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 29/11/2022 17:41 (SGT) Reported by Date of Accident 28/11/2022 09:05 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PIE TOWARDS CHANGI AIRPORT BEFORE ENG NEO EXIT, LANE 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT8206Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NUR HIDAYAH BINTE KASTURI NRIC No S8702748A Email Address guitarded.87@gmail.com Mobile Phone No (Phone) +65-83390901 Alternative Phone No

VEHICLE PARTICULARS

Volkswagen Model Golf 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1390

Manufacturer

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MPC0003100

DRIVER

Name of Driver MOHAMED FAHNY BIN MATNOR NRIC No S8119607I Date Of Birth 26/06/1981

Occupation Indoor Date Of Driving Pass 01/10/2009 Driving experience 13 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-97952580 Alt. Phone Number Email Address west_ave8@yahoo.com Address BLK 437A BUKIT BATOK WEST AVENUE 5 #07-904 Address complement Postcode 651437 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 - Head to Rear Weather Conditions Clear Road Surface 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? 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

VEHICLE TRAVELLING ON LANE 3, SLOW MOVING DUE TO HEAVY TRAFFIC AT THAT POINT OF TIME. I FELT A SUDDEN JERK DUE TO A BANG/PUSH FROM THE REAR SIDE. I LOOKED AT MY CENTER VIEW MIRROR AND SAW A BIG LORRY VERY NEAR TO THE END OF MY VEHICLE, THAT'S WHERE REALIZED THE PUSH/BANG MAY HAVE COME FROM THE REAR COLLISION. NO VIDEO WAS INSTALLED IN MY VEHICLE. I AND THE LORRY DRIVER EXCHANGED PARTICULARS/TAKE PHOTOS AND WE MOVED OFF.

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	XD936U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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	-
No. Of Passenger (Including Driver)	_

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 flability 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:

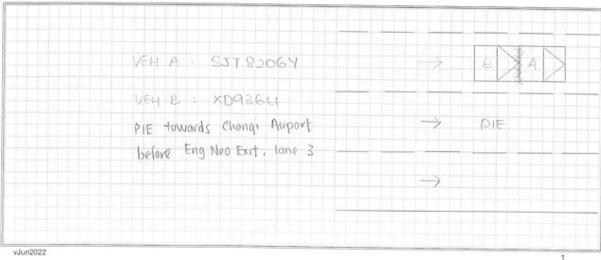
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

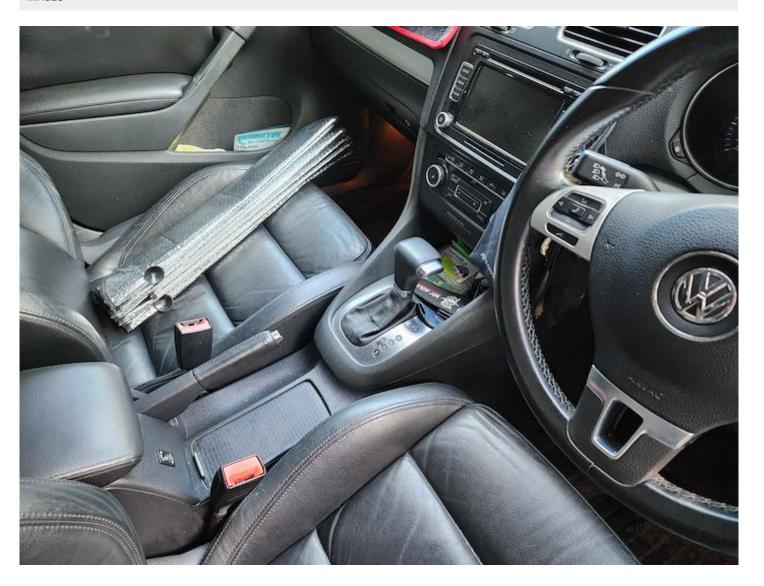
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

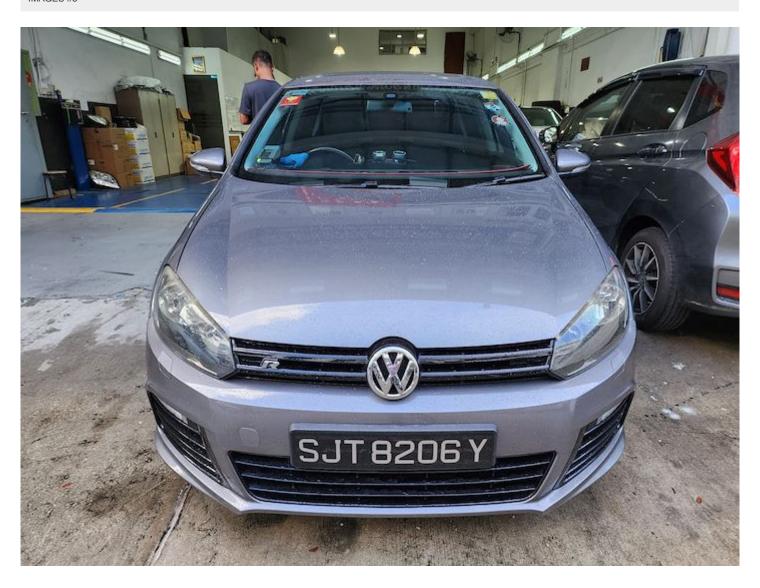


EFER TO GIA REPORT	
u had been advised by workshop that in the event that you	Reporting Only
sh to claim against your own policy (OD claim), there is a [Reporting Only Claim OD
sh to claim against your own policy (OD claim), there is a jurteen (14) days clause whereby the claim must be made	Claim OD
sh to claim against your own policy (OD claim), there is a jurteen (14) days clause whereby the claim must be made	Claim OD Claim TP
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vJun2022























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20221128/7024

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 28/11/2022 12:19		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: IED FAHNY	Address: 437A BUKIT BATOK WEST AVENUE 5 #07-904 SINGA 651437			
ID Type / ID No.: NRIC NO / S8119607I		071	Contact No.: Home/Office: Mobile: 97952580		
Nationality: SINGAPORE CITIZEN		EN	Email: west_ave8@yahoo.com		
Sex: Age: Date of Birth: Male 41 26/06/1981			Type of Informant: Driver		
Race: Malay		10.50	Language: Institution / School Nar English		
Occupation:			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2022 09:05	Type of Location:
Location: PIE towards (Weather:	Changi Airport befor	e Eng Neo exit, lane 3	R	oad Speed Limit:
Traffic Flow:		Dry Traffic Control:	Tr	affic Volume:
One Way Not Controlled		1.00	Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				nyone conveyed by mbulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
XD 936 U	Lorry	SCANIA			No Damage	0

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



T/20221128/7024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221128/7024

CONTINUATION OF REPORT

Driver					
Name	MOHAMED FAHNY BIN MATNOR		ID No.	S8119607I	
Related Vehicle	XD 936 U (Lorry)			Contact N	No. 97952580
Hospital/Clinic	NIL			Class of Driving Licence 8 Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL Date			N	IL '
No. of Days gran	o. of Days granted Medical Leave NIL			of SI	ight

Brief Details.

Vehicle travelling on lane 3, slow moving due to heavy traffic at that point of time. I felt a sudden jerk due to a bang/ push from the rear side. I looked at my center view mirror and saw a big lorry very near to the end of my vehicle, that's where i realized the push/ bang may have come from the rear collision. No video was installed in my vehicle. I and the lorry driver exchanged particulars/ take photos and we moved off.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20221128/7024

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2022 12:19
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

This report is lodged at Siglap NPP Kiosk