SC0W21BI0002 / CAR CITY AUTO CENTRE PTE LTD ENTRY DATE & TIME: 18/11/2021 17:23 (SGT) SUBMITTED BY: HO TOO BOON VERSION: 1 (18/11/2021 17:23 (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 18/11/2021 17:23 (SGT) Date of Accident 16/11/2021 07:38 (SGT) Exact Location of Accident 913 Tampines Ave 4, Singapore Additional Location Information BLK 913 TAMPINES AVE 4 OPEN SPACE CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SKW6067S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NUR AZIZAH BINTE CHOMIL NRIC No. S9023553B Email Address NURAZIAAH C@OUTLOOK.COM Mobile Phone No (Phone) +65-90694442 Alternative Phone No +65-90694442

VEHICLE PARTICULARS

Manufacturer

Model Elantra 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00198542100 Cover Note Number

DRIVER

Name of Driver SYED SHAFIQ BIN SYED AHMED AL-MUTAHAR NRIC No. S9036929F

Date Of Birth 09/10/1990 Occupation Indoor Date Of Driving Pass 28/07/2020 Driving experience 1 YEAR AND 4 MONTHS Gender Mobile Number (Phone) +65-96614068 Alt. Phone Number Email Address SYEDSHAFIQ.07@HOTMAIL.COM Address APT BLK 494G TAMPINES ST 45 #04-558 Address complement Postcode 527494 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Side Swipe 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? No Was any injured conveyed to hospital by ambulance? 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 Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER ATTACHED SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ5344H
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private hire



Name of Driver	SAMI
Contact Number	(Phone) +65-83885064
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	<u>-</u>
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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)

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.

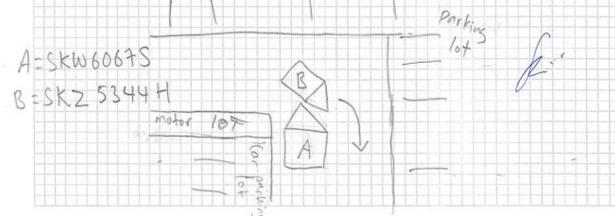
Policyholder's Signature / Date &

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

Shatia 18/11/2021 16/5/10

Witnessed by Reporting Centre Personnel

Sketch Plan



At wound	On 16/11/2021 at around 0738 hours, My (ar (SKW60675) wa at BIK 913 Tampines tro 9 the corpork driveway, wanted to exit. There was another
TI OTOMINI	at RIW 913 Tumpings Ava 4
driving at	the compark driveway wanted to exit. There was another or
	the corpora and I wall to a lo ave there was another a
15/2K/2/20	(4H) at the opposite direction is turning in and was not careful right does judge his turn hit my front bunger while my car
ar (- r Zur 1	THE OPPOSITE WITCHIELD IN AND THE CATERIA
1 . 1 1	Might
and and ar	a not judge his turn hit my tront bunger while my cor
6/2/3-	and stopped. I have attached the video and the relevant
stationary	and stopped. I have attached the video and the relevant
ho tos for no	scessary action-

Declaration

We declare the foregoing particulars are true in every respect.

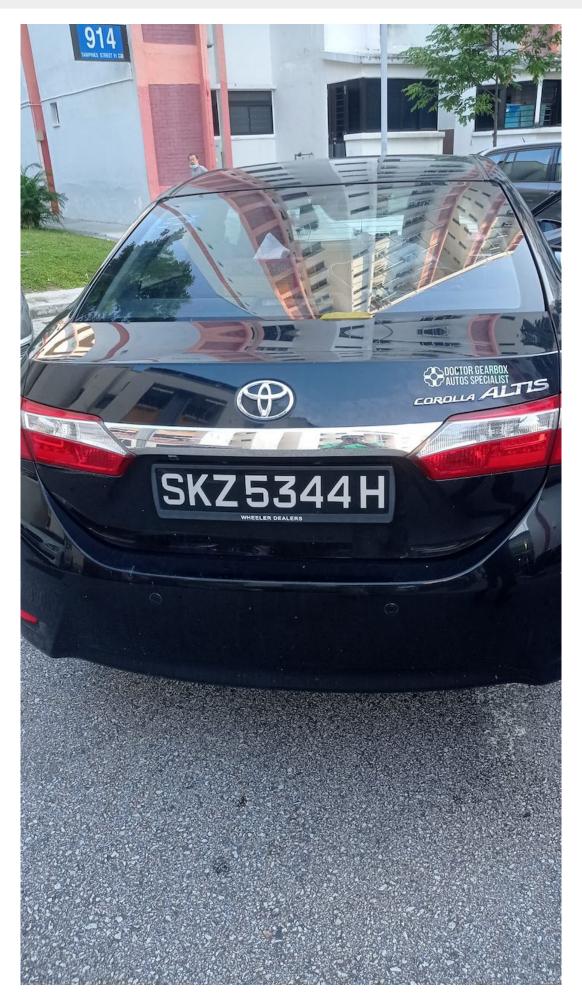
Policyholder's Signature / Date & Time

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

18(11(2021 1615 hrs

Witnessed by Reporting Centre Personnel





















CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Syed Shafiq Bin Syed Ahmed Al-Mutahar ,

NRIC/FIN S9036929F , has reported to the Police a non-injury traffic accident which occurred at Blk 913 Tampines Avenue 4 open space car park on 16/11/2021 at 0738 am/pm involving the following vehicles:

- 1. SKW6067S
- 2. SKZ5344H
 - 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS AARON ANG

Date: 17/11/2021

Time: 0128hrs

S/D Ref: 5

Police Post/Unit: SENGKANG NPC

Sengkang NPC 2 Sengkang Square #01-02 S(545025) Tel: 1800-34332: 9

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

