SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Courtry State of Loss

17/12/2021 14 25 (SGT) 15/12/2021 08:00 (SGT) Attap Valley Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XD3892S

INSURED FOLIOVHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

HUATIONG INLAND TRANSPORT SERVICE PTE. LTD. 1XXXXXXXXXXXX Ops2@huationg.com (Phone) +65-63662288 (Office) +65-63662288

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

R420CB6X4ENZ

Employment

Scania

No - Claiming third party Commercial vehicle Manual 11705

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd. Comprehensive Yes H 400001102 MKF

Name of Driver NRIC No

MOHAMAD SYAFFIE BIN ABDUL RAHMAN SXXXX100D

פחחחום בחדור בחבר בחבר בחות בו

Page 1 of 10

Date Of Bath Occupation Date Of Driving Para Driving experience Gender .

Mobile Number Alt Phone Number Email Address Addinss

Address complement

Postcode

Is the dover the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

CENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Clear Dry

24/01/10/8

11/11/1000

22 YEARS AND I MONTH

BLK 103 WOODLANDS STREET 13

(Phone) +65-91524882

Ops247 hustlong com

(Milleria

#02-224

730103

I mplayed

No

No

OTHER INSCRIBATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was ampoody 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/offening accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG ATTAP VALLEY ROAD AT THE RIGHT LANE WHEN SUDDENLY THE VEHICLE SLW1241B FROM THE LEFT LANE CUT ABRUPTLY INTO MY LANE AND STOPPED AT THE MIDDLE OF THE ROAD AS THERE WERE VEHICLE STOPPING WAITING TO TURN RIGHT INTO SENOKO DRIVE. DUE TO THE SUDDEN ACTION OF SLW1241B, I COULDN'T REACT IN TIME AND RESULTED A COLLISION IN BETWEEN THE REAR RIGHT PORTION OF THE VEHICLE SLW1241B WITH THE FRONT LEFT PORTION OF MY VEHICLE. THE DRIVER OF SLW1241B ADMITTED THAT HE CUT INTO MY PATH SUDDENLY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW1241B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

פתחחות בביים בבייות בחחחתב

Private car

ame of Driver
assport NoFIN
onloc' Number
diress
diress complement
estode
surance Company Name
adure Of Damage
stalls of property damaged in accident
to Of Passanger (Including Driver)

ANDREE SCHMIDT FXXXX454Q* (Phone) +65-82333054

1000

37

36

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SKETCH PLAN

IMPORTANT NOTICE

- and regard approachly the details of the accident to appeal up the claims process
- 2. The Formment to completed by the Policyhalder andier the Aethorized Driver.
- and must be an truthful and accurate an open fale. Any will describe consider to a streeting of state of lacte may expended to provide a price lability
- 4. The base and acceptance of the Formby insurance companies is red on advances of publy liability on the part of the insurance
- or fame reporting may be referred to the Police for Investigation
- norther it be form protect by the impurers of the CBA Records Management Centre established by the General Insurance Association one (CBA) for profiling and that copies of this report will for a fee be made available upon application by interested profile.
- persons of this report to the insurers, you hereby consent to the archaing of this report at the centre and to copies of the made available allowand.
- & Compani under the Personal Data Protection Act (PDPA)
- stand, acknowledge, agree and consent that
- (a) My ware, my workshop and the General haurence Association of Singapore ("GIA") may/are permitted to colect, use, disclose anchor process my personal databases and formation set out in this [form] and any other personal information provided by me or possess by my insurer (co. clinely the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have haured vehicle(s) involved in this accident (all insurer(s) who have traumed vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the traumers of the way reafter firms, the Monetary Authority of Singapore and any relevant searcy 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
- (4 investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (ir) activistating my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve decisive of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mol
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) of insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law form, may/are permitted to colect, use, decises 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 (naturing their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

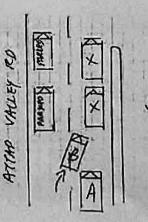


Policyholder's Signature / Date &

's Signature (E driver is not the policyholder) / Cale

Wilnessed by Reporting Centre Personnel

Sketch Plan



SENOTO DRIVE