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 02/04/2022 10:32 (SGT) Date of Accident 01/04/2022 15:50 (SGT) Exact Location of Accident Near 297 Lor 6 Toa Payoh, Singapore 319389 Additional Location Information PIE (Changi) after Toa Payoh Lorong 2 exit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SJN9967J

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner Mohammad Firdaus Bin Nor Halis

Passport No/FIN SXXXX603A Email Address

firdausnorhalis@gmail.com Mobile Phone No (Phone) +65-90071743

Alternative Phone No +65-90071743

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Altis

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Comprehensive

Type of Coverage Fleet Policy

Policy Number 5126419122

Cover Note Number

DRIVER

Name of Driver Mohammad Firdaus Bin Nor Halis Passport No/FIN SXXXX603A

Date Of Birth 05/10/1984 Occupation Indoor Date Of Driving Pass 08/07/2004 Driving experience 17 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90071743 Alt. Phone Number +65-90071743 Email Address firdausnorhalis@gmail.com Address Block 324 Ubi Avenue 1 Address complement #05-543 Postcode 400324 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 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) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Tanglin Division Headquaters Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report:- E/20220401/7036 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number Vehicle Manufacturer | SMX2267D Mazda |
|--|-------------------|
| Vehicle Model | 3 |
| Vehicle Variant | - |
| Vehicle Colour | Red |
| Vehicle Category | Private car |

| Name of Driver | Toh Koon Aik |
|---|----------------------|
| Contact Number | (Phone) +65-96536763 |
| 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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old | - |
|---|----------|
| Injuries Sustained | - |
| Injured person in which vehicle? | SJN9967J |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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) 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' 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time or /4/201 0 /03/04

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

Witnessed by Reporting Centre Personnel Com (16) Share

Sketch Plan

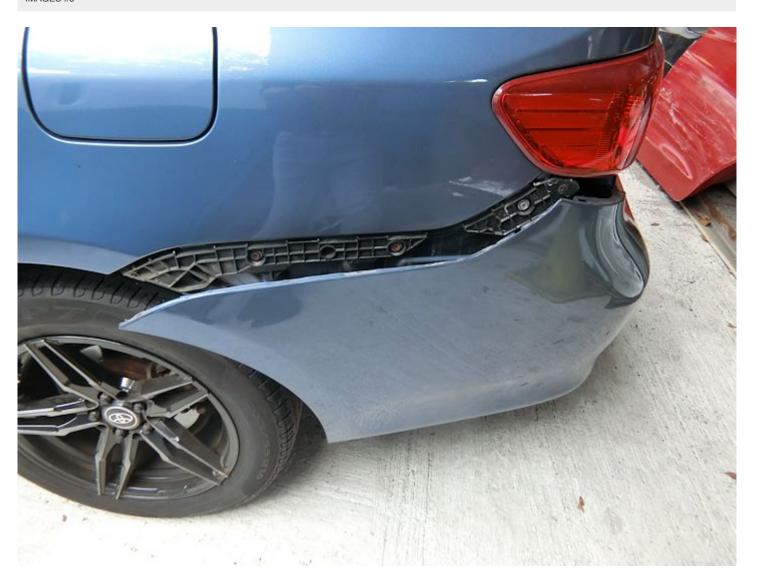
| escribe Circumstances of the Accident | 11. 61 |
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| declare the foregoing particulars are true in every respect. | 51 |
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| yall. | |
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| holder's Signature / Date & Driver's Signature (If driver is not the policyhold | der) / Date Witnessed by Reporting Centre |
| C7/04/2022 @/030/1 & Time | Personnel Lan Wer Shan |
| - 104 1 700 C 1000NA | LAM WY: GW |





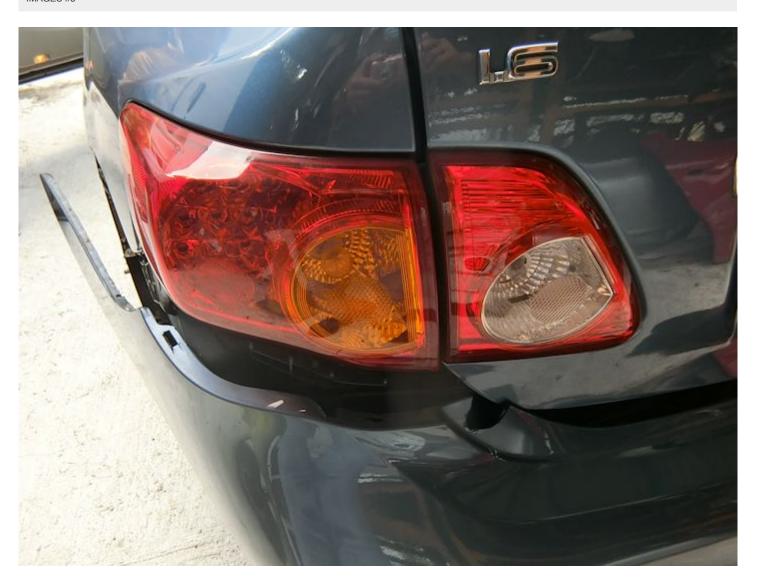


















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Report No. E/20220401/7036

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

| 100000000000000000000000000000000000000 | | | Station Diary No. |
|---|--|---|---|
| | | | |
| Address | | - | |
| 324 UBI | AVENUE 1 | #05-543 SINGAR | ORE 400324 |
| | | Mobile: 90071743 | |
| | Email Address firdausnorhalis@gmail.com | | |
| Sex | Age | Date of Birth | Race |
| Male | 37 | 05/10/1984 | Boyanese |
| Languag English | ge | | W 52 |
| 1000 2000 200 | Location Of Incident PIE towards Changi, Lane 1 | | |
| | 324 UBI Contact Home/O Email Ad firdausn Sex Male Languag English Location | Contact No. Home/Office: Email Address firdausnorhalis@gm Sex Age Male 37 Language English Location Of Inciden | 324 UBI AVENUE 1 #05-543 SINGAR Contact No. Home/Office: Mobile: 90071743 Email Address firdausnorhalis@gmail.com Sex Age Date of Birth Male 37 05/10/1984 Language English |

Brief details.

I was given a 3-day MC and I was told by the insurer to make a police report if I was given at least 3 days MC.

I was involved in a car accident along PIE (TPY stretch), heading towards Changi. A car rear ended mine on lane 1.

We got out to inspect and took pictures of the damage. After that, we exchanged contacts. I didn't feel any pain or numbness at this point of time.

| 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: 01/04/2022 21:26 |
| Officer In-Charge Of Case: | 9.1 | Classification Of Case: |
| 23 · · · · · · · · · · · · · · · · · · | 0 | |





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220401/7036

I called my insurer to dispatch the Orange Team Task Force (NTUC) to assist me with the accident. When I was going through the process of the claim, that was when I started to feel the numbness near my spinal area. That was when he advised me to see doctor and to make a police report if my MC is 3 days or more.

On a side note, I was harassed by touts on 2 occasions: the first was at the accident site itself and the second was at TPY stadium car park when I was waiting for the task force and tow truck to come. The incident of the first touting is capture on my car can but I haven't downloaded the footage yet. The 2nd incident, the tout gave me his number. What can be done to prevent touts from plying the roads and taking advantage of the situation?

| The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|---|
| Date/Time: 01/04/2022 21:26 |
| Classification Of Case: |
| |