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 the insurance of the production by interested parties. 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 26/03/2022 13:46 (SGT) Date of Accident 25/03/2022 18:30 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information TWDS TPE BEFORE EXIT 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

1800

Vehicle Registration Number SJD1831Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SHEIKH HUSSEIN BIN KOSU MOHAMED NRIC No S8629628D Email Address oshwsk@hotmail.com Mobile Phone No (Phone) +65-84683448 Alternative Phone No +65-84683448

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant Exact purpose for which vehicle was being used at time of Private use

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10215574R02 Cover Note Number

DRIVER

Name of Driver SHEIKH HUSSEIN BIN KOSU MOHAMED NRIC No. S8629628D

Date Of Birth 18/10/1986 Occupation Indoor Date Of Driving Pass 22/02/2006 Driving experience 16 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-84683448 Alt. Phone Number +65-84683448 Email Address oshwsk@hotmail.com Address BLK 193 RIVERVALE DRIVE #11-777 Address complement Postcode 540193 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 Chain Collision 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? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220326/2019. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SND9151B Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	HUANG PENGYUAN
Contact Number	(Phone) +65-91720450
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SLZ6856D - -
	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	SHEIKH HUSSEIN BIN KOSU MOHAMED Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJD1831Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	 -
Phone	 (Phone) +65-90884628
Fmail	,

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 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.
- 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) w ho 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & 26/3/22

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

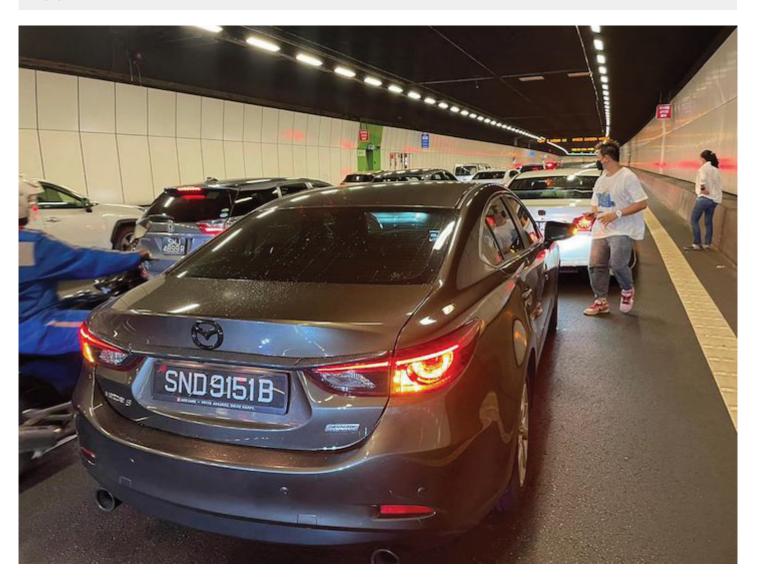
Sketch Plan

KPE (TUNNEL TOW ARDS TRE)

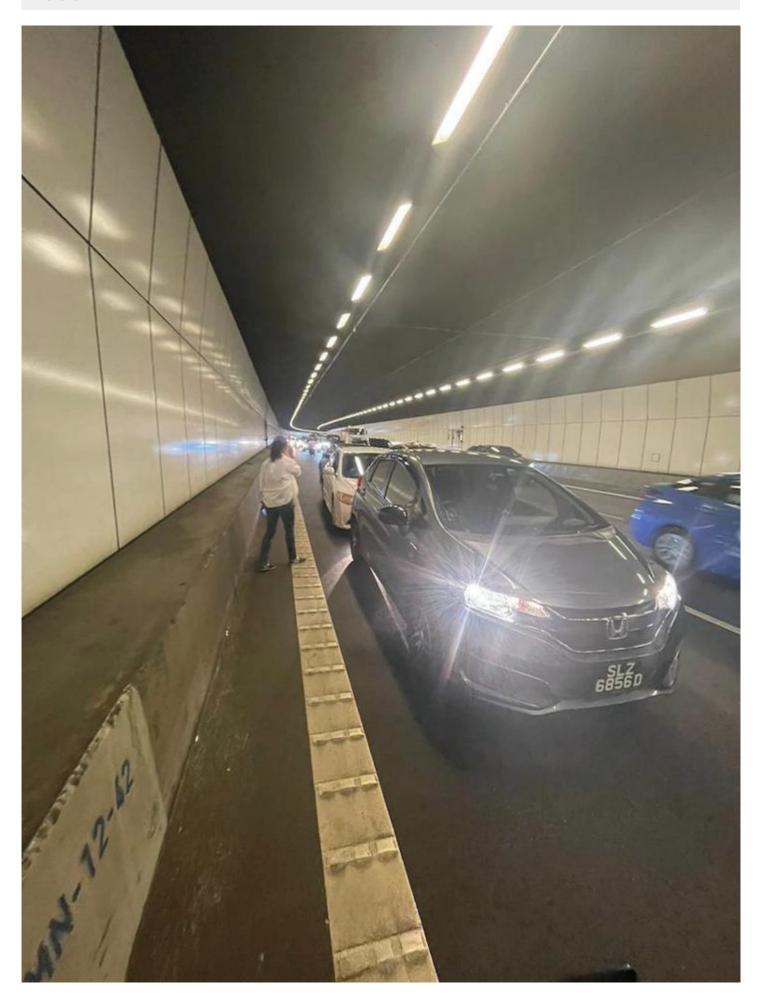
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A:SJD1831Y

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YGAPORE CE FORCE



I of 4

Report No. T/20220326/2019

agin:

Square #01-02 SINGAPORE

.. 1800-343 8999

Date/Time Report Made: 26/03/2022 10:48 Informant's Particulars		Made:	Vide Report No.:		
				Station Diary No.	
Name of SHEIKI	of Informant		Address:		
SHEIKH HUSSEIN BIN KOSU MOHAMED ID Type / ID No.: NRIC NO / S8629628D Nationality: SINGAPORE CITIZEN			APT BLK 193 RIVERVALE DRIVE #11-777 SINGAPORE 540193 Contact No.:		
			Home/Office: Email:	Office: Mobile: 84683448	
Sex: Male	Age: 35	Date of Birth: 18/10/1986	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
ocupation: ECHNICIAN			Driving Licence Information: Class: 3		

General Information of the Type of Injury		Drink	Data	
Accident:	Others	Drive:	Date/Time of Accident:	Type of Location
Location:		No	25/03/2022 18:30	Straight Road
Weather: Clear	YA LEBAR EXPRI	Road Surface:		
raffic Flow:		Dry	1	Road Speed Limit:
		7		
One Way ype of Collisio	n: g Vehicles - Head	Traffic Control: Not Controlled	T A	raffic Volume:

Vehicle No.	Туре	Make	T.				
SJD1831Y Car	-		Model	Color	0		
	HONDA	CIVIC 1.8L A		Condition	No of Passenger		
SLZ6856D	Car	-	51710 1.0L A	vvnite		0	
SND9151B	Car		-			0	

- otalis of v	enicle Insurance			
Vehicle No.	Insurance Company	Insurance No		
		modrance No	Effective	Expiry Date





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Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20220326/2019

2 of 4

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD1831Y	AUTO & GENERAL INSURANCE (SINGAPORE) PTE, LIMITED	P10215574R02	11/09/2021	10/09/2022

Details of Perso					
Any Pedestrian Ir					
No. of Pedestrian	s Injured: NIL	Use of Pe	destrian	Cross	ing: NA
Driver			ID No.		
Name	SHEIKH HUSSEIN BIN KOSU MOHAMED				S8629628D
Related Vehicle	SJD1831Y (Car)			ct No.	84683448
Hospital/Clinic	ISLAND FAMILY CLINIC (BEDOK)			of e & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave 03	Degree of		NIL	
Driver					
Name	CHUA KIA MIN		ID No.		S8841162E
Related Vehicle	SLZ6856D (Car)			ct No.	90884628
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	scharge NIL		
	ted Medical Leave NIL	Degree o	V		
Driver		· ·			
Name	HUANG PENGYUAN		ID No		S8214118I
Related Vehicle	SND9151B (Car)		Contact No.		91720450
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
mente illustrationis	ted Medical Leave NIL	Degree o		NIL	





3 of 4 Report No. T/20220326/2019

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Brief Details.

On 25/03/2022 at about 1830hrs, I was driving my vehicle bearing registration plate number SJD1831Y at KPE tunnel towards TPE. Before Exit 5, I noticed the front vehicle bearing registration plate number SLZ6856D press on the break as such I press on my break to slow down my vehicle.

When my vehicle going to stop, sudden there was one vehicle bearing registration plate number SND9151B hit on to my vehicle rear. As such cause my vehicle to move forward and hit on to the front vehicle rear.

We then came out from our vehicle to make a check and exchange particular. We then left the location.

I went to Island Family clinic (Fernvale) and given 3 days of MC due to back pain.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999 4 of 4 Report No. T/20220326/2019

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 <u>report number</u> as reference.

Signature of Officer Recording The Report: F / Other ONG RONG HUI EDMUND	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2022 10:48
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	

It pays to choose



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10215574R02

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10215574R02 (Comprehensive / Named Driver Plan)

1) Vehicle Registration Number SJD1831Y

JHMFD16308S219729 Chassis Number

2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

11/09/2021 (00:00)

3) Date / Time of Expiry of Insurance

10/09/2022 (23:59)

4) Excess (i) Policy (ii) Windscreen

5) Policyholder

SS 600.00 S\$ 100.00

Sheikh Hussein Bin Kosu Mohamed

6) Persons or Classes of Persons Entitled to Drive*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth

: Sheikh Hussein Bin Kosu Mohamed (18/10/1986)

Named Driver(s) / Date of Birth

Mohammad Shahrul Bin Nasrun (08/08/1977) Mohammad Nasri Bin Anuar (04/01/197) Mohamed Ali Bin Kosu Mohamed (23/11/1983)

7) Limitation as to use*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

8) Finance Company

Maybank Singapore Limited

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 27/08/2021

Auto & General Insurance (Singapore) Pte. Limited Trading as Budget Direct Insurance

> Simon Birch Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as Budget Direct Insurance 190 Clemenceau Avenue, #03-01, Singapure Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

^{*} Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.