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SN09233E0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/03/2023 12:22 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (14/03/2023 12:22 (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

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.

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.
 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.
 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 14/03/2023 12:22 (SGT) Reported by Driver Date of Accident 13/03/2023 15:15 (SGT) **Exact Location of Accident** Jln Bahar, Singapore Additional Location Information LAMP POST (5) TOWARDS PIE Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SMC896L INSURED/POLICYHOLDER Is company? Name Of Registered Owner MITSUBISHI HC CAPITAL ASIA PACIFIC PTE, LTD. Company Reg No 1XXXXX399N **Email Address** aza.muhd@gmail.com Mobile Phone No (Phone) +65-90234582 Alternative Phone No VEHICLE PARTICULARS Manufacturer Honda Model Fit 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 your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 1317 INSURANCE COMPANY Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.

Policy Number / Cover Note Number

D22MTPV01009806

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MUHAMMED AZHAR BIN ABDUL RASHID SXXXX240D 13/11/1977 Outdoor

Date Of Driving Pass 11/04/2009 Driving experience 13 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-90234582 Alt. Phone Number Email Address aza.muhd@gmail.com Address BLK 686D CHOA CHU KANG CRESCENT #02-260 Address complement Postcode 684686 Is the driver the policyholder? If No, Relationship of the Driver with the Insured No LEASING Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident 2 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 FOREIGN VEHICLE 1 Vehicle Registration Number Vehicle Category Commercial vehicle DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230313/2068 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	
Vehicle Manufacturer	AKY155
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Passport No/FIN	MOHD ZAKI BIN JAMIL
Contact Number	7XXXXXXX6711
Address	(Phone) +60-162214049
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:

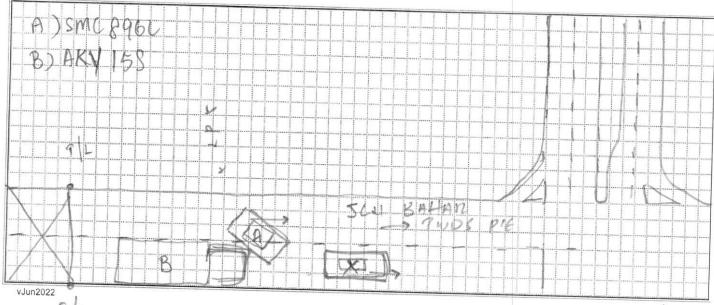
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



FILE STA

REFER TO	olick Raport	7/20230312/	12064
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aration declare the foregoing particular	s are true in every respect		
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	M mal	s (1147 am)	14/02/20
			nessed by Reporting Centre Personnel





1 of 3 Report No. T/20230313/2068

Police Station Of Origin: Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 13/03/2023		ade:	Vide Report No.:	Station Diary No.: 124		
Informant	s Particul	ars				
Name of Informant: MUHAMMED AZHAR BIN ABDUL RASHID			SINGAPORE 684686	KANG CRESCENT #02-260		
ID Type / ID No.: NRIC NO / S7731240D		DD	Contact No.: Home/Office:	Mobile: 90234582		
Nationality: SINGAPORE CITIZEN		N	Email:			
Sex: Male	Age: 45	Date of Birth: 13/11/1977	Type of Informant: Driver			
Race: Indian			Language:	Institution / School Name:		
Occupation: PROJECT OFFICER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

General Informati	on of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/03/2023 1		Type of Location: Straight Road
Location: Along Road 1 JALAN BAHAR Opposite Jurong I Lamp Post Numb	Fire Station, Towards ⁻ er: 5	Гuas , Before Heav	vy Vehicle Carpa	rk.	
Weather: Clear		Road Surface: Dry		Road 60 K	d Speed Limit: m/h
Traffic Flow: Traffic Control: Not Controlled					ic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyo	one conveyed by ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
AKY155	Lorry				No Damage	0
SMC896L	Car				Slightly Damaged	0

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





2 of 3 Report No. T/20230313/2068

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Driver				
Name	MOHD ZAKI BIN JAMIL		ID No.	780302016711
Related Vehicle	AKY155 (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		
No. of Days gran	ted Medical Leave NIL	Degree of		
Driver		_ Degree of	I IIIJUI Y INIL	
Name	MUHAMMED AZHAR BIN ABDU	L RASHID	ID No.	S7731240D
Related Vehicle	SMC896L (Car)		Contact No.	90234582
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch		
No. of Days grant	ed Medical Leave NIL	Degree of		

Brief Details.

On the above mentioned date time and location, the accident occurred when I was changing lane from left to right, no injuries at that point of time and no police is called. The purpose of me lodging this report is to safekeep myself and for insurance purposes.

My vehicle suffered light scratches and light dents at the front driver side of the vehicle. My Vehicle number is SMC896L





Г/20230313/2068

3 of 3

Report No. T/20230313/2068

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

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: J / SGT 2 DARRYL CHONG YU XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2023 16:36
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case:
NP168	



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

SMC896L

Vehicle Type:

R10 - Private Hire (Self-Drive)

Motor Car

Vehicle Scheme:

Normal

Vehicle

Attachment 1:

No Attachment

Vehicle

Attachment 2: Vehicle Make:

Vehicle

Attachment 3:

HONDA

Vehicle Model:

FIT 1.3GF CVT

Chassis No.:

GK31317726

Engine No.:

L13B1420530

Motor No.:

Trailer Chassis No.:

Propellant:

Petrol

Passenger Capacity:

4

Engine Capacity:

1317 cc

Power Rating:

Maximum Power

Output:

73.0 kW (97 bhp)

1030 kg

Maximum Laden Weight:

1305 kg

Primary Colour:

Unladen Weight:

White

Secondary Colour:

First Registration

Original

26 Jun 2018

Date:

26 Jun 2018

Registration Date:

Manufacturing Year:

2018

Open Market Value:

Minimum PARF

\$14,859.00

PARF Eligibility:

Yes

Benefit:

\$2,500.00

No. of Transfers:

0

Additional

Registration Fee Rate:

First \$14,859.00 (100%)

Actual ARF Paid:

\$5,000.00

Owner Particulars

Owner Name:

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

Owner ID Type:

Company

Owner ID:

199400399N

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping /

Office Complexes

Registered Block /House No.:

111

Registered Street

Name:

SOMERSET ROAD

Registered Unit

No.:

14 - 05-15

Registered

TRIPLEONE SOMERSET

Building Name: Registered Postal

Code:

238164

COE No. / Expiry

2018070101000359C/25

Date:

Jun 2028

COE Bid Category:

A - Car up to 1600cc & 97kW

(130bhp)

QP Paid:

\$36,426.00

Transaction Details

Business

Transaction Ref.

20180626115246656360

No.:

Business

Transaction Date:

26 Jun 2018

Business

Transaction Time:

11:52:46

Message

The above vehicle has been successfully registered.

Please note that \$31,935.00 will be deducted from your GIRO account.

AGGIDENT'STATEMENT

ACCIDENT DATE: (13. 1.03/2023) (DD/MM/YYYY), TIME: (15. : 15)(HIR:MM)	. :
LOCATION: JLN BAHAR LIPS (TWOS PIE)"	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBERI SMC 8 46 L	
blinsurance company: SOM PO IN SURANCE '	
DIPOLICY HUMBER: P 22M TPV61009 866 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
BIMAKE & MODEL! HONDA FIT	
F)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE, / OTHERS)	
DIVEHIOLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
"" I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	¥.
2. INSURED / POLICY HOLDER ANAMEL + HTTACH! (MALE / FEMALE)	
DINRIC/FIN/PASSPORT: 199406399N CONTACT: 90234582	
O)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY FIOLDER	
ELLO OF DELVER	
THE PARTY OF THE P	
(Including chiver.) BINRIC/FIN/PASSPORTI ST731240 0 CONTACTI 90334582	1
() ADDRESS: 816 686 D EHBA CHU RAMA CVESCIST.	
'd) DATE OF DIRTH: (13 / 11 / 1977) (DD/MM/YYYY)	
ODCCUPATION: INDOOR / OUTDOOR 104 2009	
MANY (YES YNO)	1
IF NO. RELATIONSHIP OF THE DIGVER WITH 11450 KEE (
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYDODY INJURED (YES/NO)	
- Imprompted to police (Vec / No)	
IF YES, PLEASE STATE WHICH POLICE STATION NAW ANG POLICE STATE	
W No of passinger a) VEHICLE NUMBER: AK 133 MODELL MODELL	
(Including driver) b) DRIVER'S NAMEL MOND ZAKI BIN JAMIL O) NRIC/FIN/PASSPORTI + 80302016 +11 CONTACT: +60 0 16 221 4	049
9. THIRD PARTY VEHICLE	
d) VEHICLE NUMBER! MODEL!	,
DRIVER'S NAME:	
(Induding diviver) [] NRIC/FIN/PASSPORT!CONTACT!!	
email. = azq. muhdégmail.com.	c
aza muhal 6 gmail. com.	
email. = aza. muna ag.	
. VIDAD	

Sompo Insurance Singapore Pte. Ltd. Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No.

: D22MTPV01009806

1. Registration No.

: SMC896L

2. Insured Name

: MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

3. Commencement Date : 26 JUNE 2022 00:00

4. Expiry Date

: 25 JUNE 2023 23:59

5. Coverage

: Market value at time of loss - Comprehensive - ExcelDrive GOLD

6. Excess

: \$900 - Section I

7. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Insured's order or with their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use'

a) Use for the carriage of passengers or goods in connection with the Insured's business.

b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pacemaking, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue: 08 JUNE 2022 15:48

Limitation rendered inoperative by section 8 of the Motor Vehicles(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.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.

2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made, Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation)Act (Cap.189)

3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.

4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.

5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name: 11H13200 & MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD. CI Code: 26F 34FJDLLS441_11ZA