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 22/03/2023 12:56 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/03/2023 12:00 (SGT) Exact Location of Accident Singapore Additional Location Information YISHUN AVE 8 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SME5700A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NOORHISHAM BIN HUSSIN NRIC No S7770836G Email Address nr_hshm@yahoo.com.sg Mobile Phone No (Phone) +65-91387982 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model FREED 1.5G CVT 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 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5104208616-04

DRIVER

Name of Driver NOORHISHAM BIN HUSSIN NRIC No S7770836G Date Of Birth 03/03/1977 Occupation Indoor

Date Of Driving Pass 16/10/2009 Driving experience 13 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91387982 Alt. Phone Number Email Address nr_hshm@yahoo.com.sg Address BLK 351D CANBERRA RD #02-281 Address complement Postcode 754351 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name NORMAYAH BTE MD RAHIM Gender PASSENGER 2 Name NUR AISYAH BINTE NOORHISHAM Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT: L/20230322/7020 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WILL SUBMIT TO INSURER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND5893U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH YONG MING, CLEMENT
NRIC No	S8706057H
Contact Number	(Phone) +65-94570757
Contact Humbol	(1 11011e) · 00-3 1 370737
Address	-
	- -
Address	- -
Address complement	- - -
Address Address complement Postcode	- - -
Address Address complement Postcode Insurance Company Name	- - -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC1413X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOU BEI AN
NRIC No	S1288685C
Contact Number	(Phone) +65-82894477
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SNH1586L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DYLAN TAN SIANG AUN
NRIC No	T0205143A
Contact Number	(Phone) +65-85909940
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person NOORHISHAM BIN HUSSIN Gender Male



Phone No Address Address Complement Post Code	
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	- - -
Injured person in which vehicle? Were seat belts worn? Was this injured conveved to hospital by ambulance?	SME5700A - No

SKETCH PLAN

SME 5700A VEH NO: Income INSURER : DATE OF ACC :

IMPORTANT NOTICE

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- 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.

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:

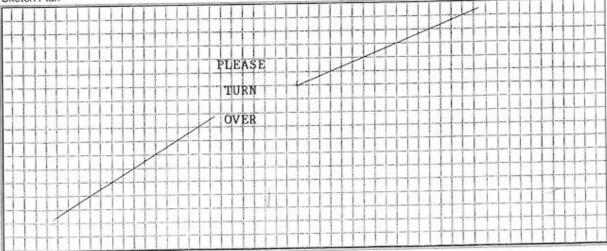
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 lawgerk/naw firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

	Comprehensive policy. Pls check your poli	
) Claim Own Policy	() Reporting Onlly	
) Claim OD/ TP at of	her workshop (
etch Plan	A A A	
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		Dylan Tan Siang Aun
Doa: 21/3/23	<u></u>	T0205143A
Time: 1200hrs		hp. 85909940
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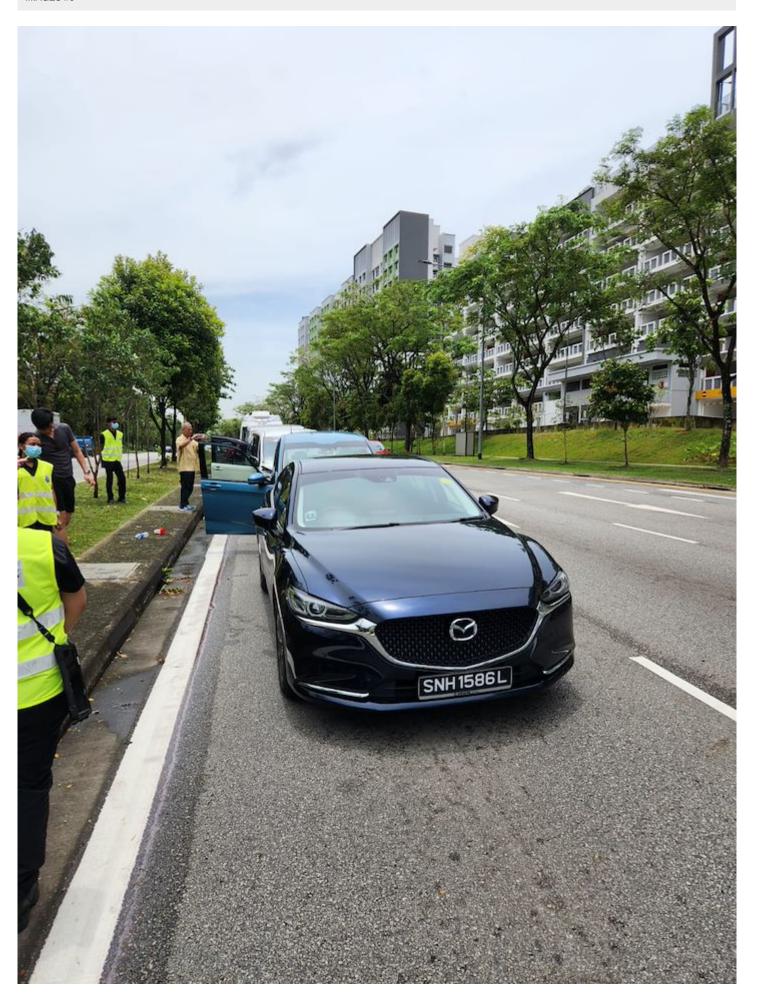


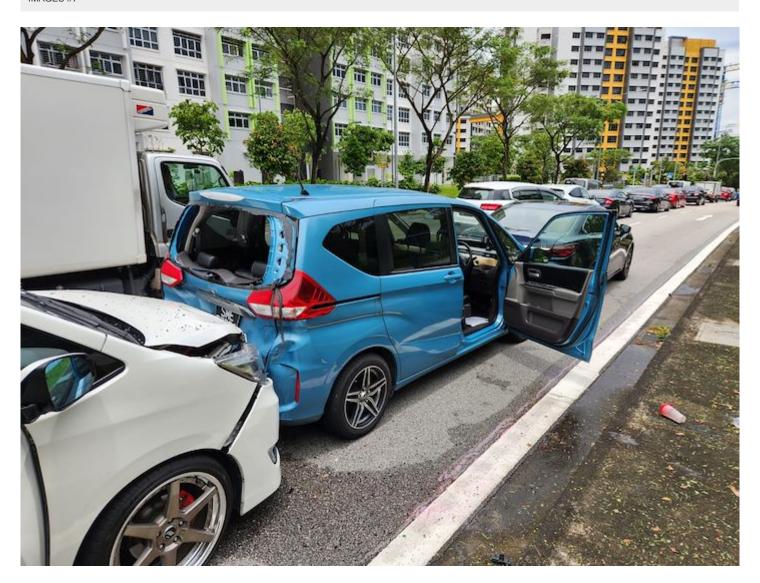
















1 of 3

Report No. L/20230322/7020

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 22/03/2023 11:06	Vide Report No.		Station Diary No.	
Name Of Informant	Address			
NOORHISHAM BIN HUSSIN	351D CANBERRA ROAD #02-281 SINGAPORE 7543		NGAPORE 754351	
ID Type / ID No.	Contact No.			
NRIC NO / S7770836G	Home/Office: Mobile:			
			91387982	
Nationality	Email Address			
SINGAPORE CITIZEN	NR HSHM@YAHOO.COM.SG			
Occupation	Sex	Age	Date of Birth	Race
Electronics engineer	Male	46	03/03/1977	Malay
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
21/03/2023 12:00 - 21/03/2023 12:05	351D CANBERRA ROAD #02-281 SINGAPORE 754351			
Brief details				

Brief details.

Accident occurred on extreme right lane on Yishun Ave 8. I stopped my car behind 1st Car (Mazda) as traffic light was red. Suddenly, I felt a strong impact from the back and my car was pushed forard, causing it to hit the rear of Mazda Car.

I alighted from car ans realised I was involved in a chain accident of total 4 vehicles including mine. I exchanged particulars with all parties an rranged for my car for towing to workshop. Ihave 2 passengers on board-my wife and daughter.

Both my wife and I went to GP to further assess injuries and was each given 3 days mc.

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: 22/03/2023 11:06
Officer In-Charge Of Case:	Classification Of Case:





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230322/7020

Subjects Involved			
Victim			
Person Name	NOORHISHAM BIN HUSSIN	-0.	<u> </u>
ID Type	NRIC NO	ID No	S7770836G
Gender	Male	Age	46
Race	Malay	Language	English
Occupation	Electronics engineer	Address	351D CANBERRA ROAD #02- 281 SINGAPORE 754351
Mobile No	91387982	Is Informant A Victim?	Yes
Person Name	Normayah Bte Md Rahim		
ID Type	NRIC NO	ID No	S7902776F
Gender	Female	Age	44
Race	Malay	Language	Malay
Occupation	Government licensing official	Address	351D Canberra Rd #02-281 SINGAPORE 754351
Home/Office No	66440034	Mobile No	91557302
Relation To Informant	Spouse		
Person Name	Nur 'Aisyah Binte Noorhishm		
ID Type	NRIC NO	ID No	T1006982Z
Gender	Female	Age	13
Race	Malay	Language	Malay

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: 22/03/2023 11:06
Officer In-Charge Of Case:	Classification Of Case:





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230322/7020

Occupation	Student	Address	351D Canberra Rd #02-281 SINGAPORE 754351
Home/Office No	66440034	Mobile No	91557302
Relation To Informant	Child		
Person Name	NOORHISHAM BIN H	HUSSIN (Informant)	

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: 22/03/2023 11:06
Officer In-Charge Of Case:	Classification Of Case: