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 26/01/2022 17:48 (SGT) Date of Accident 25/01/2022 16:05 (SGT) Exact Location of Accident MacPherson Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI P1327A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SYAZLIN BINTE HANIF NRIC No S9108494E Email Address MOHAMADYUSOF1978@GMAIL.COM Mobile Phone No (Phone) +65-87553478 Alternative Phone No (Home) +65-87553478

VEHICLE PARTICULARS

Manufacturer Peugeot Model 308 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

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Fleet Policy Policy Number 5124442605 Cover Note Number

DRIVER

Name of Driver MOHAMAD YUSOF BIN MOHAMED GHANI NRIC No S7813285Z

Date Of Birth 13/05/1978 Occupation Indoor Date Of Driving Pass 13/09/2016 Driving experience 5 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-87553478 Alt. Phone Number Email Address MOHAMADYUSOF1978@GMAIL.COM Address APT BLK 535 BEDOK NORTH ST 3 #07-900 Address complement Postcode 460535 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Sibling 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 Collision - Change/cross lane 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? 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 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 TO ATTACHED 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 YP5020D Vehicle Manufacturer Vehicle Model

Commercial vehicle

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)	-

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.
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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.
- 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 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:
 - 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:
 - 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.

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN		
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ou had been advised by workshop that in		Reporting Only
against your own policy (OD claim), then whereby the claim must be made withi		Claim OD
the day of occu		Claim TP
		Claim OD / TP at other workshop
ECLARATION We declare the foregoing particulars are true in	every despedt.	
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olicyholder's Signature Driver's S		Reporting Centre Personnel's Signature
ate & Time: (If driver Date & Ti		Name: NRICKEUNO.:







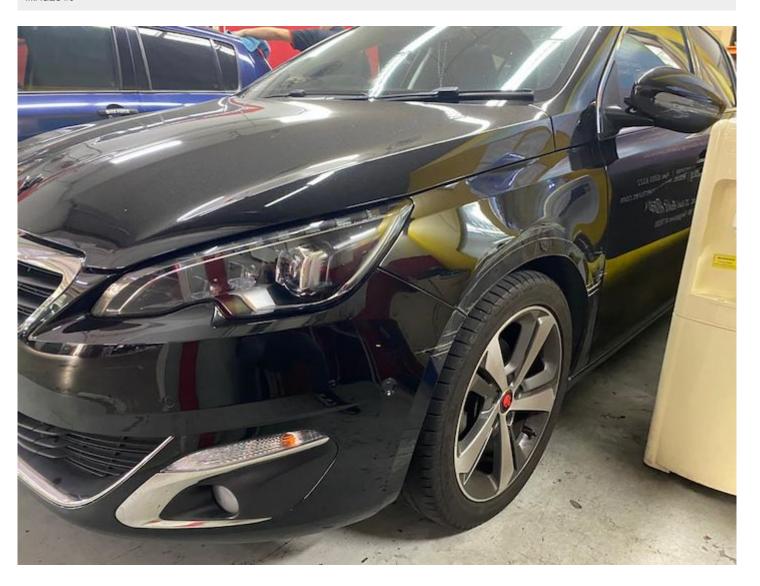


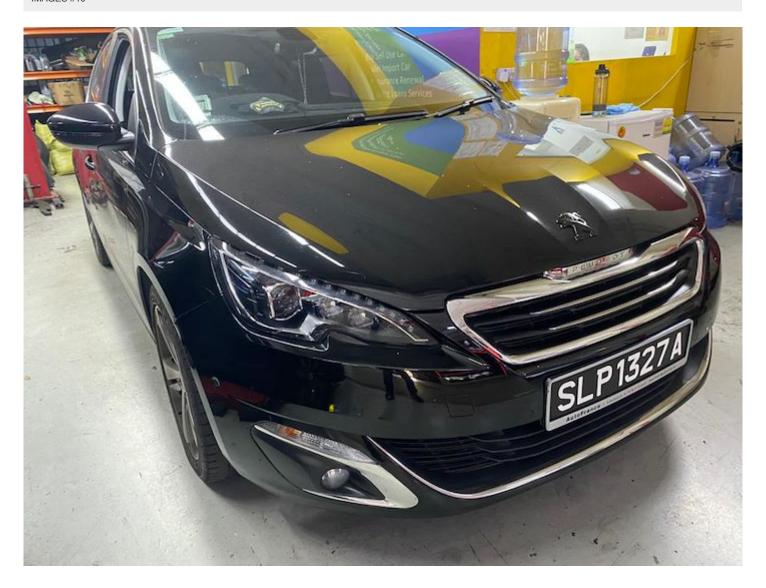
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220125/7044

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2022 19:36
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

NP168





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

	125/7044	
1/20220	120//044	

1 of 3 Report No. T/20220125/7044

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 122 19:36	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: IAD YUSOF	BIN MOHAMED	Address: 535 BEDOK NORTH S	TREET 3 #07-900 SINGAPORE 460535	
A COLOR OF THE SECOND	/ ID No.: D / S78132	85Z	Contact No.: Home/Office:	Mobile: 87553478	
National SINGAP	ity: ORE CITIZ	'EN	Email: MOHAMADYUSOF197	78@GMAIL.COM	
Sex: Male	Age: 43	Date of Birth: 13/05/1978	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupat Canteen			Driving Licence Information Class:	ation: Date of Expiry:	

General Inform	mation of the Accider	it		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/01/2022 16:05	Type of Location: Straight Road
Location: MACPHERSO Weather: Clear	ON ROAD	Road Surface:		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Side Sw	ipe - Same Direction		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLP1327A	Car	PEUGEOT	308		Seriously Damaged	100

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP1327A	NTUC Income Insurance Co-Operative Limited	5124442605	09/11/2021	25/11/2022



T/20220125/7044

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

Report No. T/20220125/7044

CONTINUATION OF REPORT

Anna De de etalese la	arradicada NIa					
Any Pedestrian I	3.5.25.25.25.25.25.25.2					
No. of Pedestrians Injured: NIL Use of Pe			Pedestrian Crossing: NA			
Driver						
Name	MOHAMAD YUSOF BIN MOHAMED GHANI			ID No	о.	S7813285Z
Related Vehicle	SLP1327A (Car)			Cont	act No.	87553478
Hospital/Clinic	NIL	-		Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

I was driving along Machperson Road.

I was on the first lane as i was along side the lorry it just turn in my lane as i pull to an almost complete stop as to avoid being side wipe to the opposite traffic, the rear right side of the lorry scrape and bang onto my left front and completely broke my side mirror from its stem. The said vehicle YP 5020D then just move along and change lane again to the center lane back and off to the third lane horn at him but he just ignore and drove away.