

| | | |
|--|---|---------------------------|
| VEHICLE NO. — <u>SNB 7515</u> | MAKE & MODEL : <u>HONDA VEZEL</u> | <u>50</u> / AUTO / MANUAL |
| DATE OF ACCIDENT | <u>27.7.22</u> | CC <u>1500</u> |
| TIME OF ACCIDENT | <u>1415</u> AM / PM | |
| LOCATION OF ACCIDENT | <u>PTE towards chennai near borie exit</u> | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | |
| NAME OF OWNER | <u>Star Holdings Inn Bike leasing Pte Ltd</u> | |
| EMAIL | | |
| NRIC | | |
| CLAIM TYPE | <u>201419069W</u> | |
| FLEET POLICY | OD / <u>THIRD PARTY</u> / REPORTING ONLY | |
| INSURANCE CO | YES / <u>NO</u> ? | |
| TYPE OF COVERAGE | <u>Eriga</u> | |
| POLICY NO. | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft | |
| NAME OF DRIVER | <u>190116412</u> | |
| NRIC | AS ABOVE / IF NO. <u>MILWADI BIN ROSLI</u> | |
| DATE OF BIRTH | <u>25.1.81</u> | |
| ANY PASSENGER | YES / <u>NO</u> : <u>1 driver</u> | |
| NAME OF PASSENGER | | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | <u>14.1.06</u> / 2000 | |
| GENDER | Male / Female | |
| CONTACT NO. | Mobile. <u>9151741</u> Office. Home. | |
| EMAIL | <u>P.wadkrosli@gmail.com</u> | |
| ADDRESS | <u>RIK WYJ JALAN WEST AVE / #02-720 (1) 640444</u> | |
| DOES DRIVER OWN OTHER VEHICLES? | NO / If yes, Reg No. INSURER | |
| RELATIONSHIP | Employee / If No. | |
| WEATHER CONDITION | Clear / Raining / Other. | |
| ROAD SURFACE | Dry / Wet / Other. | |
| ANY INJURIES | No / If yes, Who? <u>MILWADI BIN ROSLI</u> | |
| CONVEYED BY AMBULANCE | No / If yes, Who? | |
| POLICE REPORT | No / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO / IF YES, WHO? | |
| VEHICLE B NO. | NAME Any Passenger. <u>2 passenger</u> | |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | NAME Any Passenger. <u>unqwe</u> | |
| VEHICLE D NO. | NAME Any Passenger. <u>not passenger</u> | |
| VEHICLE E NO. | NAME Any Passenger. | |
| VEHICLE F NO. | NAME Any Passenger. | |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / NO | |
| **WORKSHOP: | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <u>NO</u> | |

5917824



NRIC No. S7725993G

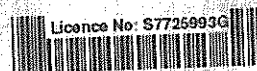


Date of Issue
19-04-2018

Address
APT BLK 444 JURONG WEST AVENUE 1
#03-770
SINGAPORE 640444

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| | EFFECTIVE DATE |
|--|----------------|
| Class 2B Motorcycles \leq 200 cc | 16 Apr 1997 |
| Class 2A Motorcycles between 201 cc and 400 cc | 26 May 1998 |
| Class 2 Motorcycles $>$ 400 cc | 03 Dec 2002 |
| Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg | 14 Jun 2000 |



Licence No. S7725993G

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7725993G



Name

MISWADI BIN ROSLI

ميسوادي بن روسلي

Race

BOYANESE

Date of birth

25-08-1977

Sex

M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7725993G

Name

MISWADI BIN ROSLI

Birth Date 25 Aug 1977

Issue Date 13 Aug 2011



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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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' lawyers/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' lawyers/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 lawyers/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
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

I brake and slow down my vehicle. Suddenly vehicle B from behind hit into the rear portion of my vehicle. The impact caused my vehicle move forward and hit into vehicle D rear. Total 4 vehicle chain collision.

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)