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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 04/08/2022 17:40 (SGT) Reported by Date of Accident 04/08/2022 13:08 (SGT) Exact Location of Accident Singapore Additional Location Information TUAS SOUTH AVE 3 AFTER JUNCTION OF TUAS SOUTH AVE 4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT4069D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RADEN MUHAMMAD SAIFUDIN BIN ABDUL RAHMAN NRIC No S9144624C Email Address RADENSAIFUDIN@GMAIL.COM Mobile Phone No (Phone) +65-98519075 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Opel Model Astra 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5120377456-01

DRIVER

Name of Driver RADEN MUHAMMAD SAIFUDIN BIN ABDUL RAHMAN NRIC No S9144624C Date Of Birth 11/12/1991 Occupation Indoor

Date Of Driving Pass 24/05/2011 Driving experience 11 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-98519075 Alt. Phone Number Email Address RADENSAIFUDIN@GMAIL.COM Address BLK 484D #03-80 CHOA CHU KANG AVENUE 5 Address complement Postcode 684484 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Change/cross lane 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MUHAMMAD AFIQ Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Jurong Neighbourhood Police Post Police Station Phone No (Phone) +65-18002659999 Alt. Police Station Phone No (Fax) +65-62664987 Police Station Address Blk 158 Yung Loh Road #01-58 Singapore 610158 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

ADVISED THE DRIVER TO SEND TO MOTORVIDEO@INCOME.COM.SG

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1513U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PHUA SOON OO
NRIC No	S1254411A
Contact Number	(Phone) +65-81318491
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accide	ent	
Refer	to police report	
Declaration I/We declare the foregoing particulars	are true in every respect.	
04/08/2022		LIM KAI CHUAN
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)

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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.
- 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 Traffic Police Department for investigation.
- 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.
- 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.

04/08/2022

Policyholder's Signature / Date & Time

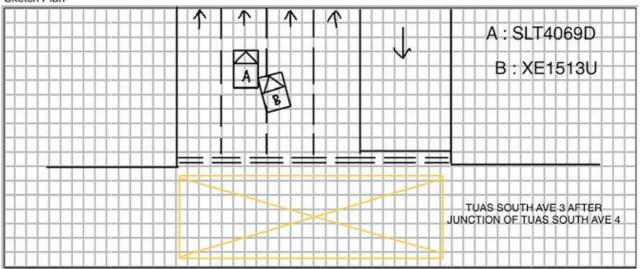
Driver's Signature (if driver is not the policyholder) / Date & Time

Lim Kai Chuan

(Name as in NRIC/ID card)

Witnessed by Reporting Centre Personnel

Sketch Plan

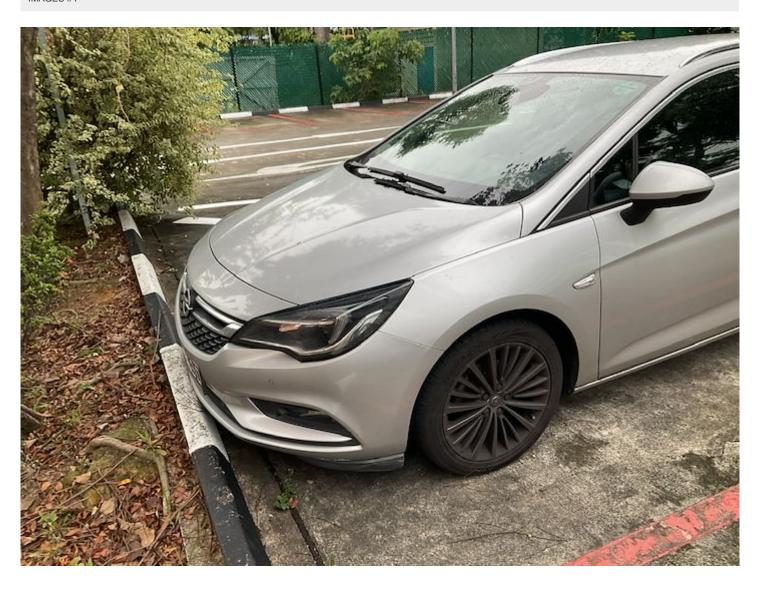


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Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

1 of 3 Report No. T/20220804/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Station Diary No.: Vide Report No.:

04/08/20	022 14:07			14	
Informa	nt's Partic	ulars			
Name of Informant: RADEN MUHAMMAD SAIFUDIN BIN ABDUL RAHMAN			Address: APT BLK 484D CHOA CHU KANG AVENUE 5 #03-80 SINGAPORE 684484		
ID Type / ID No.: NRIC NO / S9144624C		24C	Contact No.: Home/Office:	Mobile: 98519075	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 30	Date of Birth: 11/12/1991	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: NEA OFFICER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive; No	Date/Time of Accident: 04/08/2022 13:10	Type of Location: Straight Road
Location:	AVENUE 3			
01		Road Surface: Dry		Road Speed Limit:
Clear				
Clear Traffic Flow: One Way		Traffic Control:		Traffic Volume:

Details of Vehicle Involved			REES OF SERVI	RESIDENCE SERVICE		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLT4069D	Car	OPEL	ASTRA ST 1.0 AT	Silver	Seriously Damaged	1
XE1513U	TIPPER				Slightly Damaged	0

Details of V	ehicle Insurance			
Vehide No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT4069D	NTUC Income Insurance Co-Operative Limited	5120377456-01	28/04/2022	27/04/2023



Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE Tel No: 1800-2659999

T/20220804/2054

Report No. T/20220804/2054

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving in my vehicle SLT4069D on the second lane. Subsequently, I felt and impact and I heard a loud sound. I then came to a stop. I realized that a tipper truck with the vehicle number XE1513U collided against the right area of my vehicle. We then proceeded to the side of the road to settle this issue. Both myself and the other driver got off our vehicles to make a check and exchanged particulars. We took photo of the damages done and we drove off separately. The damages done on my vehicle was that the right rear passenger door was dented badly and scratched. The right area of my bumper was dented and scratched as well. No one was injured, no government property was damaged. I am lodging this report for insurance claim. I do have an in car camera however I am unsure if it was recording.



Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999



Report No. T/20220804/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: SGT 2 LIM JUN HAO Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219 NP168

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Date/Time: 04/08/2022 14:07	
Classification Of Case:	