

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 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 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 | 01/07/2022 16:12 (SGT) |
| Reported by | Driver |
| Date of Accident | 30/06/2022 07:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BKE (PIE) AFTER KJE EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLB7864A |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---|
| Is company? | Yes |
| Name Of Registered Owner | mitsubishi hc capital asia pacific pte ltd |
| Company Reg No | 199400399N |
| Email Address | kelvincm.chang@mitsubishi-hc-capital.com.sg |
| Mobile Phone No | (Phone) +65-92983192 |
| Alternative Phone No | (Office) +65-67341222 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Honda |
| Model | Shuttle |
| 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 - Reporting only |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|---|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D22MTPV01006595 |

DRIVER

| | |
|----------------------|------------------|
| Name of Driver | ABDUL WAHID KHAN |
| NRIC No | S9110380Z |
| Date Of Birth | 24/03/1991 |
| Occupation | Indoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 22/03/2010 |
| Driving experience | 12 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92392415 |
| Alt. Phone Number | - |
| Email Address | abdwkhan@outlook.com |
| Address | 341 WOODLANDS AVE 1 #03-597 |
| Address complement | - |
| Postcode | 730341 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | Side Swipe |
| Weather Conditions | DRIZZLING |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | Yes |
| Number of vehicles involved in the accident | 2 |
| 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

FOREIGN VEHICLE 1

| | |
|-----------------------------------|------------|
| Vehicle Registration Number | JPE9263 |
| Vehicle Category | Motorcycle |

FOREIGN VEHICLE 2

| | |
|-----------------------------------|------------|
| Vehicle Registration Number | JTL7587 |
| Vehicle Category | Motorcycle |

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 TO POLICE REPORT ATTACHED.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|--------------|
| Vehicle Registration Number | JPE9263 |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | HOI KAH YANG |
| Passport No/FIN | G8306207Q |
| 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 | JTL7587 |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | MOHD IMRAN BIN ABDULLAH |
| Passport No/FIN | F7835785K |
| 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 | SMQ7705K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| NRIC No | S8585092Z |
| 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 | HOI KAH YANG |
| Gender | Male |

| | |
|---|---------|
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | JPE9263 |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

1. VEHICLE NO.: SLB 7864A

2. INSURER CO.: Sompo

3. ACCIDENT DATE & TIME: 30/06/22 0750HRS

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 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 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

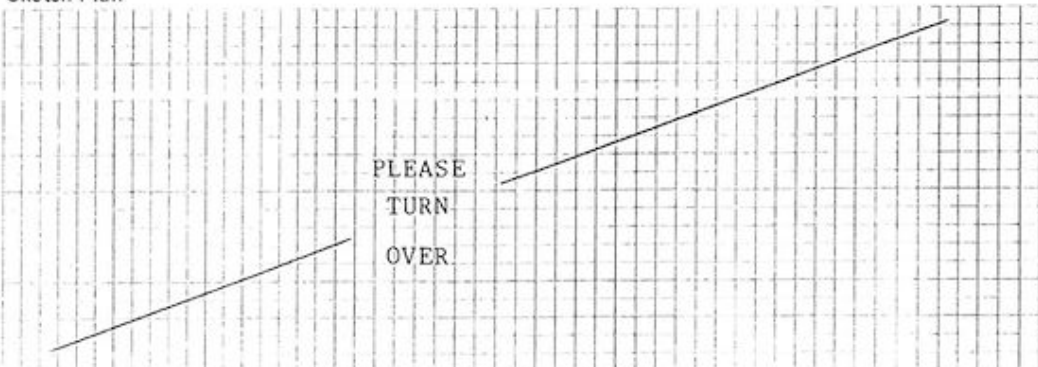
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



