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 20/05/2022 11:02 (SGT) Date of Accident 19/05/2022 01:00 (SGT) Exact Location of Accident Keong Saik Rd., Singapore Additional Location Information JUNCTION OF KEONG SAIK ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI F3042K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AUTOBAHN RENT A CAR PTE LTD Company Reg No 2XXXXX970Z Email Address lusiont96@gmail.com

Mobile Phone No (Phone) +65-90396265

Alternative Phone No +65-90396265

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel

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? Yes Vehicle Category Private car

Transmission Auto

CC 1496

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number SPMF1000000542

Cover Note Number

DRIVER

Name of Driver INRA ISAMUDIN IN BUSHRA

NRIC No. SXXXX220D Date Of Birth 12/02/1993 Occupation Indoor Date Of Driving Pass 30/07/2011 Driving experience 10 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-92336351 Alt. Phone Number Email Address lusiont96@gmail.com Address BLK 773 PASIR RIS STREET 71 #14-380 SINGAPORE Address complement Postcode 510773 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Major/Minor Rd 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? Yes 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 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 REFER TO THE 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 SLL5070J 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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DRIVER OF VEHICLE B
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT ARM INJURE
Injured person in which vehicle?	SLL5070J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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- 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) w ho 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.

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Policyholder's Signature / Date & Time

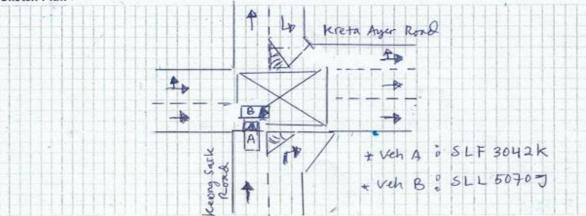
- A 19may22

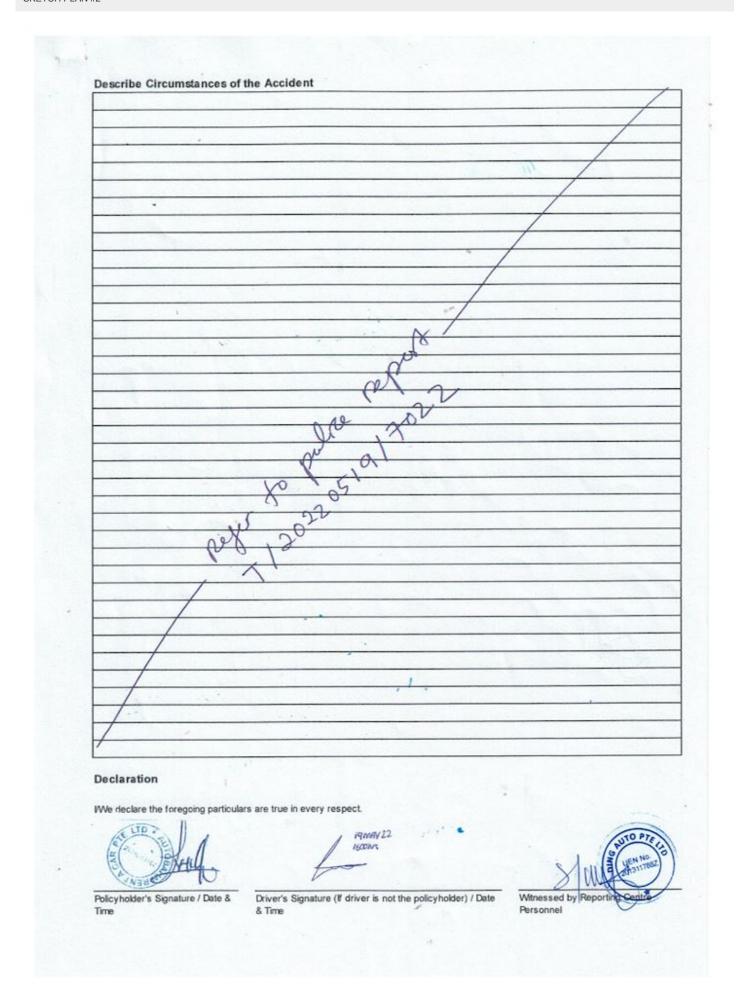
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

10 P

Sketch Plan









Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20220519/7022

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 122 14:10	Made:	Vide Report No.: A/20220519/0004	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: AMUDIN B	IN BUSHRA	Address: 773 PASIR RIS STREET	71 #14-380 SINGAPORE 510773	
ID Type / ID No.: NRIC NO / S9304220D			Contact No.: Home/Office: Mobile: 92336351		
National SINGAP	ity: ORE CITIZ	EN	Email: INRAISAMUDIN93@GM	AIL.COM	
Sex: Male	Age: 29	Date of Birth: 12/02/1993	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: Date of Expiry:		

Seneral Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/05/2022 01:00	Type of Location X-Junction
Location: KEONG SAIK	ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: 1 Not Controlled	•	Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To Sid	e		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLF3042K	Car					0
SLL5070J	Car					0

Details of Person Involved	The second secon
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20220519/7022

CONTINUATION OF REPORT

Driver		A PROPERTY.	TO SOUTH			
Name	INRA ISAMUDIN BIN BUSHRA			ID No.		S9304220D
Related Vehicle	SLF3042K (Car)			Contact No.		92336351
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	
Driver						
Name	Unknown Driver			ID No.		NIL
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL		
No. of Days granted Medical Leave NIL			Degree of Slight		t	

Brief Details. Dear Sir/Madam,

Around 1am on the 19th of May 2022, I was driving a rented car from Shariot heading towards 7-11 located along 39 Keong Saik Road to meet up a friend. As I was approaching the uncontrolled X junction connecting 52 Keong Saik Road to Kreta Ayer Road, I slowed down my car. This was when I noticed that there was an oncoming vehicle to the left side of my car driving along Kreta Ayer Road heading straight. I immediately performed an emergency brake, and the airbags were activated. The front part of my car hit the right side of the other car (colliding into both the driver's and passenger's door). The junction of Kreta Ayer Road is inclined, hence, there was difficulty to notice/gauge an oncoming vehicle.

After the accident occurred, I immediately approach the driver from the other car to ensure that he is doing well. He was still sitting in the driver seat conscious and showing some signs of distress on his right arm. I handed him his phone for him to make some calls. Fortunately, there were pedestrians that assisted with calling 995 and 999. After an estimated 5-10 minutes, the ambulance and fire engine arrived, extracting the other driver from his car, and eventually conveyed him to the hospital. Both cars were being towed away.

Hope for your kind assistance and advice. Thank you.

Best regards, Inra Isamudin



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



3 of 4 Report No. T/20220519/7022

CONTINUATION OF REPORT



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



4 of 4

Report No. T/20220519/7022

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

Contact No.: 65476202

Officer In Charge Of Case: TP / TPIB / SITI NORHAFIDAH BINTE HANAFI

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 19/05/2022 14:10

Classification Of Case: