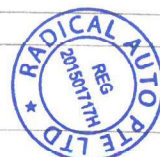


VEHICLE NO: 9u67P

MAKE & MODEL: TOYOTA HIACE

AUTO / MANUAL

DATE OF ACCIDENT	24 / 01 / 2022.	*C.C. 3.0
TIME OF ACCIDENT	16:00hr. - AM / PM	
LOCATION OF ACCIDENT	Bukit Timah Expressway near to Fairf	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	Radical Auto Pte Ltd.	
EMAIL: radicalauto@singnet.com.sg	Office: 66842444	MOBILE: 85684444
NRIC	2015017174	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO?	
INSURANCE CO.	NTUC Income.	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	5111557875 - 02 - 000021	
NAME OF DRIVER	AS ABOVE / IF NO: Mohammad Taufique B'n Mohamed Shafiff.	
NRIC	S85038462	
DATE OF BIRTH	25 / 01 / 1985.	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	27 / 10 / 2009	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO.	Mobile: 9264534	Office: Home:
EMAIL:	radicalauto@singnet.com.sg	
ADDRESS	Blk 878B Tampines Ave 8 # 10-28 (S) 522878.	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes: Reg No. INSURER:	
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No:	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:	
ANY INJURIES	No / If yes: Who? Driver.	
CONTACT NO.		
POLICE REPORT	No / If yes: Where? Tampines N.P.C	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES: WHO?	
VEHICLE B NO.	GIB 4048E Any Passenger: -	
NAME	Biswas Ananda (Fin No = 616516349M).	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
***WORKSHOP:	Alpha Car Services Pte Ltd	
	Email: alphacarservices@hotmail.com	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	



SKETCH PLAN

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 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 lodgment 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' 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 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' lawyers/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/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) 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
 - (ii) for complying with requirements under any regulations, laws or court orders.



X

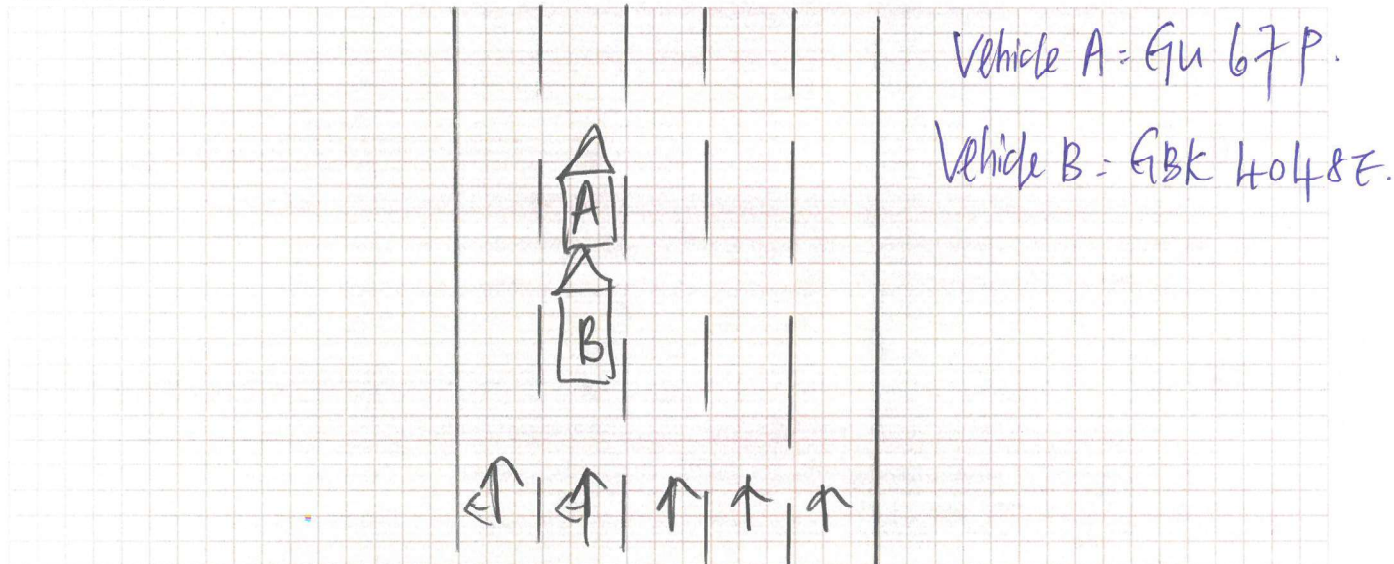
Policyholder's Signature
Date & Time:

X

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report.

Report No : 7/20220125/2029.

REG 2460117TH
RADICAL AUTO PT LTD

[Signature]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature
Date & Time:

X

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20220125/2039

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20220125/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2022 11:08		Vide Report No.:		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: MOHAMMAD TAUFIQUE BIN MOHAMED SHARIFF			Address: APT BLK 878B TAMPINES AVENUE 8 #10-25 SINGAPORE 522878		
ID Type / ID No.: NRIC NO / S8503846Z			Contact No.: Home/Office: Mobile: 93264534		
Nationality: SINGAPORE CITIZEN			Email: taufiqueshariff@gmail.com		
Sex: Male	Age: 37	Date of Birth: 25/01/1985	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2022 16:00	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK4048E	Van	FIAT	FIORINO CARGO 1.3MTA E6 GLAZED	White	Slightly Damaged	0
GU67P	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220125/2039

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20220125/2039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD TAUFIQUE BIN MOHAMED SHARIFF	ID No.	S8503846Z
Related Vehicle	GU67P (Van)	Contact No.	93264534
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	24/01/2022	Date Discharge	24/01/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 24/01/2022 at about 1600hrs, I was travelling along Bukit Merah Expressway near to Exit 8 towards Seletar Expressway in my Silver Toyota Van (Registration plate number: GU67P)

I was travelling in the second lane from the left (of the five lane) at a speed of approximately 40 km/h and came to a stop near a Exit 8 signage due to congestion when all of a sudden, I felt an impact coming from the back and noticed that a White Fiat Van collided into the rear of my vehicle.

Subsequently, we alighted and exchanged particulars with each other before moving off. At the point of time, no one was injured. The driver of the White Fiat Vehicle (Registration plate no. GBK4048E) is namely Biswas Ananda, C/O Honsei Builder Pte Ltd. Tel: 94705735.

There were several dents and scratches observed on the rear bumper including the rear door mechanism of my vehicle. I do have a CCTV installed in my vehicle however it was not in operation. There is no witness to the accident.

After the accident, I suffered some backache and left shoulder. Thus I went to seek medical treatment and was given 7 days MC.



**SINGAPORE
POLICE FORCE**



T/20220125/2039

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220125/2039

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
G /

Sr Staff Sgt MUHAMMAD
FIRDAUS BIN MISWAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/01/2022 11:08

Classification Of Case:



**SINGAPORE
POLICE FORCE**

SIGNATURE