SM18234L0002 / MY CAR CONSULTANT PTE LTD ENTRY DATE & TIME: 21/04/2023 21:23 (SGT) SUBMITTED BY: Jackson Ho Zhao Tian VERSION: 1 (21/04/2023 21:23 (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 21/04/2023 21:23 (SGT) Reported by **Actual Driver** Date of Accident 19/04/2023 14:15 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TUAS JALAN ANAK BUKIT FLYOVER Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Byd

Vehicle Registration Number SNE6809C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner NEO AUTO LEASING PTE LTD Company Reg No 201814915N Email Address accidentreport@mail.com Mobile Phone No (Phone) +65-81860277 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model E6h Variant **ELECTRIC VEHICLE** Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MFL0003705 01

DRIVER

Name of Driver MOHAMMAD AZHAR BIN MASDAR NRIC No S7813577H Date Of Birth 03/05/1978 Occupation Outdoor

Date Of Driving Pass 16/05/2008 Driving experience 14 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-81860277 Alt. Phone Number Email Address mohmdazhar7@gmail.com Address BLOCK 164, BUKIT BATOK STREET 11 Address complement #02-132 Postcode S650164 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Side Swipe 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? 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?

Was the accident reported to the police?

Police Station Name

To, UBI AVENUE 3, 408865

Was notice of intended Prosecution given?

If yes, against whom?

-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT ATTACHED

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 SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA9997U
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour White
Vehicle Category Bus

| 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) | _ |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person | MOHAMMAD AZHAR BIN MASDAR |
|---|---------------------------|
| Gender | Male |
| Phone No | (Phone) +65-81860277 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND BACK PAIN |
| Injured person in which vehicle? | SNE6809C |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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")

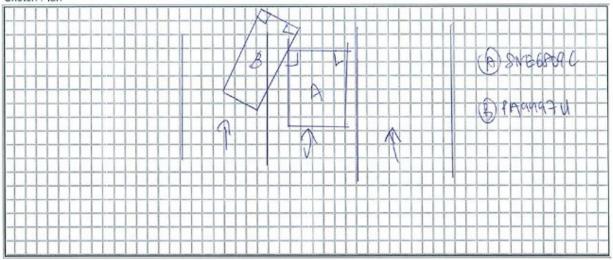
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 / Date & TV

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

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

Sketch Plan



1

| scribe Circumstance of the Accident | |
|--|---|
| A. A. C. | |
| As perpolice report. | |
| 1 200.14 | |
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Declaration

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

Policyholder's Signature / Date & Time

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

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





























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

1 of 3 Report No. T/20230421/7048

REPORT OF A TRAFFIC ACCIDENT

| | Date/Time Report Made: 21/04/2023 17:19 | | Vide Report No.: Station Diary No.: D/20230419/0051 | | | |
|-------------------|--|---------------------------|---|---|--|--|
| Informan | t's Particu | lars | | | | |
| | Informant: MAD AZHA | R BIN MASDAR | Address: 164 BUKIT BATOK STR | REET 11 #02-132 SINGAPORE 650164 | | |
| ID Type / | ID No.: | 77H | Contact No.: | | | |
| NRIG NO | 7 S781357 | | Home/Office: Mobile: 81860277 | | | |
| Nationality: | | | Email: | | | |
| SINGAPORE CITIZEN | | | MOHMDAZHAR7@GMAIL.COM | | | |
| Sex: Male | Age: 44 | Date of Birth: 03/05/1978 | Type of Informant: Driver | ACCUPATION OF THE PROPERTY OF | | |
| Race: | | | Language: | | | |
| Malay | | | English | | | |
| Occupation: | | | Driving Licence Informat | ion: | | |
| Taxi driver | | | Class: 3 | Date of Expiry: | | |

| Type of Accident: | Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 19/04/2023 14:20 | Type of Location Bend |
|--|------------------------|-------------------------|---|-----------------------------|
| Location: PIE Twds Tua Weather: | as, Anak Bukit Flyover | Road Surface: | | |
| | | Dry | | |
| vveather: Clear Traffic Flow: One Way | | Dry Traffic Control: | | Traffic Volume: Moderate |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| PA9997U | BUS | | | White | | 0 |
| SNE6809C | Car | BYD | E6 | Black | Slightly Damaged | 0 |

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



T/20230421/7048

2 of 3

Report No. T/20230421/7048

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

CONTINUATION OF REPORT

| Details of Ve | hicle insurance | | | |
|---------------|-------------------------------|-----------------|------------|-------------|
| | | Insurance No | Effective | Expiry Date |
| | INDIA INTERNATIONAL INSURANCE | D22MFL0003705_0 | 31/03/2023 | 30/03/2024 |
| | I PTE LTD | 1 | | |

| Any Pedestrian In | volved: No | | | | | | |
|-------------------------------------|---------------------------|----|-----------|-------------------------------------|-----------|---------------------------------|--|
| No. of Pedestrians Injured: NIL Use | | | Use of Pe | Pedestrian Crossing: NA | | | |
| Orlver | | | | | | | |
| Name | MOHAMMAD AZHAR BIN MASDAR | | SDAR | ID No. | | S7813577H | |
| Related Vehicle | SNE6809C (Car) | | | Contact No. | | 81860277 | |
| Hospital/Clinic | APEX CLINIC & SURGERY | | | Class Drivin Licend Expire | g ce & | Class: 3 Date of Expiry: NIL | |
| Date | 21/04/2023 | | Date | 1 | 21/04/ | 2023 | |
| No. of Days grad | nted Medical Leave | 03 | Degree of | ſ | Slight | 1010 | |

Brief Details.

I was driving along PIE twds Tuas at Jalan Anak Buklt Flyover, in the centre lane, when a bus bearing registration number PA9997U, which was driving from my left side, side-swipped my car, SNE6809C and did not stop. I made several attempts by driving beside the bus and indicating him to stop at the road shoulder to exchange particular. As the driver did not stop, I called 999 to seek advise. As I was still on the line with 999, the bus driver exited Jurong West/East Ave 1. I then relay the information to the police operator and I was advised to stop following the bus. I heeded the officer advice and stop at ESSO Jurong East Ave 1 and waited for the Traffic Police to arrive.



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



T/20230421/7048

3 of 3

Report No. T/20230421/7048

CONTINUATION OF REPORT



| Signature Of Officer | Recording | The | Report: |
|----------------------|-----------|-----|---------|
| Not applicable | | | |

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TP/B / RASHIDAH BINTE AZMAN Contact No.: 65476902

This report is lodged at Bukit Batok NPP Kiosk 1 NP168

Machine Man Man Market No. No.

Signature Of Informant:

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

Date/Time: 21/04/2023 17:19

Classification Of Case: