

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 31/10/2022 16:27 (SGT) Reported by Date of Accident 28/10/2022 16:00 (SGT) Exact Location of Accident Clementi Rd, Singapore Additional Location Information **TWDS AYE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SJK3074R**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TIANTY NOORFAIDZAH BINTE KUSNADI NRIC No. S8712587D Email Address MUHDNURZAINI@GMAIL.COM Mobile Phone No (Phone) +65-96266061

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Exact purpose for which vehicle was being used at time of

accident Private hire

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5104924544-03

DRIVER

Name of Driver MUHAMAD NURZAINI BIN HATIB NRIC No S8211178F Date Of Birth 14/04/1982 Occupation Outdoor

Date Of Driving Pass	14/04/2004
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88924674
Alt, Phone Number	(i mana) + 66 6662 167 1
Email Address	- MUUDNUDZAINI@CMAU COM
	MUHDNURZAINI@GMAIL.COM
Address	BLK 179 BOON LAY DRIVE #05-472
Address complement	-
Postcode	640179
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
venicle registration ratifies of other venicle owned by briver	_
Insurance Company of Other Vehicle Owned by Driver	
incuration company of carot vollage cyrica by briver	
GENERAL INFORMATION OF THE ACCIDENT	
Town of Academy	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	
	Yes
Was any injured conveyed to hospital by ambulance?	No
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	•
DETAILS OF POLICE ACTION	
BETTHES OF THE LIGHT TOTAL	
Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	· , ,
	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-
OIDOUMOTANIOEO OE ACOIDENT	
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: T/20221028/2082.	
THE ENTITY OF SEIGE HER SINE WESTERN SEIGHT	
ATTACHMENT(S)	
Are escident wheter evallable for attachment?	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
BETAILS OF STILL	
Vehicle Registration Number	XE745Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	<u> </u>

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	MUHAMAD NURZAINI BIN HATIB Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK3074R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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)

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' 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 & Driver's Signature (If driver is not the policyholder) / Date Reporting Centre Personnel

Sketch Plan

PalLing

A: SJK 307HR

B: XE 7 457 | 720 13774

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Declaration

IWe declare the foregoing particulars are true in every respect.

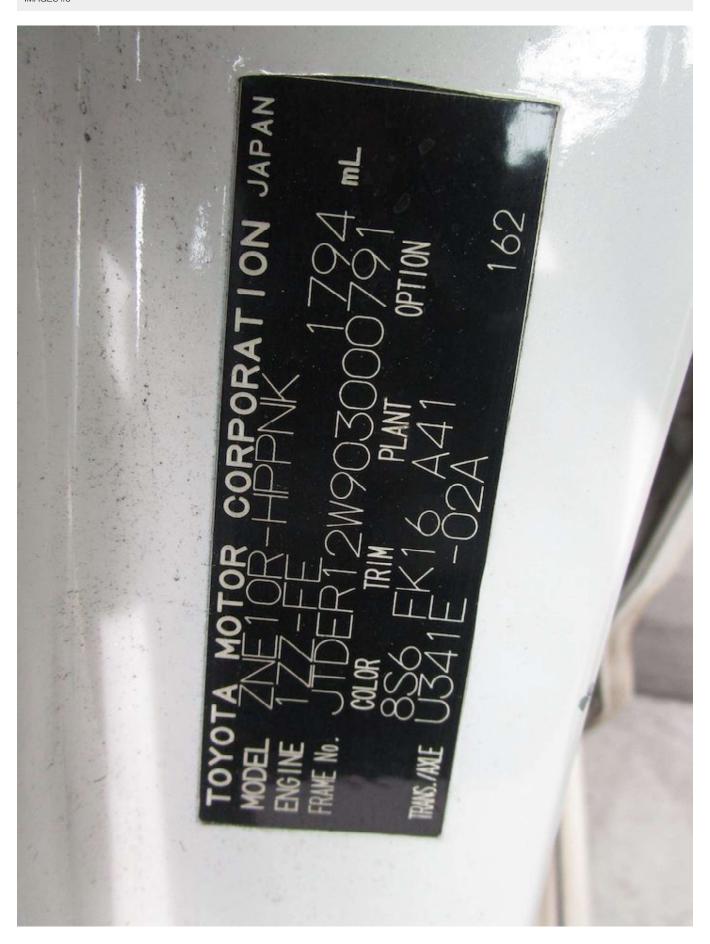
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

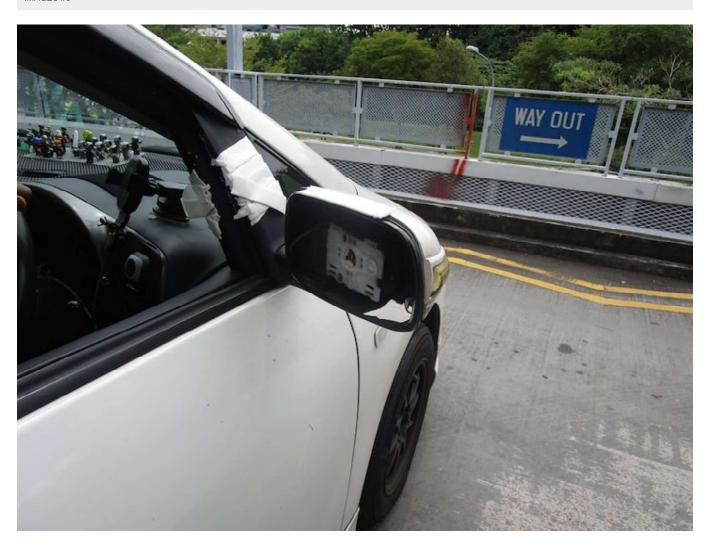




















Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

1 of 3 Report No. T/20221028/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 19:59		lade:	Vide Report No.:	Station Diary No.: 52		
hiloma	nt's Partie	ulars				
Name of Informant: MUHAMAD NURZAINI BIN HATIB			Address: APT BLK 179 BOON LAY DRIVE #05-472 SINGAPORE 640179			
ID Type / ID No.: NRIC NO / S8211178F			Contact No.: Home/Office:	Mobile: 88924674		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 40 14/04/1982			Type of Informant: Driver			
Race: Boyanese			Language:	Institution / School Name:		
Occupation: Business development executive		ent executive	Driving Licence Information Class: 2B,2A,3,4	: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/10/2022 16:00	Type of Location Straight Road	
Location: CLEMENTI R Weather:	OAD	Road Surface:		Road Speed Limit:	
		Dry			
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
One Way		Not Controlled		Moderate	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK3074R	Car				Slightly Damaged	0
XE745Z	TRAILER					0





Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Report No. T/20221028/2082

Brief Details.

On 28/10/2022 at about 1600hrs, I was driving my personal car (SJK3074R) on the extreme left lane along Clementi Road towards AYE(Tuas) when out of a sudden a Singapore trailer (XE745Z) which was driving on the center lane beside my car had grace onto the right side of my vehicle causing me to swerve to my left and applied my e-brake. I wished to state that I did sound my horn to alert the said trailer's driver, but it continues to move off. I attempt to follow the driver, but my vehicle engine suddenly lost it power and cause an unusual noise and vibrate. I wished to state that I have a recording of the whole incident. I am not injured during the accident occurred.

The damages are as follow:

- Right side mirror damaged
- left front rim scratches
- vehicle engine got unusual noise
- damages on the right side with unknown black lines





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 CONTINUATION OF REPORT

Report No. T/20221028/2082

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: L / SGT 1 MUHAMMAD SHARIN BIN ROSLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2022 19:59
Officer In Charge Of Case; TP / HRT / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
NP168	



1 of 3

Report No. T/20221031/2010

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20221028/2082

Report Number

T/20221031/2010

Vide Report Number

Date/Time of Report Made

31/10/2022 10:38

Place Report Lodged

Traffic Police

Type of Informant

Driver

Name of Informant

MUHAMAD NURZAINI BIN HATIB

ID Type / ID No.

NRIC NO / S8211178F

Home/Office

Mobile

88924674

Email

Type of Accident

Non-Injury / Hit and Run

Drink Drive

No

Anyone conveyed by

No

ambulance

Date/Time of Accident

28/10/2022 16:00

Accident Location

CLEMENTI ROAD

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJK3074R	Car	TOYOTA		White		0
XE745Z	Trailer	SCANIA				0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20221031/2010

2 of 3

Report No. T/20221031/2010

Continuation of CSF For NP168

Driver						
Name	MUHAMAD NURZAINI BIN HATIB			ID No		S8211178F
Related Vehicle	NIL			Conta	ict No.	88924674
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	The state of the s			NIL	

Brief Facts.

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T/20221031/2010

3 of 3

Report No. T/20221031/2010

Continuation of CSF For NP168

Sketch Plan

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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.

Case Sensitivity

Officer-In-Charge of Case TP / HRT /

No

IRMAN BIN MOHAMAD SAID

Classification of Case

1) NON-INJURY / HIT AND RUN

WOODLANDS WEST NPC NO. 1 WOODLANDS STREET 12 SINGAPORE 738622 TEL: 1800-363 9999



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5104924544-03 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: JTDER12W903000791

Chassis Number 2. Name of Policyholder

; TIANTY NOORFAIDZAH BINTE KUSNADI

3. Effective Date of Insurance

: 15 Apr 2022

: SJK3074R

4. Expiry Date of Insurance

: 14 Apr 2023

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving an the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	; S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	; TIANTY NOORFAIDZAH BINTE KUSNADI
NAMED DRIVER (1)	: HALIM BIN ABDULLAH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STRAITS EURO MOTORS PTE, LTD,
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AUTOSHIELD PTE, LTD. (00000573469)

Date of Issue : 25 Mar 2022 15:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive