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.

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 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 10/10/2022 17:20 (SGT) Reported by Date of Accident 07/10/2022 14:27 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF TANGLIN ROAD AND TOMLISON ROAD Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **GBB6708T**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **PAPAPUFF** Company Reg No 5XXXX952L Email Address aliffshahbinilhamshah@gmail.com Mobile Phone No (Phone) +65-81274944 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Urvan Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 1998

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number MQ004272

DRIVER

Name of Driver ALIFF SHAH BIN ILHAM SHAH NRIC No SXXXX438H Date Of Birth 20/09/1990 Occupation Outdoor

Date Of Driving Pass 26/09/2009 Driving experience 13 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81274944 Alt. Phone Number Email Address aliffshahbinilhamshah@gmail.com Address BLK 106A CANBERRA STREET #11-431 Address complement Postcode 751106 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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 SJD1301K

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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	ALIFF SHAH BIN ILHAM SHAH Male (Phone) +65-81274944 BLK 106A CANBERRA STREET #11-431 - 751106 32 BACK PAIN AND NECK PAIN GBB6708T Yes No
was this injured conveyed to nospital 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 Actual Driver-
- 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.
- 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)

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' 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.

ROC: 201611245N m

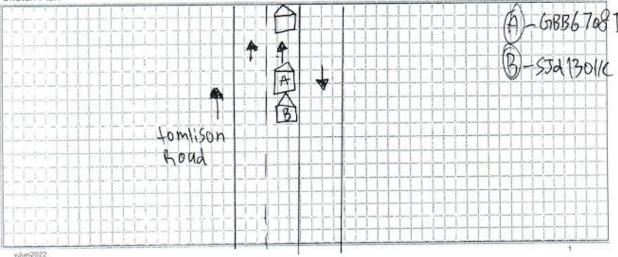
Policyholder's Signature / Date & Time

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

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

0/10

Sketch Plan



l felt a h I went to	ne Accident as traveling along tomlison Road, and Suddenly uge Impact on the rear ofmy van. Take a look and vehicle (SJd 1301K) hit my Rear portion. and I suffer back pain pain was given 7 days mc.
	0
11 11 11 11	
1	

Declaration

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

OGIS7 ROC: 201611245N Policyholder

Tire / Date & Time Actual Driver's Signature (if driver is not the policyholder) Withessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

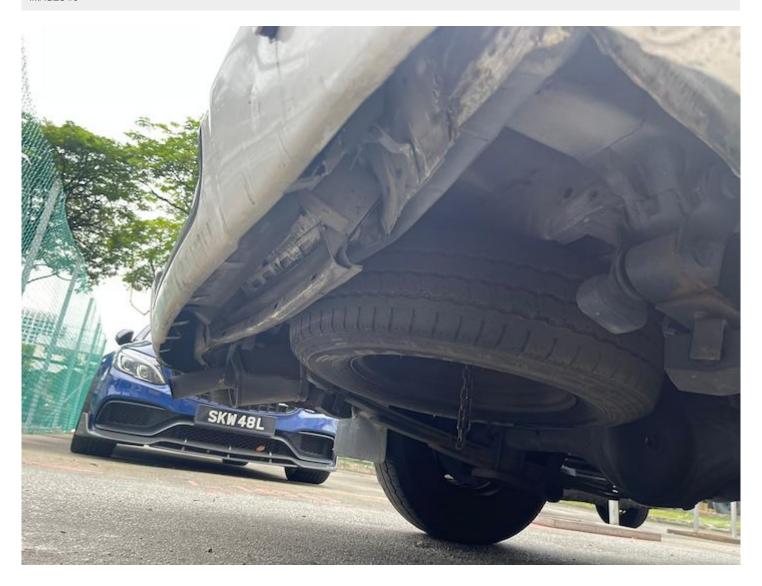
2

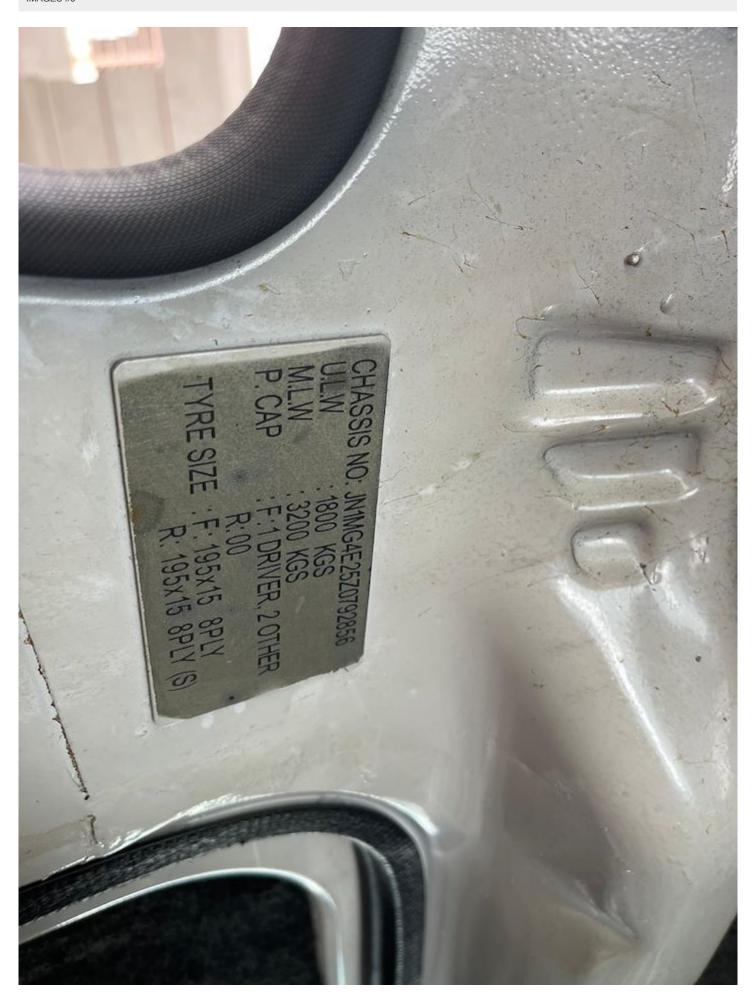
















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20221010/7037

REPORT OF A TRAFFIC ACCIDENT

10/10/2022 14:05		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: ALIFF SHAH BIN ILHAM SHAH ABDULLAH			Address: 106A CANBERRA STREET #11-431 SINGAPORE 751106			
ID Type / ID No.: NRIC NO / S9035438H			Contact No.: Home/Office: Mobile: 81274944			
National SINGAP	ity: ORE CITIZ	EN	Email: ALIFFSHAHBINILHAMSHAH	H@GMAIL.COM		
Sex: Age: Date of Birth: Male 32 20/09/1990			Type of Informant: Driver			
Race: Sikh			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2022 14:25	Type of Location: T-Junction	
Location:					
TANGLIN RO	AD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way			king	Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Head	I To Rear		Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBB6708T	Van	NISSAN	Urban	White	Seriously Damaged	0
SJD1301K	Car	BMW		Black	Slightly Damaged	0





Police Station Of Origin: Traffic Police

Details of Vehicle Insurance

Vehicle No.

GBB6708T

10 Ubi Avenue 3 SINGAPORE 408865

Insurance Company

TOKIO MARINE INSURANCE

Tel No: 65470000 CONTINUATION OF REPORT

21010/7037	

Effective

29/10/2021

Report No. T/20221010/7037

2 of 3

Expiry Date

28/10/2022

	SINGAPORE LTD.	435-100000	C2+010000					
Details of Pe	rson Involved			214	74120	Marin III		
Any Pedestria	n Involved: No		(4)					
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA				
Driver	MINE AND ADDRESS OF THE PARTY O		Action to the same			The second		
Name	ALIFF SHAH BIN IL ABDULLAH	ALIFF SHAH BIN ILHAM SHAH ABDULLAH			ID No. \$903543		1	
Related Vehic	cle GBB6708T (Van)	GBB6708T (Van)			ct No.	81274944		
Hospital/Clinic	NIL	NIL			Class of Driving Licence & Expiry		Class: 2B,2A,3 Date of Expiry: NIL	
Date	07/10/2022		Date		07/10)/2022		
No. of Days granted Medical Leave 07			Degree o	f	Sligh	t		

Insurance No

MQ004272

Brief Details.

I was traveling toward cascuden road on the right land. Traffic light ahead with people crossing. Put are stop to my van. When suddenly are BMW by the plate Number SJD1301K hit the back of my van Gbb6708t, So we got out and took some pictures and change particulars. For insurance purposes, No traffic police was at the scene, and we left. Later on in the days. Feel some pain in the neck and back so I went to see my doctor and get 7days mc from 07/10/2022 to 13/10/2022. I do have are car camera also and willing to share it if have to.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221010/7037

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: 10/10/2022 14:05
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

NP168