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 12/05/2022 16:28 (SGT) Date of Accident 12/05/2022 07:20 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (Tuas) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH1796U

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner Mohammad Hanif Bin Mohammad Shamsudin

NRIC No SXXXX319H

Email Address oi hanep@hotmail.com Mobile Phone No (Phone) +65-91848364

Alternative Phone No +65-91848364

VEHICLE PARTICULARS

Manufacturer Honda Model Civic

Variant Civic

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 Manual CC 2000

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd

Type of Coverage ThirdPartyFireTheft

Fleet Policy Nο

Policy Number MT 00831187/02

Cover Note Number

DRIVER

Name of Driver Mohammad Hanif Bin Mohammad Shamsudin

NRIC No SXXXX319H Date Of Birth 20/12/1988 Occupation Indoor Date Of Driving Pass 13/10/2016 Driving experience 5 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91848364 Alt. Phone Number +65-91848364 Email Address oi_hanep@hotmail.com Address Blk 130A Lor 1 Toa Payoh #07-510 Address complement Postcode 311130 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? 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 Report refer to Sketch Plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJH6967K Vehicle Manufacturer Vehicle Model

Private car

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) | _ |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | SJZ907D |
|---|-------------|
| 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) | - |
| | |

DETAILS OF OTHER VEHICLE PROPERTY 3

| Vehicle Registration Number | SMM2226E |
|---|-------------|
| 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 | Mohammad Hanif Bin Mohammad Shamsudin Male |
|---|--|
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | Unknown |
| Injured person in which vehicle? | SJH1796U |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- Hease report correctly the details of the accident to speed up the claims process.
- 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
- 5. Ary 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 Slingapore (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)

Lunderstand, acknowledge, agree and consent that

- (a) Mr insurer , my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/cr 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
- (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
- $\langle v \rangle$ complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all neurer(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.

| Policyhoder's Signature / Date & Time Sketch Plan | Driver's Signature (if driver is not the policyholder) / Date & Time | | | | | | | Witnessed by Reporting Centre Personnel | | | |
|--|--|--|--|--|---|---|---|--|-------|---------|--|
| | | | | | 4 | 1 | 1 | 1 | 1 | (\$) | |
| (A) - SJH17964 (B) - SJH6967K (C) - SJZ 901D (D) - SMM2226E | | | | | | | | | A B U | PIECTUR | |

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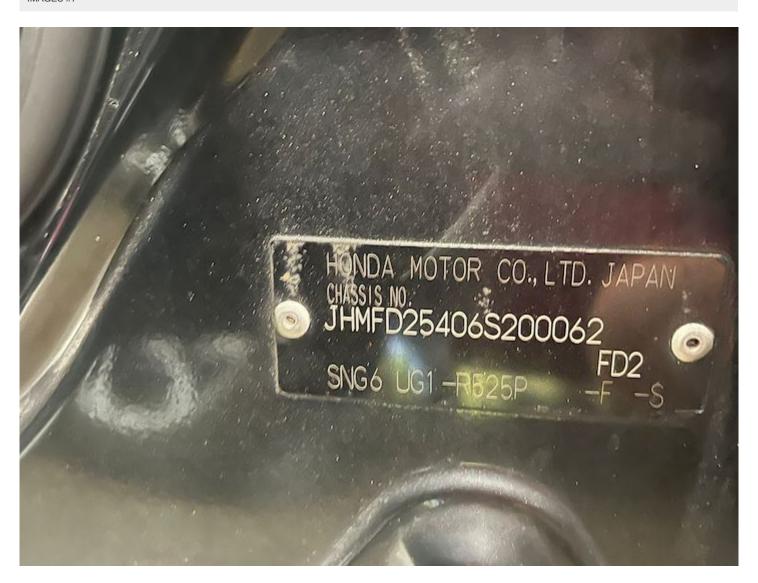


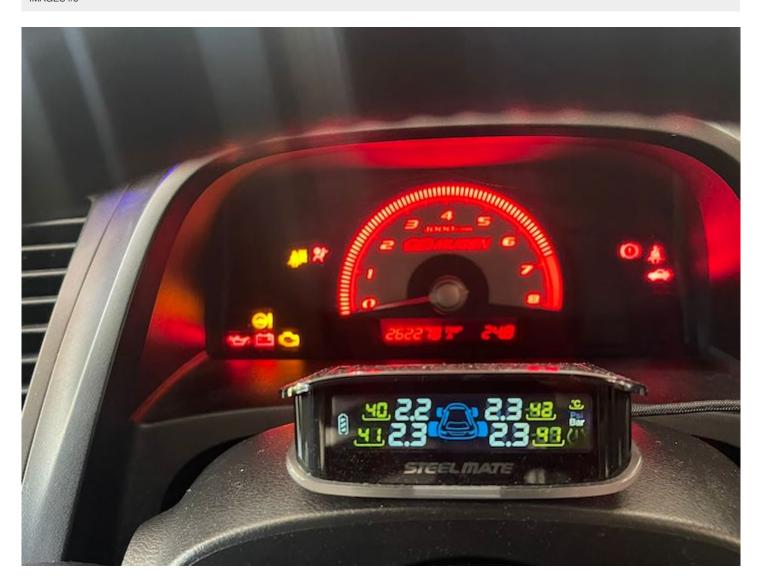


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220512/7010

REPORT OF A TRAFFIC ACCIDENT

| | ne Report N 22 10:49 | Made: | Vide Report No.: | Station Diary No.: | | | |
|--|------------------------------------|---------------------------|--|----------------------------|--|--|--|
| Informa | nt's Partic | ulars | | | | | |
| МОНАМ | Informant: MAD HANI MAD SHAI | F BIN | Address: 130A LORONG 1 TOA PAYOH #07-510 SINGAPORE 311130 | | | | |
| ID Type / NRIC NO | / ID No.:) / S88503 | 19H | Contact No.: Home/Office: | Mobile: 91848364 | | | |
| Nationality: SINGAPORE CITIZEN | | | Email: OI_HANEP@HOTMAIL.COM | | | | |
| Sex: Male | Age: 33 | Date of Birth: 20/12/1988 | Type of Informant: Driver | | | | |
| Race: Malay | | | Language: English | Institution / School Name: | | | |
| Occupation: PHARMACEUTICAL TECHNICIAN | | L TECHNICIAN | Driving Licence Information Class: | on: Date of Expiry: | | | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/05/2022 07:20 | Type of Location: Straight Road |
|-----------------------------------|------------------|------------------------------------|---|------------------------------------|
| | EXPRESSWAY | | | |
| Weather: Clear | | Road Surface: | | ad Speed Limit: |
| Clear | | Dry | 90 | Km/h |
| Clear Traffic Flow: One Way | | Traffic Control: Not Controlled | Tra | |

| Details of Vehicle Involved | | | | | | | | |
|-----------------------------|------|-------|-----------------|-------|----------|-------|--|--|
| Vehicle No. | Туре | Make | Model | Color | Conditio | No of | | |
| SJH1796U | Car | HONDA | CIVIC 2.0L M | Green | | 0 | | |
| SJH6967K | Car | | | | | 0 | | |
| SJZ907D | Car | | | | | 0 | | |
| SMM2226E | Car | | | | | 0 | | |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220512/7010

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | | | | |
|------------------------------|--|----------------|------------|-------------|--|--|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | | | |
| SJH1796U | DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD. | MT/00831187/02 | 28/07/2020 | 28/02/2023 | | | |

| Details of Perso | n Involved | N=77 | 100000000000000000000000000000000000000 | DES | HEREN III | |
|-------------------------|---------------------------------------|------|---|-----------------------------------|-------------|-----------------------------------|
| Any Pedestrian II | nvolved: No | | | | | |
| No. of Pedestriar | ns Injured: NIL | | Use of P | edestria | n Cross | sing: NA |
| Driver | THE PROPERTY OF | | BENESE BILL | | | |
| Name | MOHAMMAD HANIF BIN MOHAMMAD SHAMSUDIN | | | ID N | 0. | S8850319H |
| Related Vehicle | SJH1796U (Car) | | | Contact No. | | 91848364 |
| Hospital/Clinic | NIL | | | Class Drivis Licer Expir | ng nce & | Class: NIL Date of Expiry: NIL |
| Date | 12/05/2022 | | Date | | 12/05 | 5/2022 |
| No. of Days gran | ted Medical Leave | 03 | Degree | of | Serio | |

Brief Details.

On the stated date and time, along PIE(Tuas). I was travelling on the Lane 1 of the above mentioned road before Pioneer Road North Exit. When my front Vehicles slowed down and stopped due to heavy traffic, hence i followed suit. After i came to a complete stop, I suddenly felt a huge impact from the rear and the impact pushed my vehicle SJH1796U to collide into the Vehicle SMM2226E in front of me. when I alighted, I realised it was Vehicle SJH6967K who collided into the rear portion of my vehicle. And the last Vehicle is SJZ907D. It was a chain collision of 4 cars in total.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220512/7010

CONTINUATION OF REPORT

| Sketch Plan | | | |
|--------------|---------------|--------|-------|
| Informant is | not able to p | rovide | sketc |

| 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: 12/05/2022 10:49 |
| Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |

NP168



Contact us at

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act") Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore) Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No. : MT/00831187/02

Type of Coverage / Driver Plan : Car Third-Party Fire and Theft (Value Plan)

1) Vehicle Registration No. : SJH1796U

Chassis No. : JHMFD25406S200062

2) Name of Policy Holder : Mohammad Hanif,

3) Effective Date / Time of Commencement

: 01/03/2022 00:00

of Insurance for the Purpose of the Act

4) Date/Time of Expiry of Insurance

28/02/2023 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any person who is named on the policy who is driving on the Policyholder's permission.

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.

*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured

Market Value

Own Damage Excess

S\$ 800.00

Windscreen Excess

: Not Applicable

Choice of workshop

: DirectAsia approved workshops

Finance company / Hire Purchase

Maybank

Main driver

: Mohammad Hanif,

Named driver

: None

Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.

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) and the Road Transport Act, 1987 (Malaysia).

Issued on:

24/02/2022

Direct Asia Insurance (Singapore) Pte. Ltd.

Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com Company Registration: 200822611G