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.

- 4. The issue and acceptance of this is form by instrained 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 26/02/2022 11:27 (SGT) Date of Accident 25/02/2022 17:45 (SGT) Exact Location of Accident Singapore Additional Location Information KPE TUNNEL TOWARDS EXIT STADIUM DR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMI 2152P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HAIRIL BIN ABDULLAH NRIC No. S7129431E Email Address ROSIEDAH@YAHOO.COM.SG Mobile Phone No (Phone) +65-91861729 Alternative Phone No +65-91861729

VEHICLE PARTICULARS

Manufacturer

Model Freed Variant **HYBRID 1.5G AUTO** 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 1496

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number MT/00799329/01 Cover Note Number

DRIVER

Name of Driver KHAIRUL DANISH BIN HAIRIL NRIC No. T0128625G

Date Of Birth 17/09/2001 Occupation Indoor Date Of Driving Pass 31/07/2021 Driving experience 7 MONTHS Gender Male Mobile Number (Phone) +65-86606539 Alt. Phone Number Email Address ROSIEDAH@YAHOO.COM.SG Address BLK 609 #06-542 JURONG WEST ST 65 Address complement Postcode 640609 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **CHILDREN** Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver FBG9316U Insurance Company of Other Vehicle Owned by Driver Direct Asia Insurance (Singapore) Pte Ltd GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

No

HAZIG

PASSENGER 1

Name

Gender Male PASSENGER 2

soliciting/offering accident claims assistance?

Name **MALIKI** Gender Male

PASSENGER 3

Name **AQIL** Gender Male

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? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE STATEMENT

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 SND9914S Vehicle Manufacturer Subaru Vehicle Model Impreza Vehicle Variant Vehicle Colour Black Vehicle Category Private car Name of Driver LOH HOCK NGAN (LUO FUYUAN) NRIC No S7532786B Contact Number (Phone) +65-96541555 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person KHAIRUL DANISH BIN HAIRIL Gender Male Phone No (Phone) +65-86606539 Address BLK 609 #06-542 JURONG WEST ST 65 Address Complement Post Code 640609 Approximate Age Years Old 21 Injuries Sustained Injured person in which vehicle? SML2152P Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

Accident Toolkit

Sketch plan

Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

if safe, please take photos or videos from all angles.



Car A (my car) was travelling in ME tunnel towards Kallang. Traffic was moderate. The whide in front of me e-brake that causes me to e-brake.

The dries behind me was not able to e-brake to me and had rammed my rear which and causing damage (door cannot be opened and car now cannot lock).

Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.





Call us direct

Customer Cars

6665 5555

Claims Support 24/7 Hoth

6532 1818

SUSTICIA PLAN

INCHORFASE NOTICE

- 1. Please report correctly the details of the accident to spead up the claims promes.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as trust-field and accurate as trust-field. Any will of interspressuration or withholding of material facts may allow insurance compenses to <u>recording policy liabilities.</u>
- The laste and acceptance of this Form by insurance compenses is not an edistribution of policy list thy on the part of the Wasteros companies.
- 5. Sure false reporting many be referred to the Police for Investigation-
- The report will be forwarded by the insurers of the GIA Seconds Management Centre established by the desertal insurance Association of Singapolie (GIA) for archiving and that cooler of this report will for a fee be made established upon application by interested parties.
- by the lodgment of this report to the insurers, you hareby 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, admovindgs, agree and consent that:

- (a) My insurer, my workshop and the General Insurence Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal deta/personal information set out is 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/lew 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 dains including the settlement of the dains and any necessary investigations relating to the dains;
 - (ii) investigating the accident and/or my deline;
 - (III) carrying out end/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 attends cover of envelopes/meil peckages); and/or
 - (v) complying with applicable law in administrating, processing, handling and/or dealing with my claims/collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this sections and the insurers' towyers/few 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 invyers/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 daim? history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so-collected under (d) shove may be shared / disclosed:
 - (i) to all harrers and/or any other third parties that easist 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, lass or cours orders.

Policy volder's Signature

Date S. Trong

10.30 ans

Debne's Signature

(If driver is not the policyholder)

Date & Times

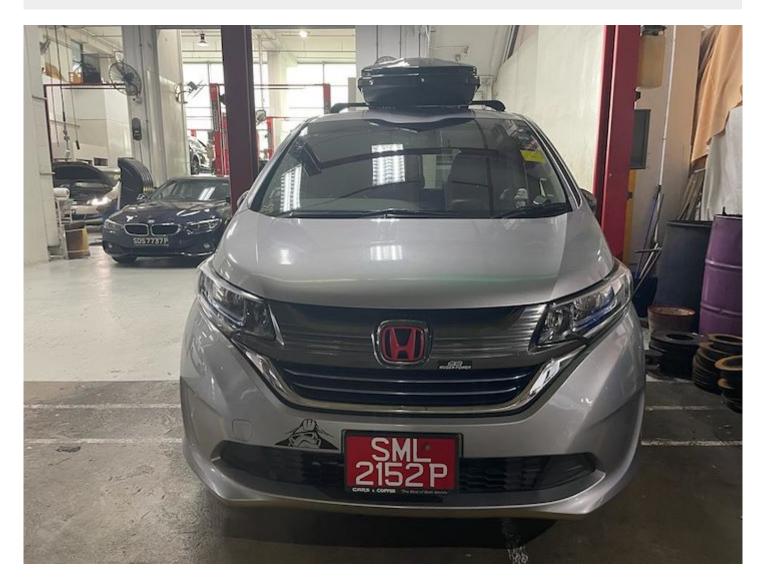
Reporting Centre Personnel's Signature

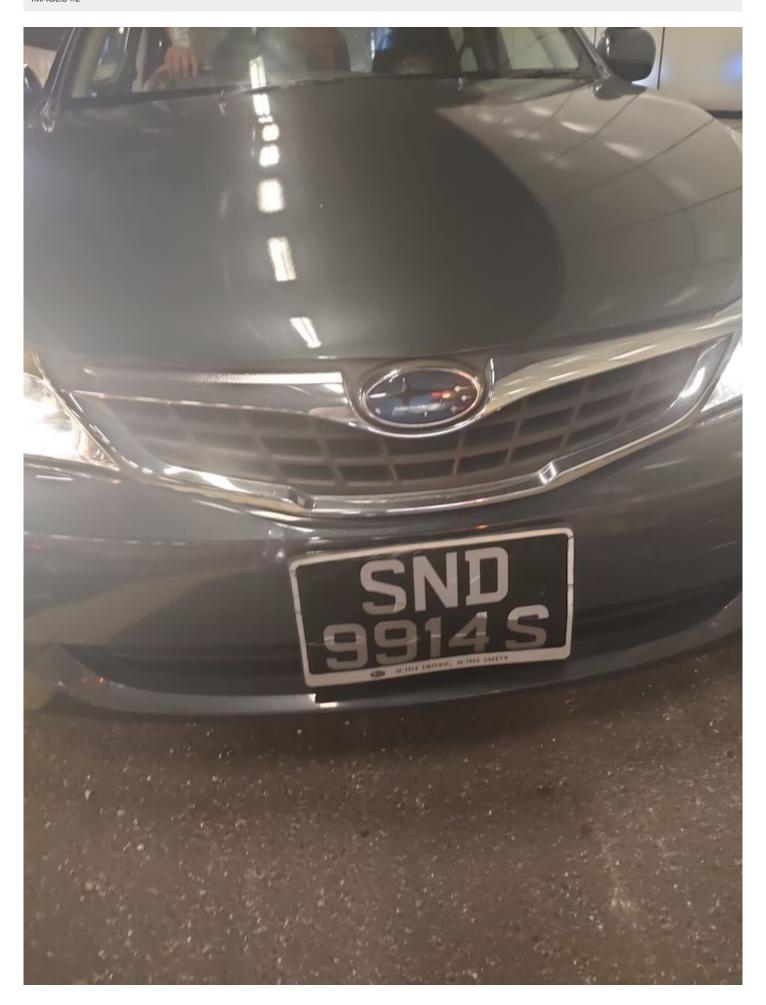
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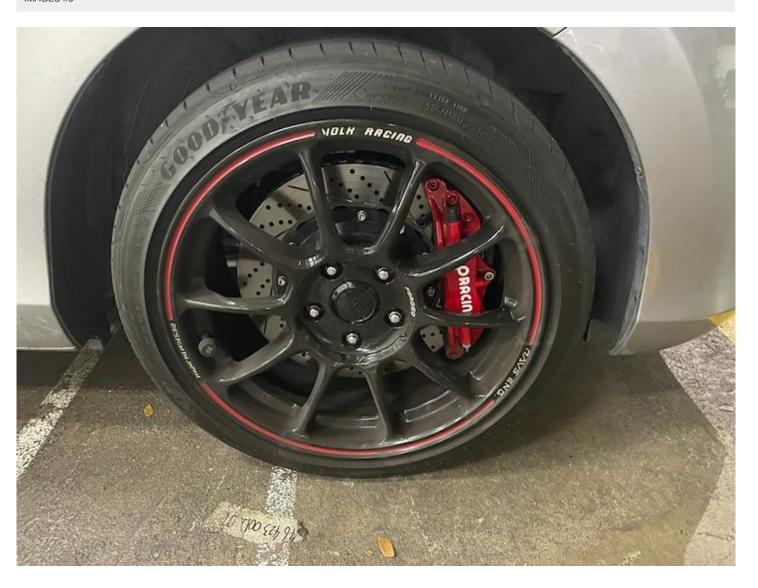
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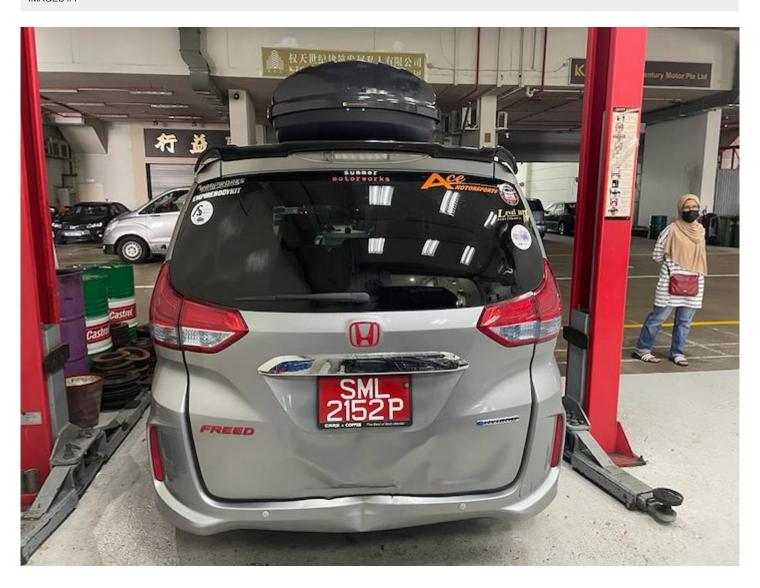
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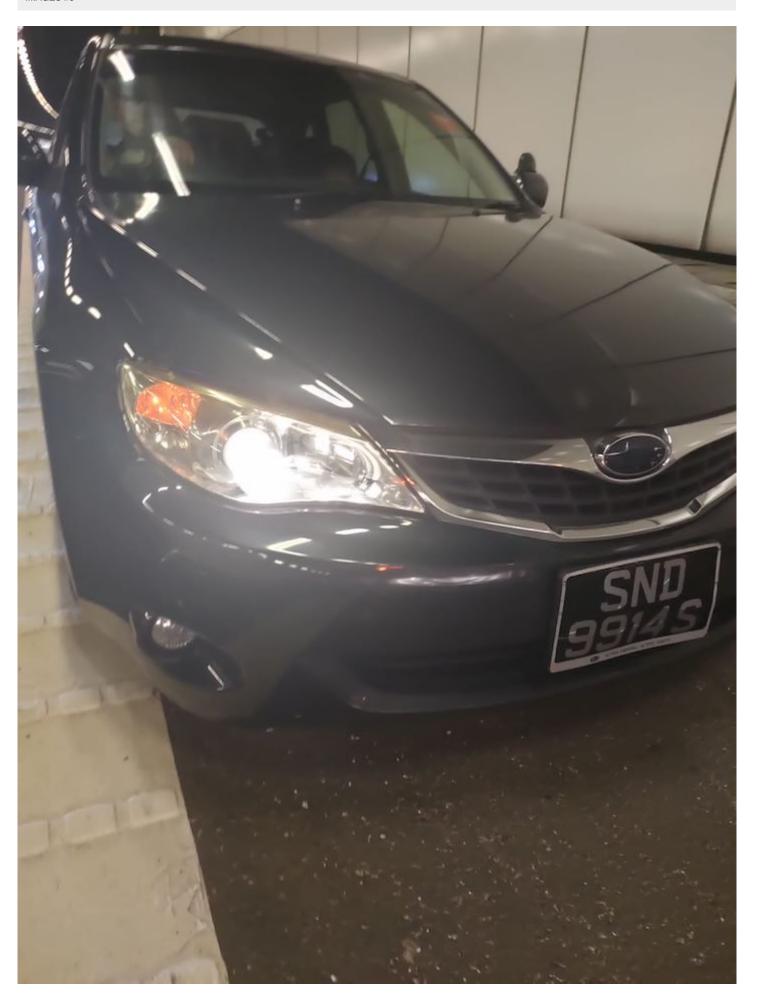
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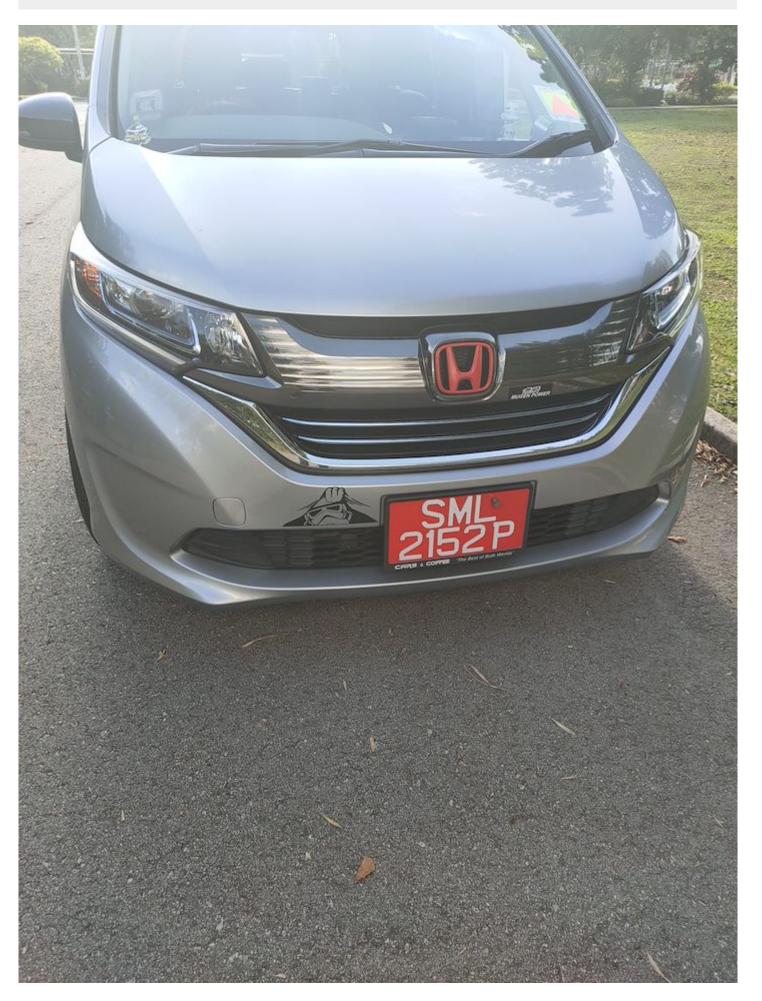


















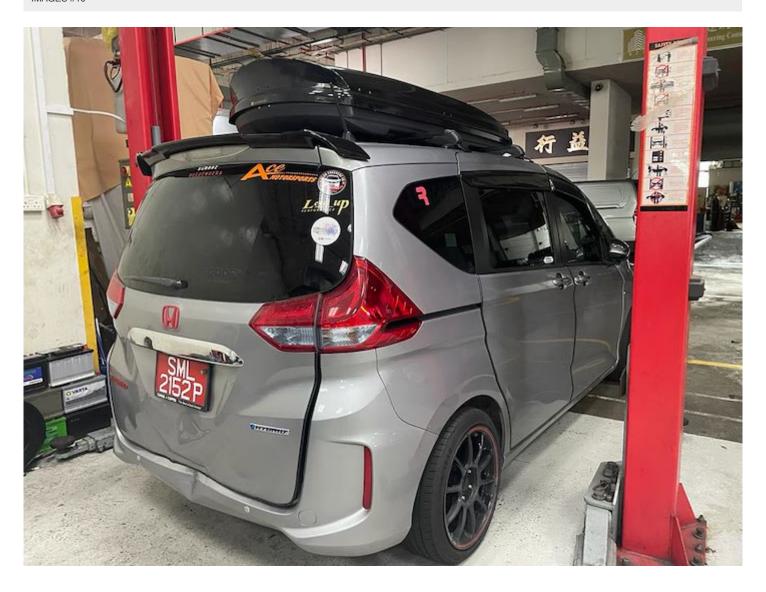




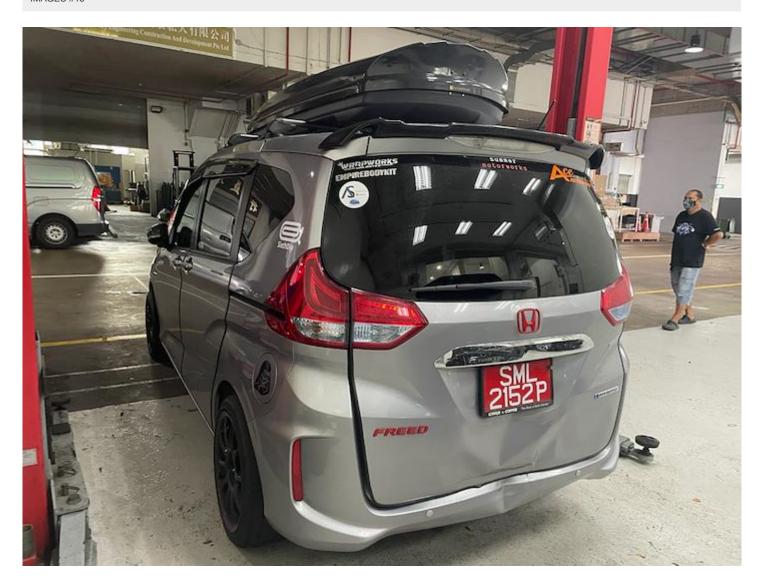
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20220226/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2022 14:11		Vide Report No.:	Station Diary No.:				
Informant's	s Partic	ulars					
Name of Informant:			Address:				
HAIRIL BIN ABDULLAH			609 JURONG WEST STREET 65 #06-542 SINGAPORE 640609				
ID Type / ID No.:			Contact No.:				
NRIC NO / S7129431E			Home/Office: Mobile: 91861729				
Nationality:			Email:				
SINGAPORE CITIZEN			rosiedah@yahoo.com.sg				
Sex:	Age:	Date of Birth:	Type of Informant:				
Male 50 04/09/1971			Vehicle Owner				
Race:			Language:	Institution / School Name:			
Malay			English	A. P. DER STEEL CO., and A. S. S.			
Occupation:			Driving Licence Informa	ation:			
Self employed			Class:	Date of Expiry:			
				14,000,000,000			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2022 17:45	Type of Location KPE tunnel towards exit Stadium Dr
Location: KALLANG PA	YA LEBAR EXPRE	SSWAY		
147 11		I Book of the second	11	
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
75.70.00		(7)20 and (4) and (4)		SUCCESSION OF THE PROPERTY OF

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SML2152P	Car	HONDA	Freed GB7	Silver	Seriously Damaged	
SND9914S	Car	SUBARU	Imprezza	Black	Slightly Damaged	5





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20220226/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SML2152P	DIRECT ASIA INSURANCE	MT/00799329/01	10/05/2021	09/05/2022	
	(SINGAPORE) PTE, LTD.				

Any Pedestrian Ir	nvolved: No					
No. of Pedestrian			Use of Po	edestrian	Cross	ing: NA
Driver						
Name	KHAIRUL DANISH BIN HAIRIL			ID No	i i	T0128625G
Related Vehicle	SML2152P (Car)			Conta	ct No.	86606539
Hospital/Clinic				Class Drivin Licent Expiry	g e &	Class: 3A Date of Expiry: NIL
Date	NIL Date		Date	-	NIL	<u> </u>
No. of Days gran	1112					
Driver					32	
Name	LOH HOCK GUAN (LU FUYUAN)			ID No	2	S7532786B
Related Vehicle	SND9914S (Car)			Conta	ct No.	96541555
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g e &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL Date				NIL	
	1112		Degree o	of	NIL	
Vehicle Owner						
Name	HAIRIL BIN ABDULLAH		ID No	a .	S7129431E	
Related Vehicle	NIL			Conta	ct No.	91861729
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date	0.5	NIL	8
No of Dave gran	ted Medical Leave	NIL	Degree o	of	NIL	





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

Report No. T/20220226/7018

CONTINUATION OF REPORT

Brief Details.

Driver was my son, Khairul Danish Bin Hairil NRIC T0128625G. He was driving car plate number SML2152P (Car A) along KPE tunnel towards Stadium Dr. Accident happened at 5.45pm. While driving, a car in front of him had continuously braked a few times and then suddenly e-braked which caused him to e-brake also. He was able to stop in time and did not collide with the car ahead. However the car behind, plate number SND9914S (Car B) was not able to stop in time and had collided into the car rear, causing damage. Driver of Car A had exchanged information with driver of Car B, Mr Loh Hock Ngan (Luo Fuyuan) license number S7532786B for purpose of repair works. Driver of Car A later had developed headache and experienced pain in his neck and shoulders and will seek medical attention.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20220226/7018

CONTINUATION OF REPORT

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-	11.1	1 -	ICATE.

Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 26/02/2022 14:11
Classification Of Case:

GENERAL INSURANCE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SU0222260001 Vehicle Registration No: SML 2/52P

Name (as shown in NRIC): HAIRIL BIN ABDULLAH

NRIC/FIN/Passport No: 431E (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: BLK 609 # 06-542 JURONG WEST ST 65 Singapore ()

Contact (Tel): Mobile No.: 9186 1729 Contact (Tel): Mobile No.: Mob Date of Accident: 25/2/22 Time of Accident: 17:45 HRS

Place of Accident: MCE TUNNEL TOWARDS KALLANG Insurance Company: DIRECT ASIA INS (SINGAPORE) ATE LTD (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: of place of accident to KPE tunnel towards Stadium Dr and upload police report Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date: 28. 02 2022