SA1823220008 / Abwin Service Pte Ltd ENTRY DATE & TIME: 02/02/2023 17:06 (SGT) SUBMITTED BY: Claims VERSION: 1 (02/02/2023 17:06 (SGT))

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 02/02/2023 17:06 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 30/01/2023 14:00 (SGT) Exact Location of Accident 6 Shan Rd, Singapore Additional Location Information 6 SHAN ROAD OPEN SPACE CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SJZ1316C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD WAFIY BIN JAINI NRIC No SXXXX342H Fmail Address WAFIY 1991@HOTMAIL.COM Mobile Phone No (Phone) +65-82015797 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Cerato 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 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5126606438

DRIVER

Name of Driver MUHAMMAD WAFIY BIN JAINI NRIC No SXXXX342H Date Of Birth 18/01/1991 Occupation Outdoor

Date Of Driving Pass 15/07/2014 Driving experience 8 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-82015797 Alt. Phone Number Email Address WAFIY_1991@HOTMAIL.COM Address 422A NORTHSHORE DRIVE Address complement 17-727 Postcode 821422 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked 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? 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? 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 PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED 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 SMR3034J 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)	-

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
- 3. 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.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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.
- 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)

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:

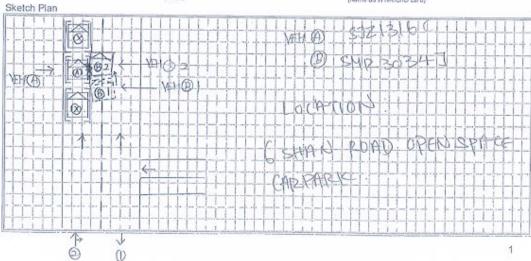
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

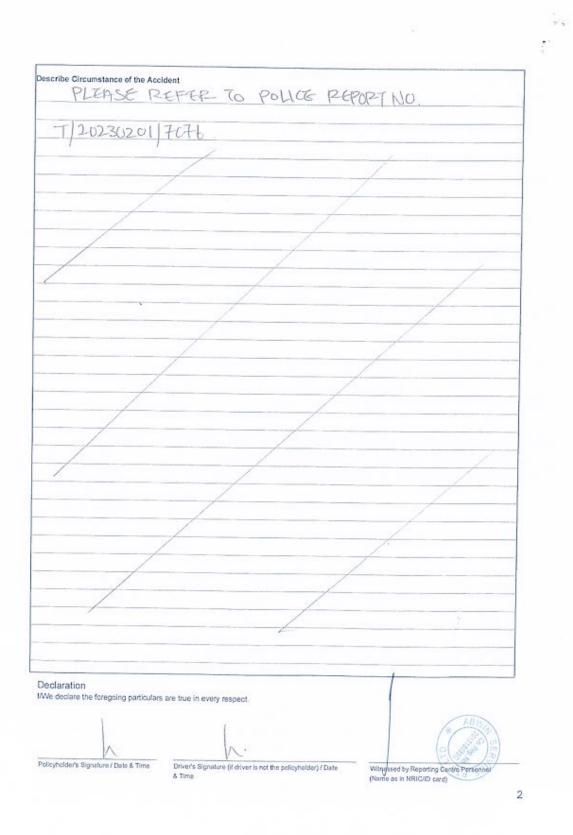
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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 Purpose:

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIGND card)



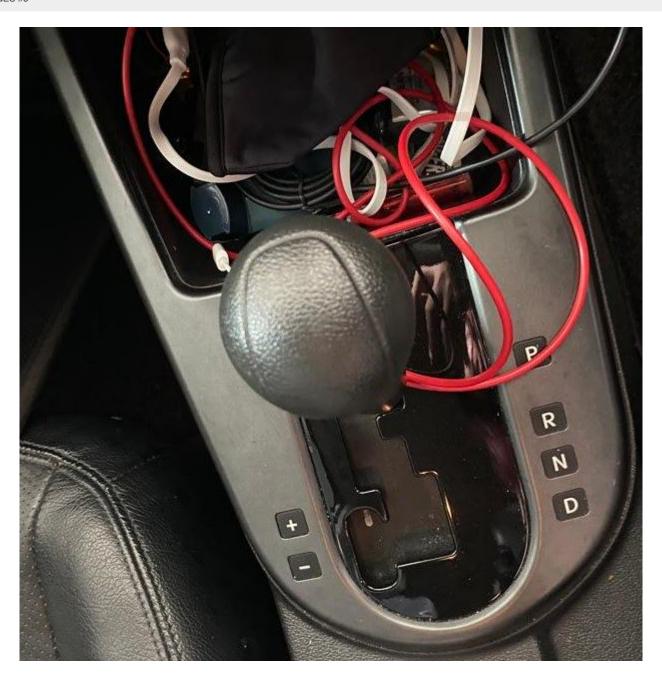




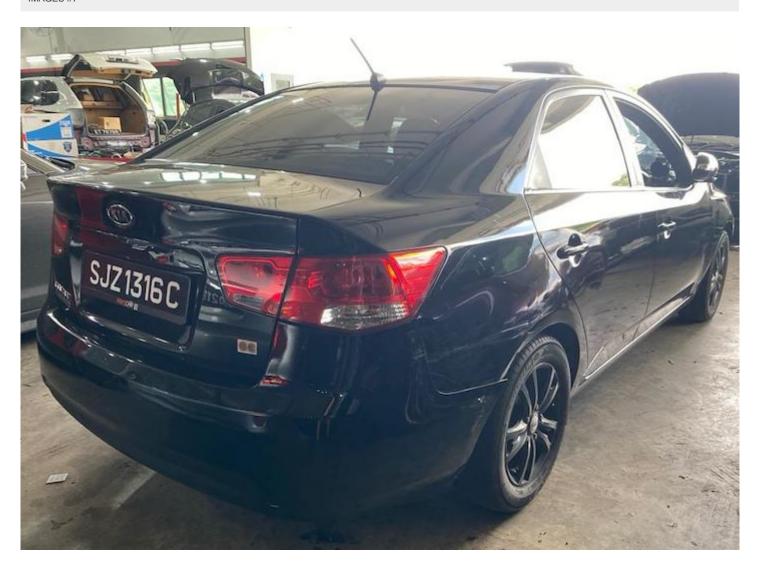




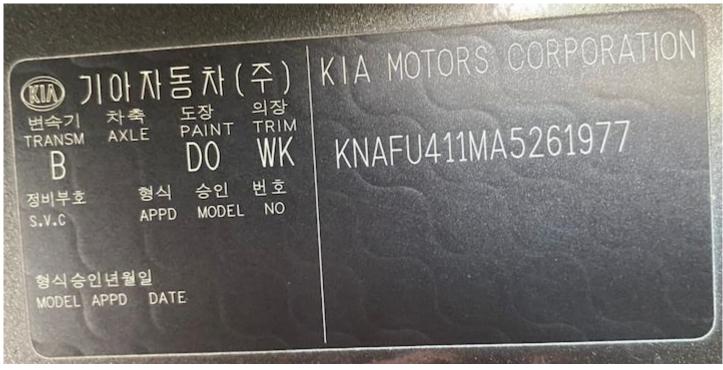
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20230201/7076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2023 21:32		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
	f Informant: IMAD WAF	Y BIN JAINI	Address: 422A NORTHSHORE	DRIVE #17-727 SINGAPORE 821422	
	/ ID No.: O / S91013	12H	Contact No.: Home/Office:	Mobile: 82015797	
National SINGAP	ity: PORE CITIZ	€N	Email: WAFIY_1991@HOTM	AIL.COM	
Sex: Male	Age: 32	Date of Birth: 18/01/1991	Type of Informant: Vehicle Owner		
Race: Javanese		Language: English	Institution / School Name:		
Occupation:		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2023 14:00	Type of Location Straight Road
Location: SHAN ROAD Weather:		Road Surface:	l e	Road Speed Limit:
vveatilei.		Wet	1	toad Speed Limit.
Drizzling		AAGC		
Drizzling Traffic Flow: One Way		Traffic Control: Not Controlled	7	raffic Volume:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJZ1316C	Car	KIA	Cerato Forte	Black	Slightly Damaged	0
SMR3034J	Car	TOYOTA	Noah	Silver		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	



T/20230201/7076

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230201/7076

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ1316C	NTUC Income Insurance Co-Operative Limited			

Details of Perso	n Involved			- Marie		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver	CONTRACTOR OF THE PROPERTY OF					
Name	MOHAMED ISMAIL BIN MOHAMED SHARIF			ID No).	S1516062H
Related Vehicle	SMR3034J (Car)			Conta	act No.	90606375
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL		
No. of Days granted Medical Leave NIL			Degree o	f NIL		
Vehicle Owner		and the same				
Name	MUHAMMAD WAFIY BIN JAINI			ID No.		S9101342H
Related Vehicle	NIL			Contact No.		82015797
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	30-	Date		NIL	
No. of Days granted Medical Leave NIL			Degree o	Degree of NIL		

Brief Details.

On the 30th January 2023 at about 1400hrs I parked my vehicle bearing registration number SJZ 1316C along Shan road on lot number 6.

At about 1630hrs I came back to my car and realised that my car was not at its original location; which was in the parking lot. My car had moved forward a few inches; which made it almost hit the car parked in front. Thus I decided to inspect my vehicle. There were dent and scratches on the rear right bumper and the driver side of my vehicle.

The driver left a note on my vehicle stating that he have hit my car and to contact him. The vehicle that hit my vehicle is bearing registration number SMR 3034J.

I would like to add that I was not inside my vehicle and was not at scene when the incident happened. My vehicle was also stationary.



T/20230201/7076

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230201/7076

CONTINUATION OF REPORT

I contacted the number stated, he explained to me that he hit my car. He told me that he agreed to settle the repairs of my car privately. We agreed to go to my workshop to get a quotation for the repairs.

On 1st of February 2023, I when down and received the quotation from my workshop. When I informed him, he does not want to take full responsibility for the repairs of my car. As my terms were not met and he is making things difficult for me, I decided to claim insurance for this matter instead. As such I informed him that I will make claims with the insurance company and he agreed to it.

The report was only made today as previously he agreed to settled the matter privately. Unfortunately he was not able to commit to my terms and conditions thus we are claiming through insurance instead.

Photos will be attached That is all.



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



4 of 4

Report No. T/20230201/7076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 01/02/2023 21:32

Classification Of Case:



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: 5126606438

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJZ1316C

Chassis Number

: KNAFU411MA5261977

2. Name of Policyholder 3. Effective Date of Insurance

: MUHAMMAD WAFIY BIN JAINI

4. Expiry Date of Insurance

: 30 Mar 2022

: 29 Mar 2023

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on 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 business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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 headings.

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

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO ROADSIDE ASSISTANCE AND WELLNESS COVER : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : MUHAMMAD WAFIY BIN JAINI

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832) Date of Issue : 30 Mar 2022 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive