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 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 21/01/2022 10:32 (SGT) Date of Accident 20/01/2022 10:15 (SGT) **Exact Location of Accident** 6 Admiralty Rd, Singapore 739983 Additional Location Information AN_NUR MOSQUE FRONT GATE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ9426B

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner MOHAMED ROSLAN BIN ABDUL RAHMAN NRIC No S1111295A **Email Address** mroslan1955@gmail.com Mobile Phone No (Phone) +65-91725960 Alternative Phone No +65-91725960

VEHICLE PARTICULARS

Manufacturer

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

Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage ThirdParty Fleet Policy No Policy Number P10470034R01 Cover Note Number

DRIVER

Name of Driver MOHAMED ROSLAN BIN ABDUL RAHMAN NRIC No S1111295A

Date Of Birth 02/03/1955 Occupation Indoor Date Of Driving Pass 23/10/1976 Driving experience 45 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-91725960 Alt Phone Number +65-91725960 Email Address mroslan1955@gmail.com Address BLK 138 MARSILING ROAD #02-2018 Address complement Postcode 730138 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked 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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Νo DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT MY CAR WAS PARKED STATIONARY AT THE AN_NUR MOSQUE OUTSIDE THE FRONT GATE. AT ABOUT 10.15AM, I WAS

MY CAR WAS PARKED STATIONARY AT THE AN_NUR MOSQUE OUTSIDE THE FRONT GATE. AT ABOUT 10.15AM, I WAS INFORMED BY THE MOSQUE STAFF THAT MY CAR WAS INVOLVED IN THE ACCIDENT. I WENT TO CHECK AND FOUND A LORRY VEHICLE NO. (YN2463P) HIT MY CAR REAR RIGHT SIDE BACK SERIOUSLY DAMAGED. LUCKILY NOBODY IN THE CAR.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

YN2463P

VA263P

Vehicle Category

Private car

KHAIRVNNIZAM BIN KHAMIS

S9306622G

Contact Number	(Phone) +65-92371690
Address	2 2
Address complement	æÿ.
Postcode	*:
Insurance Company Name	 ;
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 7. By the ladgment 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.
- 3. 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 date/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 "lasurers"), 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:
 - (I) processing, handling ans/or dealing with my claims including the settlement of the dalms and any necessary investigations relating to the claims;
 - (ii) investigating the ancident and/or my claims;
 - (iii) carrying out and/or desing 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 ma. which could involve discosure of cortain 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
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' (awyers/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 flow firms), which may be sited outside of Siagapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, avestigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - [9] 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

Palleybolder's Signature State & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Tribe:

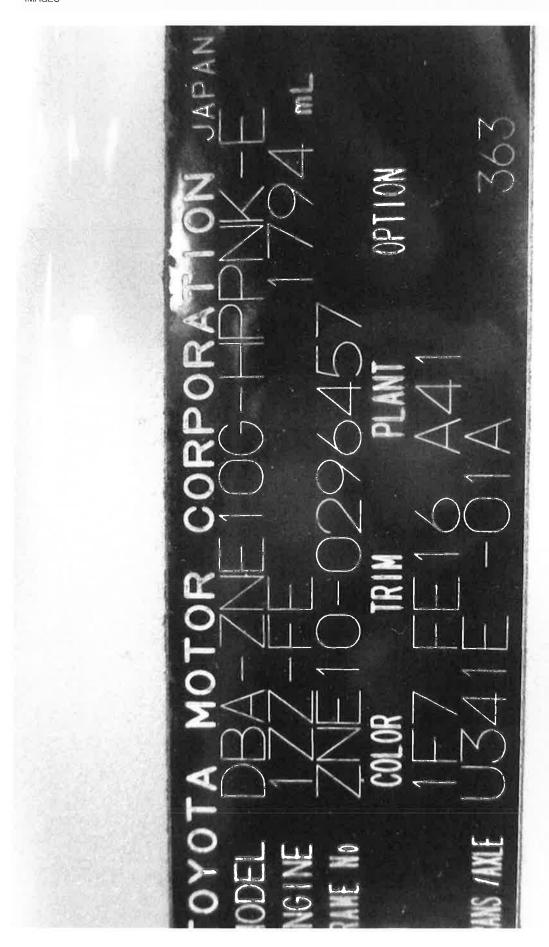
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

CHANGE STATE OF ACT

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	A	7 SIJ 9426B
SKETCH PLAN	(B] YN 2463P
	6	ADMIRATIT RD
DESCRIBE CIRCUMSTANCES OF TH		
		NORT AT THE AN-NUR
		GATE ON ABOUT 10:15AM
I WAS INFORME) BY THE MC	SQUE STATE THAT MY
CAR WAS INVOLV	D IN THE A	CEIDENT, I WENT TO
CHECK & FOUN	D A LORRY	VEHILLE NO. YN 2463P
HIT TO MY CA	IR REAR RIG	SINT SIDE RACK SERIOUSLY
DAMINGED . LW	CKY NO BOD	Y IN THE LAR.
CLARATION /e declare the foregoing particulars are	Pritts in auero parasas	
Service herrores als	CA orta	192
a & Time: -(I	ilyer's Signature driver is not the policyholder) ute & Time:	Reporting Centre Potsonnel's Signature Name: NAME/IR No.:



















Certificate of Insurance

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Markette is the Edwin Miles And I represented Anti-Sager (1987) and the William Control of the C

Certificate Number P10470034R01 (Comprehensive / Named Univer Plan)

1) Yeticle Registration Number Chassis Number

2014 11236352

2) Effective Date / Time of Commencement (2001) 2001 (2001)

of terrorance for the Purpose of the Act 1) Date / time of Expiry of Insurance

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Auto & General Insurance (Singapore) Pte. Cimibut

Bull Simon Birch