ate in: **BOCK*** Yes			15/11/10	[wel 1]an'06]	ITT & LATTED SOUTHCES	TIONIAL ADDADGE OF
SAS e-filing th Not Sat S		Done by	ime Completed			
## Browning Control						W TO NOTO
I-Motor Claim Form I-Motor Claim Form I-Motor W/O (wusha: OD 20to, TP 41st) I-Photo Uploaded I-Photo Uploaded I-Photo Uploaded I-Photo Uploaded Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Tel: Fex:		***			00/05//7	- AND AME
-Motor W/O (wisher OD 2 har, TP 4 har) -Photo Uploaded -Phot		•				- 000
Pinsurer: Assessment/Survey Report Assessment/Survey Assessment/Survey Report Assessment/Survey Assessme					V(, / O	O.A: 28/05/2022
Assessment/Survey Report				- 4		D (TA) / Reporung Only
Ass't Report by Fax / Hand to Owner/Wiss Fax:						U
September No. Assign Wikep QW: (Wksp			P Insurer:
Particulars:		c:				
Delicy No: (n-IŅC ().	E INC()/No	KSP/QVV: (CMIX) CM	
Policy No: () Period: () Date: Time:) Confirmed by: () Date: Time:) Insured/Driver Liability: (%) (Note-Bst, Status (WO): N: 0-20%; P: 21-79%; P; 30-100%] Year of Registration: () Warranty: YBS () / NO () Excess: (S))		. Tel:	yen ivo: Silvo ola	
Confirmed by: Date: Time: Confirmed by: Date: Time: Date: Time: Date: Confirmed by: Date: Time: Date: Time: Date: Time: Date: Time: Date: Da).	Type: (··) Cover) Period: (
Insured/Driver Liability: ()		Date:		
Year of Registration: () Warranty: YES () / NO() Excess: (\$) Loading: \$1,000 () / \$2,000 () Strenk Hankies Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: (Date & Time So imports: () / NO() ; Towing Co: () / NO() / NO)0%]	21-79%: F; 30	tus (WO): N: 0-20%; P:	%) Note-Ést. St	
### Secret Registration Page	•					
Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. Total Loss Case		1881 S. 1881 1881				
) Walk-In Customer's Information stricty Connections) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towned-In (); Invoice: YES () / NO (); Towing Co: (Drive-In () / Towned-In (); Invoice: YES () / NO (); Towing Co: (Drive-In () / Towned-In (); Invoice: YES () / NO (); Towing Co: (Drive-In () / Towned-In (); Invoice: YES () / NO (); Towing Co: (Drive-In () / Towned-In (); Invoice: YES () / NO (); Towing Co: (Drive-In () / Towned-In (); Invoice: YES () / NO (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES () / No (); Towned-In (); Invoice: YES ()	· · ·	316/8 Sec. 11			and the proposed the State of t	75,000,000
Diverin () / Towed-in (); Invoice: YES () / NO (); Towing Co: (Drive-in () / Towed-in (); Invoice: YES () / NO (); Towing Co: (Drive-in () / Towed-in (); Invoice: YES () / NO (); Towing Co: (Drive-in () / Towed-in (); Invoice: YES () / NO (); Towing Co: (Drive-in () / Towed-in (); Invoice: YES () / NO (); Towing Co: (Drive-in () / Towed-in (); Invoice: YES () / NO (); Towing Co: (Drive-in () / Towed-in (); Invoice: YES () / NO (); Towing Co: (Drive-in () / Towed-in () / Dowes-in () / Dowes-in (); Invoice: () / Dowes-in () / Dowes			O refer of repairs	tly Confidential & Strictly No	Customer's information str) Walk-In Customer : C
Drive-In()/Towed-In(); Invoice: YES()/INC() Date Tirgle Completes: Standard	7.)			111.	to e-mail Insurer URGEN	Total Loss Case : to
Contactive Con	· · ·		Co: () / NO (·); Towing	(); Invoice: YES (
Apply for Transport Allowance () / Courtesy Cer ()	py	Don	&Time Complete			Dario 111
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]. () Injury: Distribute Actions Injury: Inver/Owner: Inver/Owner: Injury: Injury: Inver/Owner: Injury: Injury			2000 Carlot Carl	• Date	-400 EZ16	
Invary: Date time ACHORS Invary: Date time ACHORS Invarion reparation Chiefeliss (Fighlis) Invarion reparatio		<u> </u>			ie: 6788 5616)	emarks: (INC hothins
Injury :	<u>-1</u> 3:				wance () / Courtesy C	l) Apply for Transport Allov
Date Time Actions Ac				(, ')	wance () / Courtesy C	1) Apply for Transfort Allov 2) OC Check/Post Repair In
Inveice Preparation Speckliss (ABIIN) Dar. Accident Reperting (S30): Contaction Contactio				(, ')	wance () / Courtesy C	1) Apply for Transfort Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [
1) AR: Accident Reporting (\$30);				(, ')	wance () / Courtesy C	1) Apply for Transport Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [
1) AR: Accident Reporting (\$30);				(, ')	wance () / Courtesy C	1) Apply for Transport Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury:
1) AR: Accident Reporting (\$30);				(, ')	wance () / Courtesy C	1) Apply for Transport Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury:
1) AR: Accident Reporting (\$30);				(, ')	wance () / Courtesy C	1) Apply for Transport Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury:
1) AR: Accident Reporting (\$30);				(, ')	wance () / Courtesy C	1) Apply for Transport Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury:
1) AR: Accident Reporting (\$30);					wance () / Courtesy C	1) Apply for Transport Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury:
C Checked by (Engr-In-Charge): 2) DA: Damage Assessment (\$100); Inc (\$30)	Ž.				wance () / Courtesy	1) Apply for Transport Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury: Date/Time Actions
Driver/Owner: 4) FT: Follow-Through Survey (Resurvey) 530 5) FT: Follow-Through Survey (Resurvey) 530 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 575 7) N1: Idae DA + SMRT Survey \$160 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: OD* C Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$100 *N7: Post Repair Inspection 525 *N8: DV / Collect Excess Coordination 55 *N8: DV / Collect Excess Coordination 55 *N8: DV / Collect Excess Coordination 520	Ž.	Anu()	tion Chroklist.	Inverse Fregare	wance () / Courtesy	Apply for Transport Allov O QC Check / Post Repair In O Upload Resurvey Photo [Injury :
C Checked by (Engr-In-Charge): **NS: Courtesy Car / Tpt Allowance \$1 **NS: Courtesy Car / Tpt Allowance \$1 **NS: DV / Collect Excess Coordination \$25 **NS: DV / Collect Excess Coordination \$5	NA W	C (380) S40/343	tion Chroklist.	Inveing Prepara 1) AR: Accident Repo	wance () / Courtesy	Apply for Transport Allove) QC Check/Post Repair In B) Upload Resurvey Photo [Injury: Date/Time: Actions WADA9 46)
arnaged Portion: 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey \$160 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: OD* *N5: Countesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10: *N7: Post Repair Inspection *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination \$5 Anditions Committees *TR (N1) - TP (Nan INC) equivalence) \$20	NA W	2 (380) 540/343 \$120	tion Chrcklist. ring (330); sment (5100);	Inveice Prepara Inveice Prepara 1) AR: Accident Repara 2) DA: Damage Asset 3) TF: Towing Fee	wance () / Courtesy	Apply for Transport Allov O QC Check / Post Repair In Option of the property
Armaged Portion: 7) N1: Idao DA + SMRT Survey 8) NTUC Additional Services: OD* C Checked by (Engr-In-Charge): *N5: Courtesy Car/Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination 35 Anditors Committee: *TP (N1) : TP (Nan INC) egainst INC \$20	NA W	C (380) S40/345 S120 S30 C2005)	tion Checklist. ring (330); strent (2100);	Invelor Prepara Invelor Prepara 1) AR: Accident Report 2) DA: Damage Asset 3).TF: Towing Fee 4) FT: Follow-Through	wance () / Courtesy	Apply for Transport Allov O QC Check / Post Repair In Option of Post Repair In Injury: Date/Time Actions Claimant & Particulars: Oriver/Owner:
C Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 and items (Committee): *TP (N1) - TP (N2) INC) equivalence \$20	NA W	C (380) S40/345 S120 S30 2005) \$75	tions Checklist ring (330); strent (\$100); th Survey (Resurvey) t INC Only (wef to	Invelor Prepara Invelor Prepara 1) AR: Accident Report 2) DA: Damage Asset 3) TF: Towing Fee 4) FT: Follow-Throught For claiming against 6) TR: Re-inspection	wance () / Courtesy	Apply for Transport Allove 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury: Date/Time Actions Claimant's Particulars: Injury: Injury: Claimant's Particulars: Injury: Injury: Charactino:
C. Checked by (Engr-In-Charge): *No: Courtesy Car / pr Anomals *No: Repair Co-ordination 310 *No: Post Repair Inspection 525 *No: DV / Collect Excess Coordination 35 Auditors / Committents / Co	NA W	C (380) S40/345 S120 S30 2005) \$75	HOTE Checklist. ring (330); strent (\$100); th Survey th Conly (wef to 100); RT Survey	Invalue Freques Invalue Freques 1) AR: Accident Repo 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throughter For claiming againg 6) TR: Re-inspection 7) N1: Idao DA + SN	wance () / Courtesy	Apply for Transport Allove 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury: Date/Time Actions Claimant's Particulars: Injury: Injury: Claimant's Particulars: Injury: Injury: Charactino:
N7: Post Repair Inspection	NA W	2 (380) 540/345 5120 530 2005) \$75 \$160	tion Checklist. ring (330); sment (5100); in Survey in Survey (Resurvey) i RIC Only (wef 10) [RI Survey Services:	Inweite Freders Inweite Freders 1) AR: Accident Repo 2) DA: Damage Asse 3).TF: Towing Fee 4) FT: Follow-Throughout For claiming againg 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OD	wance () / Courtesy	Apply for Transport Allove 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury: Date/Time Actions Claimant's Particulars: Injury: Injury: Claimant's Particulars: Injury: Injury: Charactino:
AUDITOR'S Comments :- Second Extress Comments (NC S20)	NA W	2 (380) \$40/345 \$120 \$30 2005) \$75 \$160	tion Chrofilist. ring (330); sment (5100); in Survey in Survey (Resurvey) t INC Only (wef 10 [RI Survey Services: / Tpt Allowance dination	Inweice Preders Inweice Preders 1) AR: Accident Repo 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throughout For claiming againg 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OD* *N5: Courtesy Car *N6: Espair Co-or	Inspection [Repair Cost > \$3000]	Apply for Transport Allov O QC Check / Post Repair In Determine Actions NADO 46 Claimant's Particulars Contactino: C
	NA W	2005) \$160 \$25	tion Checklist. ring (330); sment (5100); in Survey in Survey (Resurvey) in Ric Only (wef 10) [RI Survey Services: / Tpt Allowance dination uspection	Inweice Prepare Inweice Prepare 1) AR: Accident Report 2) DA: Damage Asset 3) TF: Towing Fee 4) FT: Follow-Throughout 5) FT: Follow-Throughout For claiming agains 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OD* *N5: Courtesy Car *N6: Repair Co-or *N7: Post Repair	Inspection [Repair Cost > \$3000]	Apply for Transport Allov O QC Check / Post Repair In Determine Actions NADO 46 Claimant's Particulars Contactino: C
t. 1:	NA W	2005) \$150 \$25 \$310 \$25 \$25 \$20	tion Chroklist. rung (330): strent (\$100): sh Survey sh Survey (Resurvey) t INC Only (wef 10): [RT Survey Services: / Tpt Allowance dination nspection Excess Coordination	Inverce Freder. Inverce Freder. 1) AR: Accident Report Strict Follow-Through For claiming against 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OD* *N5: Courtesy Care N6: Repair Co-or N7: Post Repair Co-or N7: Post Repair Co-or N8: DV / Collect	Inspection [Repair Cost > \$3000]	1) Apply for Transport Allov 2) QC Check/Post Repair In 3) Upload Resurvey Photo [Injury : Date/Time Actions Planmant's Particulars Priver/Owner: C Checked by (Engr-In-
t. 2/3: Invoice dated Fee Charged Invoice dated Fee Charged		2005) \$160 \$35 \$310 \$225 \$35 \$20 \$30	tion Checklist. rung (330): sment (\$100); th Survey th Survey (Resurvey) th NC Only (wef 10) RT Survey Services: / Tpt Allowance dination nspection Excess Coordination on INC) against INC	This is a second of the content of	Inspection [Repair Cost > \$3000]	1) Apply for Transport Allov 2) QC Check / Post Repair In 3) Upload Resurvey Photo [Injury : Date Time Actions Plaintant's Particulars Priver/Owner: C Checked by (Engr-Insulators) auditors' Comments:



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.

HERTO AND DESCRIPTION OF SHE

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 30/05/2022 12:44 (SGT) Date of Accident 28/05/2022 11:20 (SGT) **Exact Location of Accident** Yishun Central, Singapore Additional Location Information **TOWARDS YISHUN AVENUE 5** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SGH986E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ABU SHAH BIN SURATI NRIC No SXXXX455B Email Address tobytngis@gmail.com Mobile Phone No (Phone) +65-90049064 Alternative Phone No +65-81862285

VEHICLE PARTICULARS

Manufacturer

Model Avante Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Private car Vehicle Category Transmission Auto

CC 1591

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00073152100 Cover Note Number

DRIVER

Name of Driver KHAIRUL ANWAR BIN SHARIFUDDEEN NRIC No SXXXX036D

Date Of Birth	00/02/4002
Occupation	06/03/1993 Indoor
Date Of Driving Pass	11/02/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81862285
Alt. Phone Number	-
Email Address	tobytngis@gmail.com
Address	BLK 787B WOODLANDS CRESCENT #04-70
Address complement	-
Postcode	732787
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Child No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
LICENSE (1111) 111 111 111 1111 1111 1111 1111	:=
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT L/20220529/7071	
PLEASE REPER TO FOLICE REPORT E/202200701	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMW6128B
Vehicle Manufacturer Vehicle Model	Hyundai Elantra
Vehicle Variant	Liaitta -
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	KHAIRUL ANWAR BIN SHARIFUDDEEN
Gender	Male
Phone No	(Phone) +65-81862285
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGH986E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 <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>.
- 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. 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' 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 & Time

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

Witnessed by Reporting Centre

Sketch Plan

Yishun Aves T		Veh A: SGH 186E Veh B SMW 61288
	A2	
Vishun Ave 2	A 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

escribe Circumstan	ces of the Accid	ent		
Refer	to police	e venert	420220529	3/7071
Keter	Polis	Topol I	V VVVSZ	76-61
				T .
				/
			/	
			/	
			nate in the second	
		/		
				-
				/
			/	
/			/	
7		/		
/				
		/		
		/		
	The second secon	/		

Declaration

Time

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel



Report No. L/20220529/7071

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made	Vide Report No.			Station Diary No.
29/05/2022 19:19				
Name Of Informant	Address			
KHAIRUL ANWAR BIN SHARIFUDDEEN	787B W	OODLAND	S CRESCENT #0	4-70 SINGAPORE
	732787			
ID Type / ID No.	Contact	No.		
NRIC NO / S9307036D	Home/O	ffice:	Mobile:	
			81862285	
Nationality	Email Ad		UNSHARIFURDE	EN@GMAIL.COM
SINGAPORE CITIZEN Occupation	Sex	Age	Date of Birth	Race
software engineer	Male	29	06/03/1993	Malay
Institution/School Name	Languag English	je		
Date/Time Of Incident 28/05/2022 11:20	Location Of Incident YISHUN CENTRAL			

Brief details.

On the stated date and time i vehicle SGH986E was travelling along Yishun Central towards Ylshun Ave 5.

I was stationary before the X-Junction of Yishun Central as the traffic light was red.

As the lights turn green, i proceeded to move ahead.

Suddenly vehicle SMW6128B who was at my opposite direction on Ave 5 made a discretionary right turn without checking clear for traffic.

The said vehicle came too suddenly and i immediately pressed on my brakes but to no avail i still collided

report has been authenticated by Singpass. No signature is required.
Date/Time: 29/05/2022 19:19
Classification Of Case:





Report No. L/20220529/7071

POLICE REPORT (NP299)

CONTINUATION OF REPORT

onto the said vehicle's left front portion.

The impact was great and it causes my left knee to hit the dashboard.

After a while i start to feel pain on my neck, lower back and waist areas.

I thought nothing of it and went back.

The next day, the pain worsen and i quickly proceeded to my family doctor Norwood Medical Clinic to seek treatment and i was given 5 days MC.

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: 29/05/2022 19:19
Officer In-Charge Of Case:	Classification Of Case:



Date of Accident	: _ 28/05/2022 Accident Time: _ 1 20 (24-HR-Format)
Accident Place	: Yishna Central twds Yishna Ave 5
Vehicle No. (Car Plate No.)	: SGH 986 E Make/Model: Hyundai Avante
Insurance Company	: _ China Tai ping Policy No:
Owner or Company Name /IC No.	: AB4 SHAH BIN SURATI SZITS455B
Owner or Company Contact No.	: 9004 9064 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: KHAIRYL ANWAR BIN SHARIFYDDEEN SY3UTO361
DRIVER'S Date Of Birth	: 06/03/1993 DRIVER'S License Pass Date 11 Feb 2015
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Others:
DRIVER'S Address	: BIK 787B Woodlands Crescent #04-70 ST32787
DRIVER'S Contact No./ Alt No.	:1) 8 (8 6 72 8 5 2)
DRIVER'S Occupation : INDO	OOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Toby Try is @ grail com (TUSTTHGIS @ GMAIL
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Repo	rting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	ver):
Was there any video Captured by car Exact purpose for which vehicle was language (If YES, Pls state):	peing used at time of accident: Private use \ Work Purpose
Other Par	ty Driver's Particular (if any)
Vehicle. No: 5MW6128B	
Vehicle Make \Model: HYWODAL/ELAN	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

NEW – Passenger's name & gender:

Motor Private Car

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Companisation) Act (Chapter 189) Motor Vehicles (Trind-Party Risks and Companisation) Rules, 1960 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1F

N 5N

AN0014A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00073152100

Engine No.: G4FGLU100847 Cha, No. KMHD841CMLU094958

Index Mark and Registration

SGH986E

AUTOSAFE

Number of Vehicle

Name of Policy Holder

ABU SHAH BIN SURATI

Effective date of the Commencument of Insurance for the purposes of the Regulations, Ordinance or Enactment

09/06/2021 (00:00:00)

Date of Expiry of Insurance

08/06/2022

Named Drivers Ex Sect. 1 Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25

\$\$3,000.00 5\$500.00

5\$500.00

Ex Sect. 1 - Age >= 25 * Age as at date of accident EX ON WINDSCREEN.

\$\$100.00

s of Porsons entitled to drive Persons or Clas

(b) Any other person who is driving on the Policyholder's order or with his permission,

Provided that the person driving is permitted in accordance with the Icensing 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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use."

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, 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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft)

One time Waiver of Excess for the first \$\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED *Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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 Part IV of the Road Transport Act, 1987 (Malaysia)

Please see reverse

Issued By:

ASOKA INVESTMENT PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory