SV1223360006 / Vin's Motor Pte Ltd [737869] ENTRY DATE & TIME: 07/03/2023 13:32 (SGT) SUBMITTED BY: Muhammad Iswan Bin Ishak VERSION: 1 (07/03/2023 13:32 (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.

- 4. The issue and acceptance of this is form by instrained 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 07/03/2023 13:32 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/03/2023 09:20 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PIE(TUAS) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU4336C INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RAHIM NASIR BAMADHAJ NRIC No SXXXX598C Email Address Rahimnasir@hotmail.com Mobile Phone No (Phone) +65-98586597 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Subaru Model FORESTER 2.0I-L CVT AWD SR 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 1995

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/00544905/04

DRIVER

Name of Driver RAHIM NASIR BAMADHAJ NRIC No SXXXX598C Date Of Birth 06/01/1984 Occupation Indoor

Date Of Driving Pass 08/10/2002 Driving experience 20 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98586597 Alt. Phone Number Email Address Rahimnasir@hotmail.com Address 75 FLORA DRIVE #04-15 Address complement Postcode 506883 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 Collision - Head to Rear 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? 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name SON Gender Male **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 SAME AS SKETCH ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SLK9211Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MOHAMED JAFFAR BIN MOHAMED YASIN
NRIC No	SXXXX240F
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 liability 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.

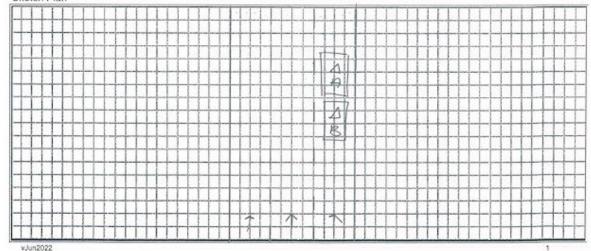
Policyholder's Signature

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



A-SLU4336C B-SLK9211>

Describe Circumstance of the Accident	to Police	Report
		3.5.4.
6		

Declaration

I/We declare the foregoing particulars are true in every respect.

vJun2022

2



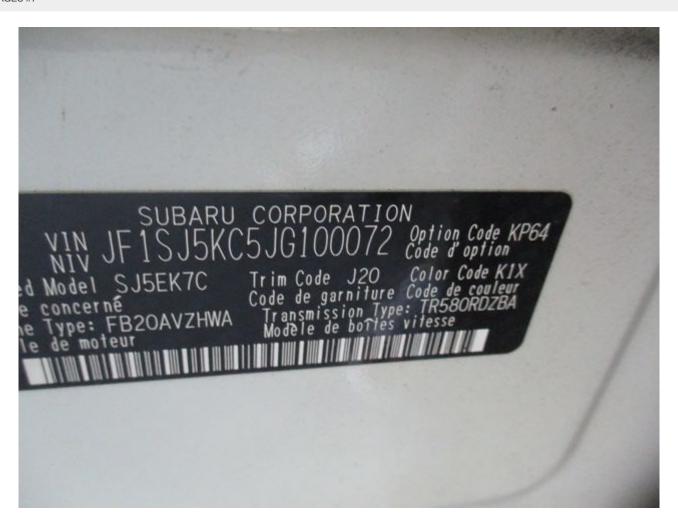




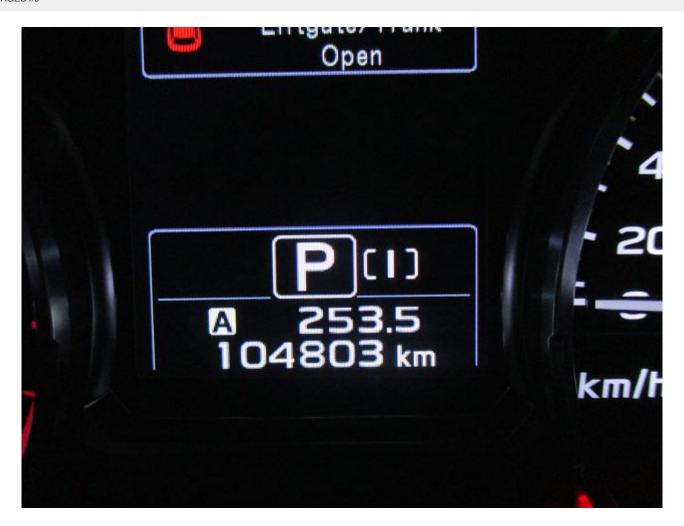


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230306/7034

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 06/03/2023 12:08		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: NASIR BAN		Address: 75 FLORA DRIVE #04-15 SINGAPORE 506883		
ID Type / ID No.: NRIC NO / S8400598C			Contact No.: Home/Office: Mobile: 98586597		
National SINGAP	ity: ORE CITIZ	EN	Email: RAHIMNASIR@HOTM	IAIL.COM	
Sex: Male	Age: 39	Date of Birth: 06/01/1984	Type of Informant: Vehicle Owner		
Race: Arab		Language: English	Institution / School Name:		
Occupation:		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 06/03/2023 09:20	Type of Location Pie(Tuas) before exit 9
Location: JALAN DAUD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK9211Z	Car	TOYOTA		Grey	Slightly Damaged	0
SLU4336C	Car	SUBARU	FORESTER	White	Slightly Damaged	2



T/20230306/7034

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230306/7034

CONTINUATION OF REPORT

Details of Perso	n Involved	DELCAS S		4000		
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	NOTE THE REAL PROPERTY.			961	Salet Sur	
Name	MOHAMED JAFFAR BIN MOHAMED YASIN			ID No.		S1078240F
Related Vehicle	SLK9211Z (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL	in	Date	NIL		
No. of Days gran	ted Medical Leave	Degree o	of NIL			
Vehicle Owner						
Name	RAHIM NASIR BAMADHAJ		ID No.		S8400598C	
Related Vehicle	SLU4336C (Car)		Contact No.		98586597	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL Date			NIL		
No. of Days granted Medical Leave NIL			Degree of NIL			

Brief Details.

My car no: SLU4336C, Driving along PIE (TUAS) near Exit 9. Extreme right lane. I was hit in the rear by car SLK9211Z. There was some traffic congestion and the rear car was driving too close and he was not able to stop in time.

I am lodging for insurance claim purposes.



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



3 of 3

Report No. T/20230306/7034

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 /

SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476209

NP168

Signature Of Informant:

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

Date/Time:

06/03/2023 12:08

Classification Of Case: