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.

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 02/11/2022 15:55 (SGT) Reported by Date of Accident 01/11/2022 07:50 (SGT) Exact Location of Accident Singapore Additional Location Information BEFORE CHIJ JUNCTION OF BARTLEY ROAD AND SERANGOON AVENUE 1 TOWARDS WOODLEIGH **UNDERPASS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

Vehicle Registration Number SLW5889G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SYED MANDAR BIN MOHAMED ALMASNOOR NRIC No SXXXX676F Email Address MOHDAV5366@GMAIL.COM Mobile Phone No (Phone) +65-97289472 Alternative Phone No

VEHICLE PARTICULARS

Model **Passat** Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Manufacturer

Vehicle Category Private car Transmission Auto 1968

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMPPHQ22-005738

DRIVER

Name of Driver SYED MANDAR BIN MOHAMED ALMASNOOR NRIC No SXXXX676F

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	16/06/1953 Outdoor 12/01/1974 48 YEARS AND 10 MONTHS Male (Phone) +65-97289472 - MOHDAV5366@GMAIL.COM BLK 710 BEDOK RESERVOIR ROAD #05-3124 - 470710 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP2031P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

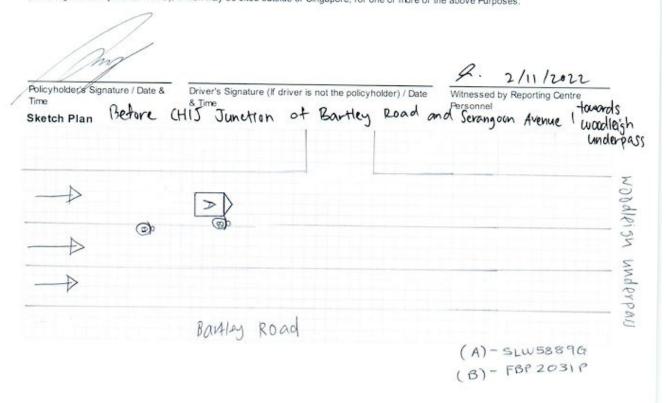
SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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 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)

l 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.



	- Refer to police report attached -
	Resert No. II-
	Report No.: 1/20221102/7027
267-12-	
te: Please no	te that your insurer may have 14 days time frame for you to submit an Own Damage Claim under you
ır own compr	ehensive policy. Please check your policy for more information.

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

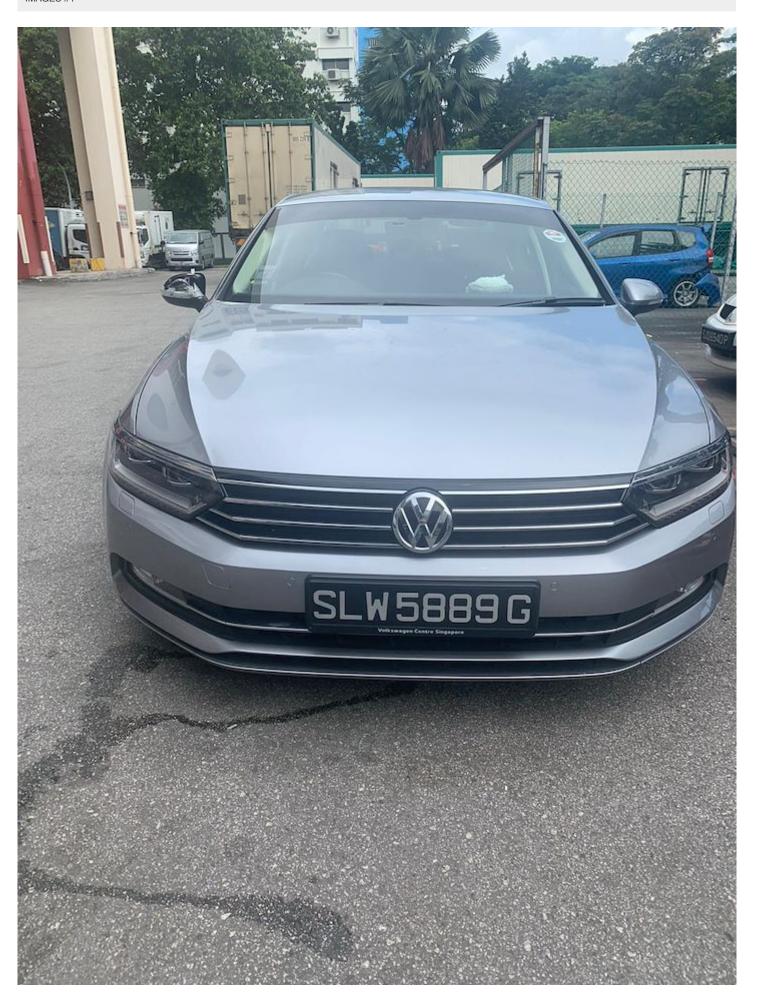
CAccident report SN0922B20008

Policyholder's Signature / Date & Time

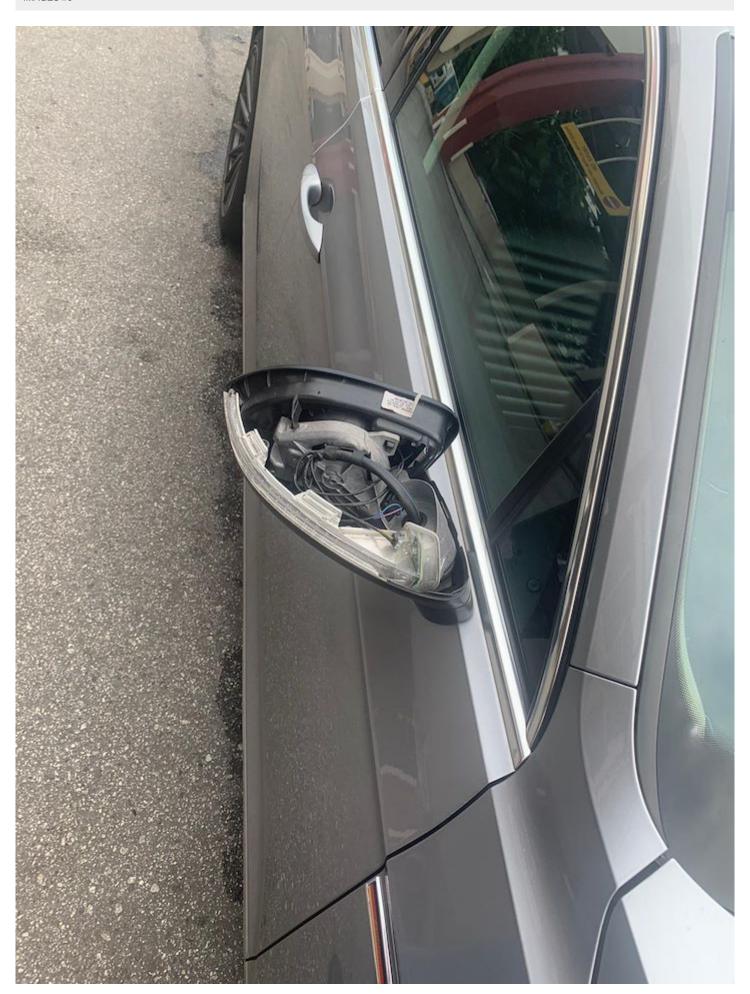




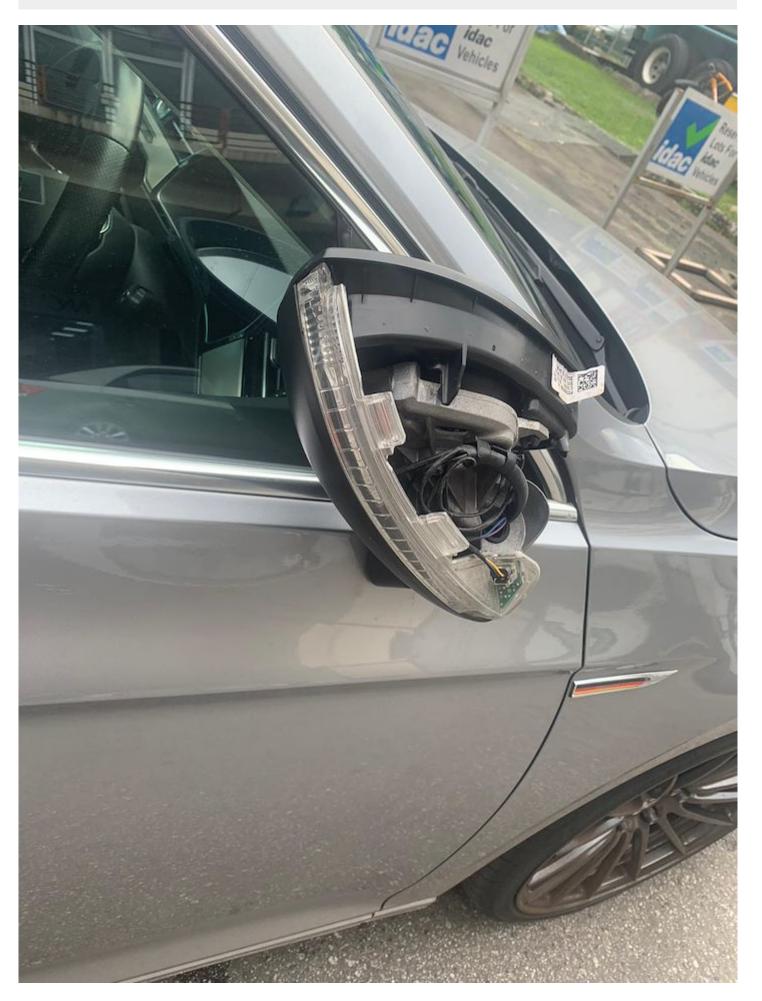
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20221102/7027

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 02/11/2022 14:27		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
SYED M ALMASI	HOOR	N MOHAMED	Address: 710 BEDOK RESERVOIR RO 470710	DAD #05-3124 SINGAPORE
	/ ID No.; O / S00826	76F	Contact No.: Home/Office:	Mobile: 97289472
National SINGAP	ity: ORE CITIZ	EN	Email: MOHDAR5366@GMAIL.COM	
Sex: Male	Age: 69	Date of Birth: 16/06/1953	Type of Informant: Driver	
Race: Arab			Language: English	Institution / School Name:
Occupation: Designer			Driving Licence Information: Class:	Date of Expiry:

General Illion	mation of the Accide				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/11/2022 07:50	Type of Location Straight Road	
Location: BARTLEY RO	DAD				
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:	
One Way Tra		Traffic Control: Traffic Light - Wor		Traffic Volume: Moderate	
Type of Collis Between Mov		vipe - Same Direction	а	nyone conveyed by mbulance:	

	_					
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBP2031P	Motorcycle					0
SLW5889G	Car	VOLKSWAGO N	PASSAT 2.0 TFSI AT W/OSR 3G24MY	Silver		1





Police Station Of Origin: Traffic Police

2 of 3 Report No. T/20221102/7027

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW5889G EQ INSURANCE COMPANY LT	EQ INSURANCE COMPANY LTD.	DMPPHQ22-	26/07/2022	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
		005738	Lower convenience of the	20,0,,2020

Details of Perso	on Involved		A STATE OF THE STATE OF		7.57	
Any Pedestrian I	nvolved: No		AND DESCRIPTION	Major Hotel		
No. of Pedestrian			Use of Pe	doctrian C		S 114
Driver		Hart State of the	OSE OF FE	uestnan C	ross	sing: NA
Name	SYED MAHDAR BI ALMASHOOR	IN MOHAM	ED	ID No.		S0082676F
Related Vehicle	SLW5889G (Car)			Contact No.		97289472
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date	-	IL	
No. of Days gran	ted Medical Leave	NIL	Degree of	N		

Brief Details.

On 01/11/2022 at about 0750hrs at before cross junction of Bartley Road and Serangoon Avenue 1 towards Woodleigh Underpass. I was travelling along the left lane and came to a stop while waiting for the 'green' traffic light and suddenly, a vehicle (B) from my right lane cut across into my lane without checking his blind spot and collided onto my right portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger inside my vehicle.

Vehicles involving in the situation: (A)SLW5889G (B)FBP2031P





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

3 of 3 Report No. T/20221102/7027

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: 02/11/2022 14:27
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

NP168