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 09/05/2022 16:18 (SGT) Date of Accident 08/05/2022 15:15 (SGT) Exact Location of Accident 547A Segar Rd, Singapore Additional Location Information 547A SEGAR ROAD LOADING AND UNLOADING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLD2821X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD HANAFI BIN ABDUL MOLOK NRIC No. SXXXX561I Email Address sehanafi1312@gmail.com Mobile Phone No (Phone) +65-82335864 Alternative Phone No (Home) +65-82335864

VEHICLE PARTICULARS

Manufacturer

Model Vios 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 1497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5123526684 Cover Note Number

DRIVER

Name of Driver MUHAMMAD HANAFI BIN ABDUL MOLOK NRIC No. SXXXX561I

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	29/10/1991 Indoor 23/08/2021 9 MONTHS Male (Phone) +65-82335864 (Home) +65-82335864 sehanafi1312@gmail.com BLK 628 BEDOK RESERVOIR ROAD #02-1672 470628 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 Yes No Yes 2 No
Name Gender	SHOLEHA BINTE MOHAMED ZIN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

SMT9215D

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	MUHAMMAD HANAFI BIN ABDUL MOLOK Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SLD2821X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 7. By the ladgement 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)

Lunderstand, 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the hoursers' 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;

(ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(w) administering my claims (including the mailing of correspondence, statements, involves, 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 &

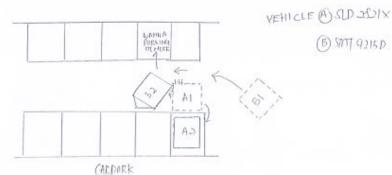
Driver's Signature (if driver is not the policyholder) / Date

SERVICE Co. Reg. No Personnel

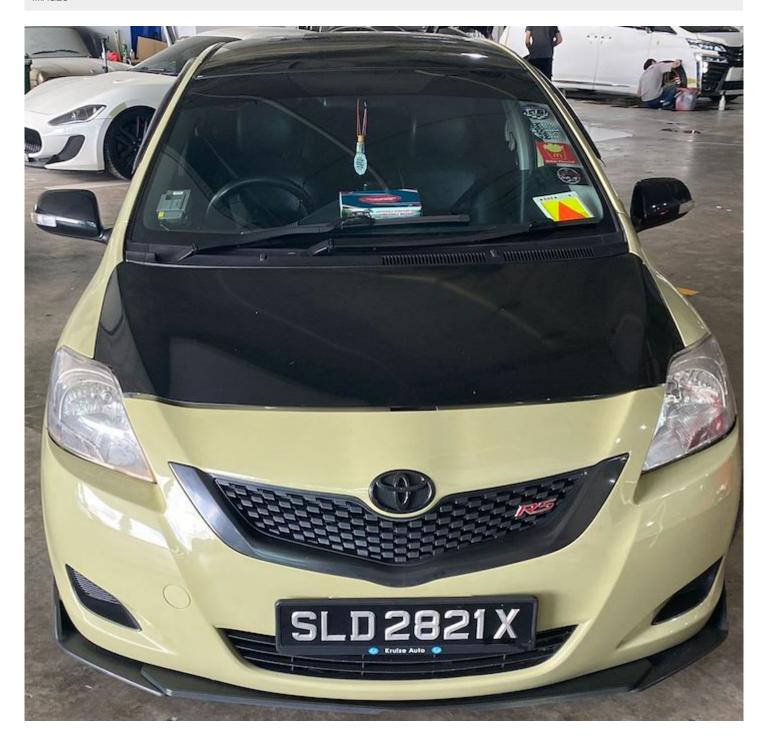
(B) SMT 9215 P

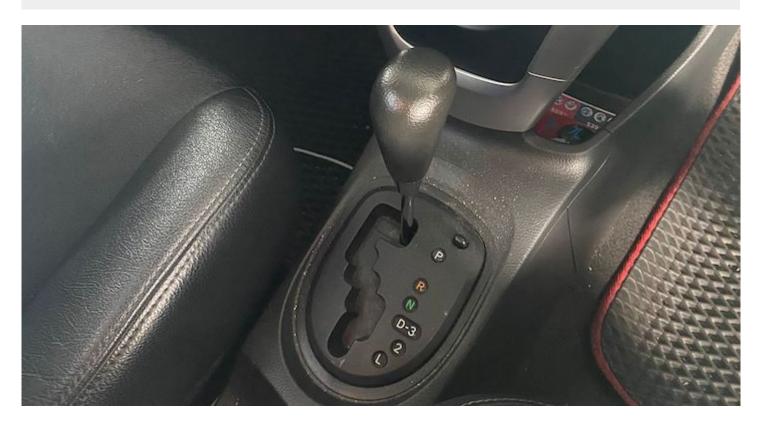
Sketch Plan JEGAR RP

450



























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

Feport No. 7/20220509/7032

	ne Report N 122 14:51	lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Partice	ulars			
		AFI BIN ABDUL	Address: 628 BEDOK RESERVO 470628	NR ROAD #02-1672 SINGAPORE	
	/ ID No.; O / S91385	611	Contact No.: Home/Office: Mobile: 82335864		
National SINGAP	ity: ORE CITIZ	EN	Email: SEHANAFI1312@GMA	IL.COM	
Sex: Male	Age: 30	Date of Birth: 29/10/1991	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupa	tion:		Driving Licence Informa Class: 3A	tion: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2022 15:15	Type of Location Car Park
Location: SEGAR ROA	D			
Weather:		Road Surface:		ad Speed Limit:
Clear		Dry	20	Km/h
		Traffic Control: Not Controlled	1000	Km/h affic Volume:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLD2821X		TOYOTA	VIOS E AUTO	Green	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD2821X	NTUC Income Insurance Co-Operative	5123526684	30/08/2021	19/10/2022



1/20/2009/07/03/

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

2 of 3 Report No. T/20220509/7032

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian I						
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA				
Driver	and the same of th					
Name	MUHAMMAD HANAFI BIN ABDUL MOLOK		ID No).	S9138561I	
Related Vehicle	SLD2821X (Car)		Contact No.		82335864	
Hospital/Clinic	LIFE CARE CLINIC		Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL	
Date	09/05/2022	09/05/2022 Date		-	09/05	/2022
No. of Days granted Medical Leave 03		Degree of				

Brief Details.

on the stated time and date, i am at the carpark of block 547 loading and unloading area. When i arrived , i was parking my car at the empty lot. While parking, i reverse my car (SLD2821X) into the lot, suddenly a car (SMT9215D) reverse and did not check the surrounding (Blind Spot) and bang onto my car. We get down the car and excess the damage His Rear Left bumper bang onto my Front Left fender area, exchanged particulars and left the scene shortly after. Next day went to Lifeplus clinic located at bedok to consult doctor as i felt soreness on my neck and right elbow. Received 3 days of MC.



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

Report No. 1/20220509/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass, No signature is required.

Date/Time: 09/05/2022 14:51

Classification Of Case:



Chief Executive

Certificate of Insurance AUSTORIST HIGHES (THERD PARTY BISKS ARED COMPERSATION) ACT TERRIPTER TRO) AUSTOR VEHICLES (THERE PARTY BISKS AND COMPERSATION) ROLLS, 1960 HIGHE TERRISPORT ACT, 1982 (MAKAYAN) GOAD TRANSPORT (AMERITMENT) ACT, 2019 (ARA) AVSIA) Certificate Number: 5121520681 Cover : date CLASSIC SLD 28.21X : Mit053HY9305168732 SO KNA BIJOSA BIREFINARAH GAZAMAHUM. : 1507 guA 98 3 Persons or Classes of Persons entitled to drives: (a) The Policyholder. (b) Any other person who is diving on the Policybolder's order or will bis/her permission Promised that the person driving is permitted in accordance with the learning or other laws or regulations to drive the Motor Vehicle or his been to permitted and is not disqualified by order of a Court of Law or by vession of any enactment or regulation in that behalf from driving the Motor Vehicle (a) Use for social damestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover (a) Use for love or reward.(b) Use for racing, pure making, reliability trial or speed testing. This Pulicy, the Schedule, Endorsement and the Certificate of Insurance are to be road together as one document, DICESS (SECTION 2) TNIA WINDSCREEN EXCESS 55100 : 8//4 BEPAIR AT OWNERS PREFERRED WORKSHOP : NO INSURE WITH COE : YES : NO EGADSID! ASSISTANCE AND WILLINESS COVER. : NO TRANSPORT ALLOWANCE NO DICESS WARVER NO MURAMMAD RABATEUR ABBUT MOLOK 1 N/A NAMED DRIVER (2) ± N/A LUBE PORCHASE COMPANY : MONEYMAX LEASING PTE THE SUM-INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS (We hereby Certify that the Policy to which the Certificate relates a issued in accordance with the programm of the Motor Vehicles (third Party Reks and Compensation) Act (Chapter 1879) and Part Mod the Boad Transport Act, 1987 (Ballaysta) MONEYMAX ASSURANCE AGENCY PTF. LTD. (00000573853) = 30 Aug 7071 14:44 hes For NEUC INCOME INSURANCE CO-OPERATIVE HAUTED