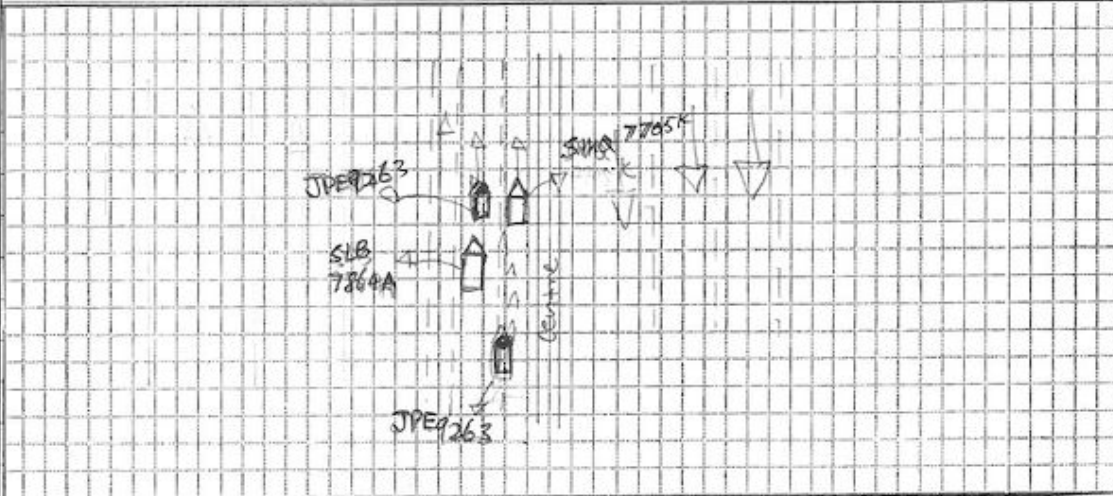
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

(☒) Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan



ATTACHED TO POLICE REPORT

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

(WL)

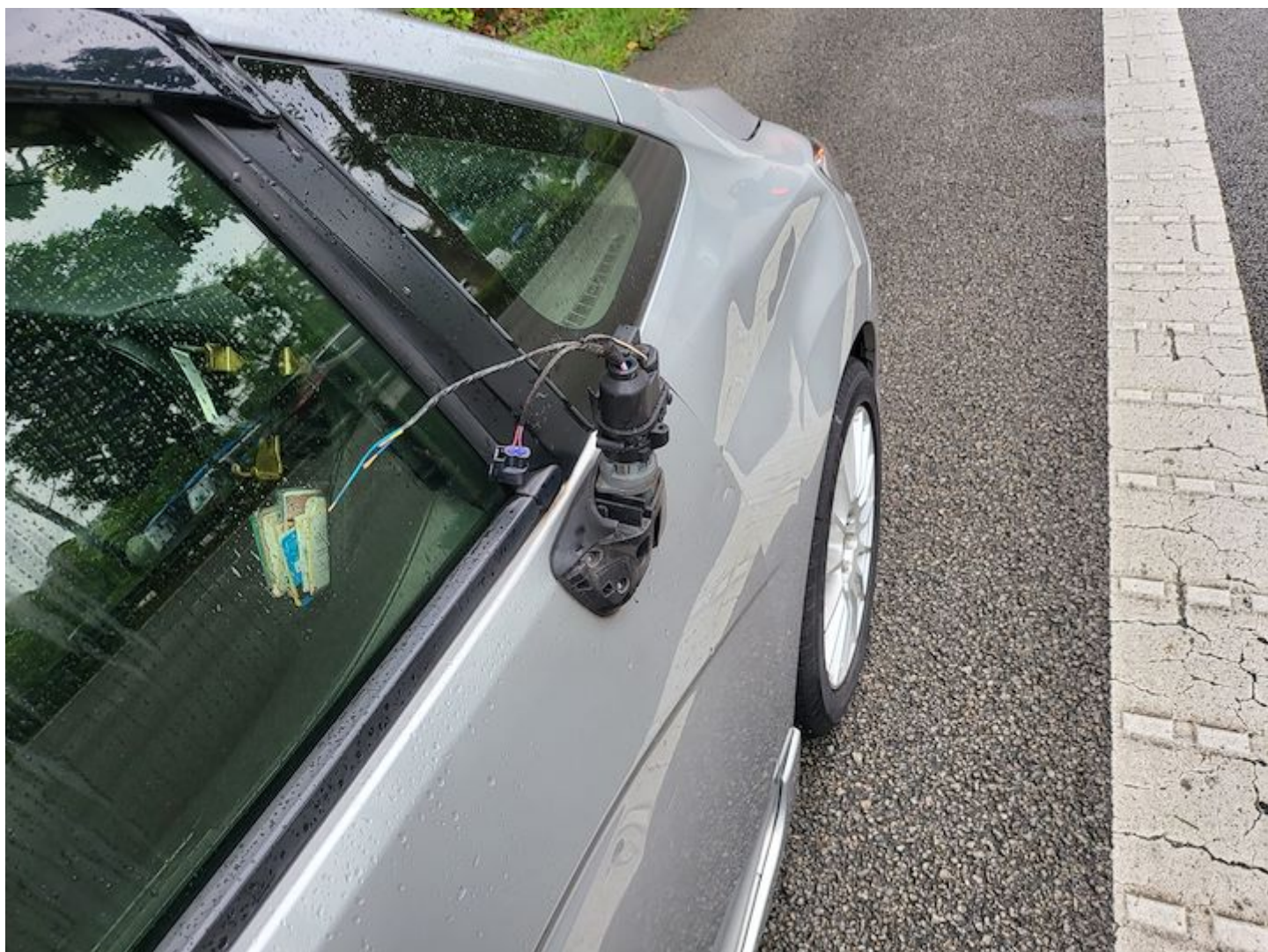




















**SINGAPORE
POLICE FORCE**



T/20220630/7010

1 of 4

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

Report No. T/20220630/7010

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 30/06/2022 12:56 | | Vide Report No.: F/20220630/0053 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ABDUL WAHID KHAN | | | Address: 341 WOODLANDS AVENUE 1 #03-597 SINGAPORE 730341 | | |
| ID Type / ID No.: NRIC NO / S9110380Z | | | Contact No.: Home/Office: Mobile: 92392415 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: ABDWKHAN@OUTLOOK.COM | | |
| Sex: Male | Age: 31 | Date of Birth: 24/03/1991 | Type of Informant: Driver | | |
| Race: Bengali | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: 2B,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 30/06/2022 07:50 | Type of Location: Straight Road |
| Location: BKE (PIE) AFTER KJE EXIT | | | | |
| Lamp Post Number: 268 | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: 90 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|------------|-------|---------|--------|----------------------|-------|
| JPE9263 | Motorcycle | | | | | 0 |
| SLB7864A | Car | HONDA | SHUTTLE | Silver | Seriously Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
| | | | | |



**SINGAPORE
POLICE FORCE**



T/20220630/7010

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

2 of 4

Report No. T/20220630/7010

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|---------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLB7864A | TENET SOMPO INSURANCE PTE. LTD. | D22MTPV0100659 5 | 21/04/2022 | 20/04/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------|--------------------------------|-----------------------------------|------------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | |
| Name | ABDUL WAHID KHAN | | ID No. | S9110380Z |
| Related Vehicle | SLB7864A (Car) | | Contact No. | 92392415 |
| 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 | NIL | |
| Driver | | | | |
| Name | ABDUL WAHID KHAN | | ID No. | S9110380Z |
| Related Vehicle | SLB7864A (Car) | | Contact No. | 92392415 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 2B,3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL | |
| Rider | | | | |
| Name | MOHD IMRAN BIN ABDULLAH | | ID No. | F7835785K |
| 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 | NIL | |



**SINGAPORE
POLICE FORCE**



T/20220630/7010

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

3 of 4

Report No. T/20220630/7010

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------|-----------|--|
| Driver | | | |
| Name | Unknown Driver | | ID No. S8585092Z |
| 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 | NIL |
| Rider | | | |
| Name | HOI KAH YANG | | ID No. G8306207Q |
| Related Vehicle | NIL | | Contact No. NIL |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | 30/06/2022 | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |

Brief Details.

I WAS LOOKING TO CHANGE MY LANE, MY SIGNAL WAS ON, AND THE MOTORCYCLE (JPE9263) SUDDENLY OVERTAKE ME FROM MY RIGHT SIDE AND HIT MY RIGHT SIDE. MY SIDEVIEW MIRROR IS BROKEN DOWN AND THERE ARE SCRATCHES ON THE RIGHT SIDE OF MY BACK AND FRONT DOOR AND THE BOTTOM RIGHT BUMPER.

**SINGAPORE
POLICE FORCE**

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



T/20220630/7010

4 of 4

Report No. T/20220630/7010

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD SYARIFUDDIN MUHAMMAD
AJMAIN
Contact No.: 65476367

This report is lodged at Marsiling NPP Kiosk
NP168

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

Date/Time:
30/06/2022 12:56

Classification Of Case:

Date : 30/6/2022

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Abdul Wahid Khan
 NRIC/FIN S9110380Z, our employee / ^{hirer} employee of Mitsubishi HC Capital Asia Pacific Pte Ltd to drive our m/vehicle no. SLB 7864A
 and to file the accident report (~~Third Party claims~~/Own Damage Claims/Reporting Only) which occurred on (date) 30/6/22 @ (time) 07:50 hrs
 along (location) BKE (PIE) After KJE Exit.

* Relationship between Insured and driver's company: -

Thank you.

Regards,

 MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

X Kelvin Chang (Mr)
 Manager
 Total Vehicle Solutions Department

* SIGN & STAMP at the above *

Name of Owner : Mitsubishi HC Capital Asia Pacific Pte Ltd.

NRIC / ROC : 199400399N

Contact No : 92983192

Email : kelvincm.chang@mitsubishi-hc-capital.com.sg

HITACHI
Inspire the Next

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

Agreement Date: 21/04/2016
Agreement No.: 58137

111 Somerset Road #11-05 Singapore 238164
AUTOMOBILE LEASE AGREEMENT
THE SCHEDULE

| | | |
|-------------|---|--------------------------|
| (Lessor) | Name : Hitachi Capital Asia Pacific Pte. Ltd. | UEN No. : 199400399N |
| | Address : 111 Somerset Road #11-05 Singapore 238164 | |
| (Lessee) | Name : ABDUL WAHID KHAN | NRIC/PP/UE No: S9110380Z |
| | Address : BLK 341 WOODLANDS AVENUE 1 #03-597 SINGAPORE 730341 | |
| (Guarantor) | Name : NORUNNESAH D/O MANIK MIAH MASOODOR MIAN | NRIC/PP/UE No: S6943464I |
| | Address : BLK 341 WOODLANDS AVENUE 1 #03-597 SINGAPORE 730341 | |

DESCRIPTION OF VEHICLE ("Vehicle")

| MAKE / MODEL AND DISTRIBUTOR OF VEHICLE | COLOUR | REGISTRATION NO. |
|--|--------|------------------|
| 1. Make / Model : HONDA SHUTLE 1.5G CVT | | |
| 2. Chassis / Engine No. : GK81003614 / L15B3534306 | SILVER | SLB7864A |
| 3. Distributor: VINCAR PTE LTD ("Distributor") | | |

TERMS OF RENTAL PAYMENT

- Commencement Date: 21/04/2016 to 20/04/2023 (84 months) ("Lease Period").
- Period of Lease: From 21/04/2016 to 20/04/2023 (84 months) ("Lease Period").
- Initial Payment of SGDS 18,738.96 Plus GST SGDS 1,311.73 ("Initial Payment") and thereafter 83 monthly rental of SGDS 981.95 each Plus GST SGDS 68.74 ("Rental"), due on the 21st day of each month (payable in advance) ("Due Date").
- Security Deposit: SGDS 0.00

OTHER TERMS OF LEASE (* Except for Items 8, 12 & 13, please delete the option clearly if inapplicable)

- Service : ~~Distributor's Package ("Package")~~ / Lessee to pay for own service at []
- Mileage Limit : YES (() Kilometer every () Months) / NO
- Motor Insurance: ~~Included in Rental~~ / Not-included in Rental
- Road-Tax: ~~Included in Rental~~ / Not-included in Rental
- 24 Hr Emergency Break down & Towing in Singapore: YES / NO
- 24 Hr Emergency Break down & Towing in Malaysia: YES / NO
- Collision Damage Waiver (CDW): YES / NO
- Mandatory Excess SGDS 1,500.00 (in Singapore) and SGDS 1,500.00 (in Malaysia) in respect of each and every single accident.
- GPS Tracking : YES (Please refer to Clause 17.3) / NO
- Provision of Courtesy Car : YES (subject to Clause 7.4) / NO
- Replacement cost of Vehicle's Tyres : ~~Included in Package~~ / Payable by Lessee
- Contractor (pursuant to Clause 12.1.1):
- Estimated Residual Value (For reference only): \$18,427.96

FULL PARTICULARS OF MAIN NAMED DRIVER

| | |
|----------------------------|----------------------|
| Name : ABDUL WAHID KHAN | Date of Birth : |
| Company : | Nationality : |
| Address : | Contact No : |
| NRIC/FIN/PP No : S9110380Z | Driving Licence No : |

FULL PARTICULARS OF OTHER NAMED DRIVER

| | |
|------------------|----------------------|
| Name : | Date of Birth : |
| Company : | Nationality : |
| Address : | Contact No : |
| NRIC/FIN/PP No : | Driving Licence No : |

WITNESS to Lessor Signature

Name: Cheryl Wong
NRIC/PP No.: S69761901

SIGNED by HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
for and on behalf of HITACHI CAPITAL ASIA PACIFIC PTE. LTD. (Lessor)

Name: NG SIEW KWANG SIMON (MR)
General Manager
Authorized Signatory, Total Vehicle Solution
Asia Pacific Business Division

WITNESS to Lessee Signature

Witness Signature Name: Lam Khuay Hin
NRIC/PP No: S1173874/E

SIGNED by OR for and on behalf of LESSEE:

Lessee Signature (Name : ABDUL WAHID KHAN)

WITNESS to Guarantor Signature

Witness Signature Name: Lam Khuay Hin
NRIC/PP No: S1173874/E

SIGNED by GUARANTOR:

Guarantor Signature (Name : NORUNNESAH D/O MANIK MIAH MASOODOR MIAN)