

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.

 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 18/04/2022 17:34 (SGT) Date of Accident 17/04/2022 22:20 (SGT) Exact Location of Accident Singapore Additional Location Information CHOA CHU KANG ST 62 MULTI STOREY CARPARK 604A LEVEL 3A Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

Vehicle Registration Number SMJ7908D

Manufacturer

INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner MUHAMMAD ZABID BIN MOHAMED SULAIMAN NRIC No S9310361J Email Address ZABID_5@HOTMAIL.COM Mobile Phone No (Phone) +65-96289107 Alternative Phone No (Home) +65-96289107

VEHICLE PARTICULARS

Model Golf Variant 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 2000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTPV01004692 Cover Note Number

DRIVER

Name of Driver MUHAMMAD ZABID BIN MOHAMED SULAIMAN



NRIC No S9310361J Date Of Birth 27/03/1993 Occupation Indoor Date Of Driving Pass 09/11/2011 Driving experience 10 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96289107 Alt. Phone Number (Home) +65-96289107 Email Address ZABID 5@HOTMAIL.COM Address BLK 603 CHOA CHU KANG ST 62 #03-41 S680603 Address complement Postcode 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 Collided into Parked Vehicle 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? No 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMJ5623M 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)	_

SKETCH PLAN

IMPORTANT NOTICE

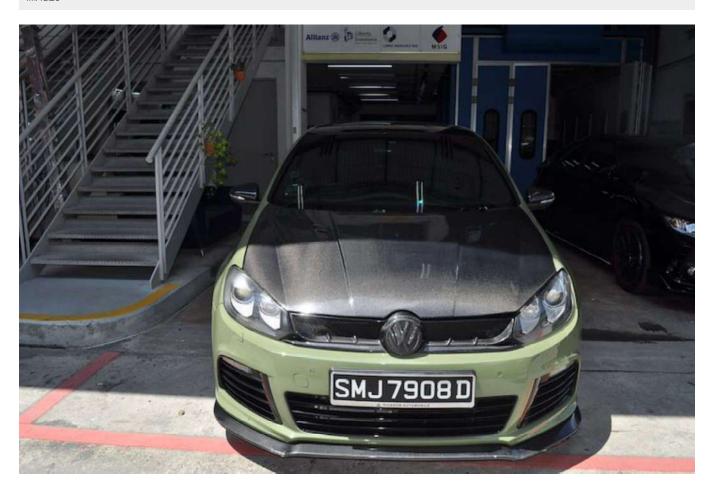
- 1. Please report correctly the details of the accident to speed up the claims process.
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- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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 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/mailing 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.

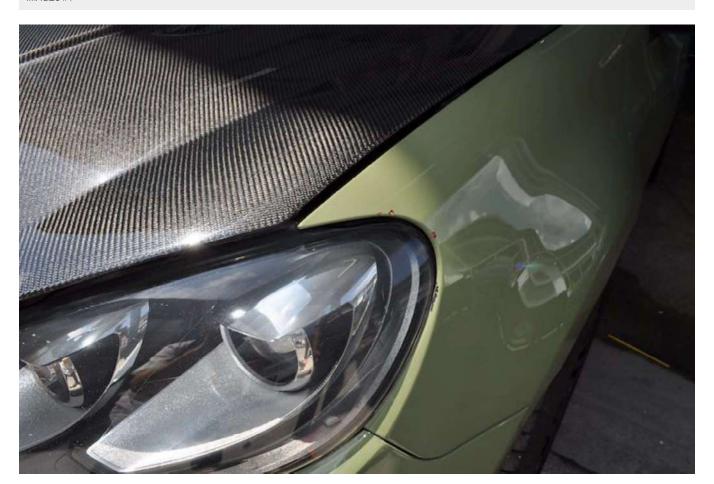
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time 18/4/2022 Personnel Sketch Plan 0>15pm SMJ79081 choa Chie SMJ 5623 M Kang 8+62 3 A MSCP

Refe	r Police		
100	1000	P210-1-	
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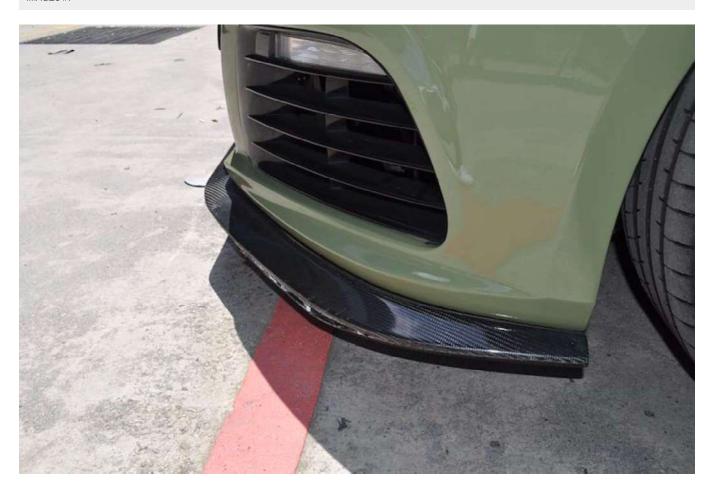




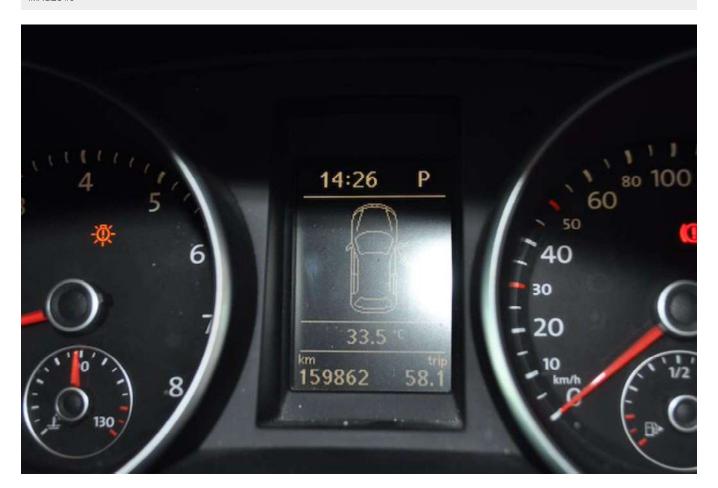
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20220417/7017

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 17/04/2022 23:43
Officer In Charge Of Case: TP / TPIB / STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032	Classification Of Case:

NP168





Police Station Of

Traffic Police

10 Ubi Avenue 3

Tel No: 65470000

Station Diary No.:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Origin:	1013
	Report No. T/20220417/7017
SINGAPORE 408865	

17/04/2022 23:43		The state of the s						
Informant's	Partic	ulars						ligitation par
Name of Info MUHAMMA SULAIMAN ID Type / ID	D ZABI	D BIN MOHAMED	603 6806		KANG STRE	EET 62 #03-	41 S	SINGAPORE
NRIC NO / S9310361J						e: 96289107		
Nationality: SINGAPOR	E CITIZ	EN	Ema zabi	il: d_5@hotma	il.com			
Sex: Male	Age: 29	Date of Birth: 27/03/1993		Type of Informant: Vehicle Owner				
Race: Javanese		Language: Institu English			Institution	/Sc	chool Name:	
Occupation:			Drivi Clas	ng Licence I s: 2B,3,4	information:	Date of E	xpiry	r.
Location: CHOA CHU	KANG	STREET 62		No	11704/20	022 22:20		
Weather: Clear			Road	d Surface:		R	oad	Speed Limit:
Traffic Flow: One Way			Traffic Control: Not Controlled			0.000	Traffic Volume: Light	
Type of Colli Reversing ca							mbul	ne conveyed by lance:
Details of V	ehicle l	Involved					4-2	Kalibas and San
Vehicle No.	Туре	Make	913	Model	Color	Condit	tio	No of
SMJ5623M	Car	TOYOTA		Sienta	Black			0
SMJ7908D	Car	VOLKSW	AGO	Golf gti	Green	Slightl		5

Vide Report No.:

Details of V	etails of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20220417/7017

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220417/7017

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ7908D	TENET SOMPO INSURANCE PTE.	D21MTPV0100469	26/04/2021	25/04/2022

Details of Perso	n Involved	1/2 1/2	WEIGGERO		Disease of the		
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL			Use of Ped	Use of Pedestrian Crossing: NA			
Vehicle Owner		DESCRIPTION OF					
Name	MUHAMMAD ZABID BIN MOHAMED SULAIMAN			ID No. S9310361J		J	
Related Vehicle	SMJ7908D (Car)			Contact N	No. 96289107		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Date of Ex	Class: 2B,3,4 Date of Expiry: NIL	
Date	NIL		Date	N	L		
No. of Days gran	NIL	Degree of	N	L			

Brief Details.

A black Toyota Sienta bearing plate no. SMJ5623M hit the front of my car, Volkswagen Golf Gti, while reversing into the parking lot at approximately around 2220hrs. Accident happened at the multi storey carpark of 604a Choa Chu Kang st 62, level 3A. Owner of black Toyota Sienta did not leave any note to contact me after the accident. I have an in car camera as evidence of accident along with pictures of my damaged car.