
				- 10-1-100	8-11-90	11 16
				Rental Begins on: _ Time Out & Sign : .	2.930	in by &
				Time Out & Sign:		 / 1
Office No	: 6452 4300					
Office ho	ur : 10 am – 7 pm			Date & Time In:		
				Signed by Staff:		_
7		d Nurhalim Bi	a Dalawalin ic.	8 9321355 F		
Hirer's N	ame: <u>Muhamma</u>	of Maradian bi	r) Nariprior IC:_	" + 131 CC		
Address:	APT BIK 55	Lorong 5 7	taa Daybh e	BO1-177 31 5	310033)	
0	extrooup as "the Hire	rr')				
			hall take the vehicle	described below or a r	eplacement ve	hicle
hereby a	arees that the Owner	Shall let and the time.		Street Control of the section of the section of	after appearing	
provided	by the Owner (herein	after known as "theVeh	icle") upon the terms	and conditions herein	h 8 96	JW201c
provided	by the Owner (herein	OF VEHICLE	icle") upon the terms	IST MONT	h 8 266	S/WROK SON/WORK
provided 1. a.	DESCRIPTION C	OF VEHICLE		and conditions never IST MONT OUTER M	n \$ 266 onth \$ 6	/Week 280/Week
provided 1. a. b.	DESCRIPTION C Make & Model :_ Registration No :_	OF VEHICLE		IST Mont	n \$1 266 onth \$1	5/WEDK 280/WDPK
provided 1. a. b. c.	DESCRIPTION C Make & Model : Registration No : Mileage :	OF VEHICLE		IST Mont Officer m	n Baee onth Be	5/WEOK 280/W2PK
provided 1. a. b. c. d.	DESCRIPTION C Make & Model : Registration No : Mileage : Contact No :	of VEHICLE TOUCHA VIOS SJN 58100.		IST MON OHTOV M	n Boss onth Bo	180/W2Pk
provided 1. a. b. c. d. e.	DESCRIPTION C Make & Model : Registration No : Mileage :	of VEHICLE TOUCHA VIOS SJN 58100.		and conditions never LST Mont Office m	n Baee onth Be	;/WeOK 280/WOPE
provided 1. a. b. c. d. e. f.	DESCRIPTION C Make & Model : Registration No : Mileage : Contact No : Bank Account : Email :	aldinas de la compansión de la compansió		and conditions never IST Mont Office M	h B 366 onth B 6	;/WeOK 280/W2Pk
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provided 1. a. b. c. d. e. f.	DESCRIPTION C Make & Model :_ Registration No :_ Mileage :_ Contact No :_ Bank Account :_ Email :_ RENTAL PERI DEPOSIT AMO L. FIRST WEEK I S. RENTAL FEE : a. Rental Fee incl	PER SE	nonth ON 11/11/3031 18/11/3031 ek 35/11/303	IST Mont Offlor m	h ઘ∋લ onth ¤	s/weok 280/w2Pk
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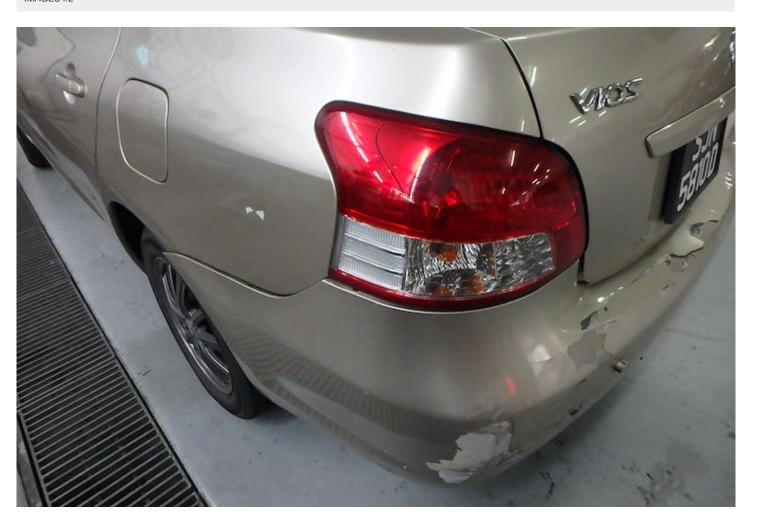


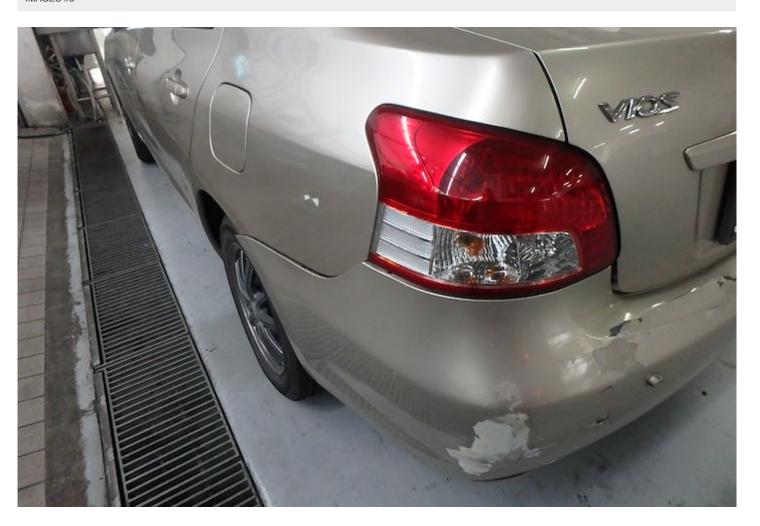
POLICYHOLDER ACKNOWLEDGEMENT FORM

Date	. 1.5 11 202-1 To: Owner of Vehicle Number:
The	following has been advised to you via your workshop, So H Mody through their staff, Mod Mong. Please tick the applicable box if you had been advised on any of the following.
N	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence
M	You had been advised by the workshop on the liability and merits of the case accordingly.
M	You had been advised by the workshop of the claims procedure as follows. > if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will
	 be no recovery prospect and NCD will be affected. if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
N	If you had been involved in an accident with a foreign registered vehicle and wished to attempt recovery with AXA help, please forward the photos of the front and back of the NRIC and driving license to motor.doc@axa.com.sg
()	You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
	AND W Oncie Own Damage Excess of
	 \$200 as a benefit if your policy has \$0 excess and no cost of ose benefit. Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit.
V	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is. The estimated arrival time does not include the repair period.
	There will be no cancellation/withdrawal of the Own Damage claim, once the order of spare parts have been places; if you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
₩.	You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
	for vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your
	local distributor on any effect to your warranty prior to make a
	 For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
	A local distributor, your insurance company
	will be carrying out repairs where any damaged part title control original equipment manufacturer (DEM) parts replaced will be replaced using any combination of original parts and/or original equipment manufacturer (DEM) parts and/or second-hand parts.
	You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship
,	You had been advised by the workship of ORSO related to the accident.
	Signed and acknowledged by: (S(2)
	Muhammad Nurhalim Bin Rahman Name and signature of policyholderl authorized driver* and company stamp (where applicable) *authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles drivers who are permitted to drive the insured Vehicle.
	Name and signature of workshop personnel including company stamp
AXA Insurance	Pte Ltd (Company Reg. No.: 199803512M) y x2a-01 AXA Tower Singapore 968813 r Centre #01-21/22

	T PTE LTD (NRIC/Passport/FIN/WF	
ner of vehicle no	sJN 5810 D	herby authorize the driv
Muhammad	Nurhalim Bin Rahman (NRIC/Passp	ort/FIN/WP no: S9321355F
nake an accider	nt report on my behalf.	



















3 of 3 Report No. T/20211115/7036

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature The iden been aut required
Signature Of Interpreter: Not applicable	Date/Tin 15/11/20
Officer In Charge Of Case: TP / TPIB /	Classific

Signature Of Info The identity of th been authentical required.	ermant: e person making this report has ed by Singpass. No signature is
Date/Time: 15/11/2021 15:3	9
Classification O	f Case:

TAN JEOK LENG Contact No.: 65476151





Report No. T/20211115/7036

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	AIRAITIO		Wide Deport No.:	Station Diary No.
Date/Time Report Made: 15/11/2021 15:39			Vide Report No.:	
Informar	t's Particu	ilars		
Name of Informant: MUHAMMAD NURHALIM BIN			Address: 55 LORONG 5 TOA PAYOH	#07-174 SINGAPORE 310055
RAHMAN ID Type / ID No.: NRIC NO / S9321355F			Contact No.: Home/Office:	Mobile: 88283773
Nationality: SINGAPORE CITIZEN			Email: racerloverboy7@gmail.com	
Sex: Male	Age:	Date of Birth: 23/06/1993	Type of Informant: Driver	-1
Race:			Language: English	Institution / School Name:
Malay Occupat Delivery			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

eneral Infor	mation of the Accid	Drink	Date/Time of	Type of Location
Type of Accident:	Others	Drive: No	Accident: 13/11/2021 09:15	Slip Road
Location: Slip road fror	n Bukit Panjang Rin	g Road to Bukit Panjans	g Road	
		Road Surface:		Road Speed Limit:
Weather:		Road Surface: Wet		
Clear Traffic Flow:		Wet Traffic Control:		Traffic Volume: Heavy
Clear Traffic Flow: One Way		Wet Traffic Control: Not Controlled		Traffic Volume:

Details of Vo	onicie mvo	iveu	Model	Color	Conditio	No of
Vehicle No.	Type	Make	Model	- 00.0		0
SJN5810D	Car					
						0
SMD6360X	Car					

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



T/20211115/7036

2 of 3

Report No. T/20211115/7036

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver				000040555
Name	MUHAMMAD NURHALIM BIN	RHALIM BIN RAHMAN ID		S9321355F
Related Vehicle	SJN5810D (Car)		Contact	No. 88283773
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence Expiry	Date of Expiry: NIL
Date	NIL	Date	THE RESERVE OF THE PARTY OF THE	VIL
No. of Days granted Medical Leave 03		Degree o	f S	Slight

Brief Details.

On the stated date and time, I (SJN 5810 D) was travelling along the stated venue. As I proceeded to turn into Bukit Panjang Road, I noticed one vehicle travelled at a fast speed and I quickly braked to stop. When I have come to a complete halt, suddenly vehicle bearing no: SMD 6360 X collided onto the rear of my vehicle. After the accident, both of us alighted and took some pictures. I felt unwell, discomfort on my neck and shoulder. I then went to visit a doctor and was given a 3 days MC.