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 05/06/2023 17:03 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/06/2023 15:45 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information AYE BEFORE EXIT 13 TO JURONG TOWN HALL RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number SGL4186A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ERDIE SHAFIQ BIN DZULKIFLI NRIC No S9145798I Email Address ERDIESHAFIQ@GMAIL.COM Mobile Phone No (Phone) +65-96704930 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Lancer 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 1584

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 512075744

DRIVER

Name of Driver ERDIE SHAFIQ BIN DZULKIFLI NRIC No S9145798I Date Of Birth 09/12/1991 Occupation Indoor

Date Of Driving Pass 16/08/2011 Driving experience 11 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96704930 Alt. Phone Number Email Address ERDIESHAFIQ@GMAIL.COM Address BLK 710 PASIR RIS STREET 72 #05-71 Address complement Postcode 510710 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 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? 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 PASSENGER 1 Name LIM DING YI Gender PASSENGER 2 Name **CHAN GWEN** Gender Female PASSENGER 3 Name ONG PEI LI Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes

Was the accident reported to the police?

Police Station Name

Pasir Ris Neighbourhood Police Centre

Police Station Phone No

(Phone) +65-18005852999

Alt. Police Station Phone No

(Fax) +65-65855261

Police Station Address

1 Pasir Ris Drive 4 #01-01 Singapore 519457

Was notice of intended Prosecution given?

No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20230603/2083

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

WITHTP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJG6580Y Vehicle Manufacturer Honda Vehicle Model Fit 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD3420X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Goods vehicle 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 ERDIE SHAFIQ BIN DZULKIFLI Gender Male Phone No (Phone) +65-96704930 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SGL4186A Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο

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.

5/6/23

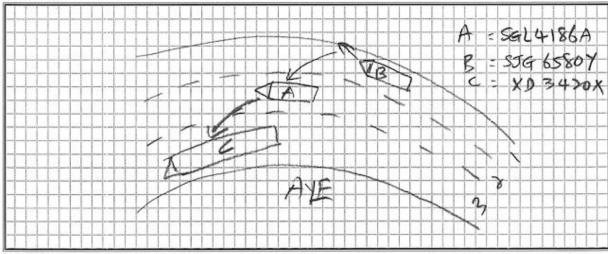
Policyholder's Signature / Date & Time

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

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

OMO

Sketch Plan



vJun2022

	scribe Circumstance of the Accident				
As	ger	police	report No. 7/20230603/2083.		
	40				

Declaration

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

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)

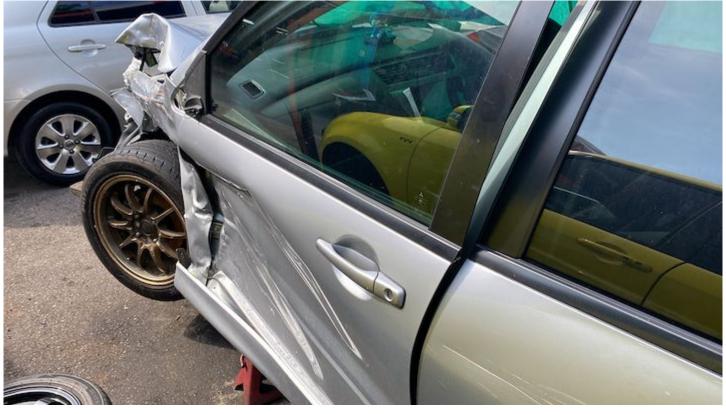
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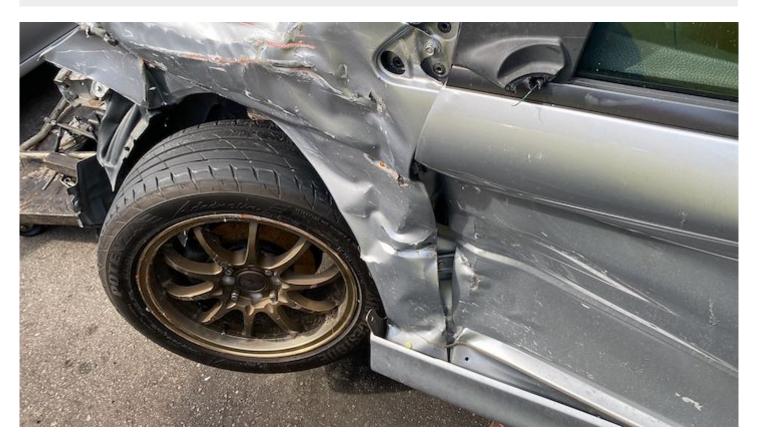
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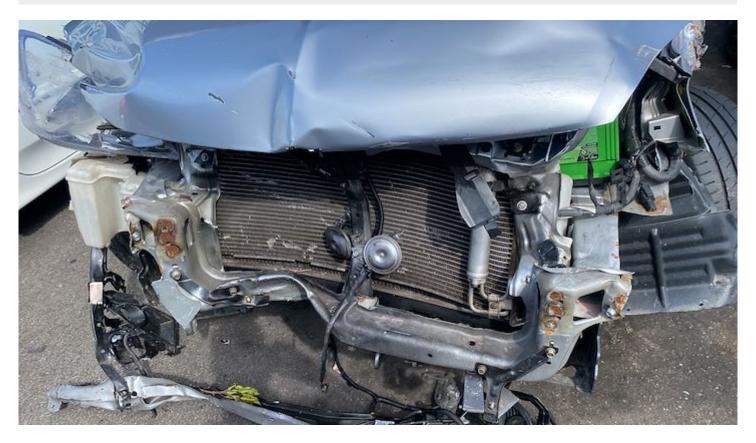


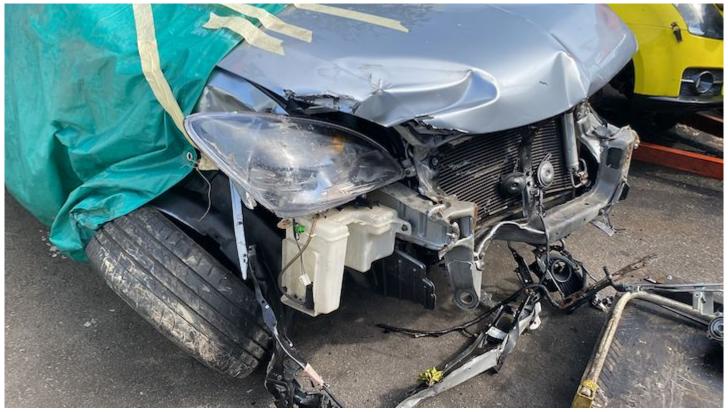


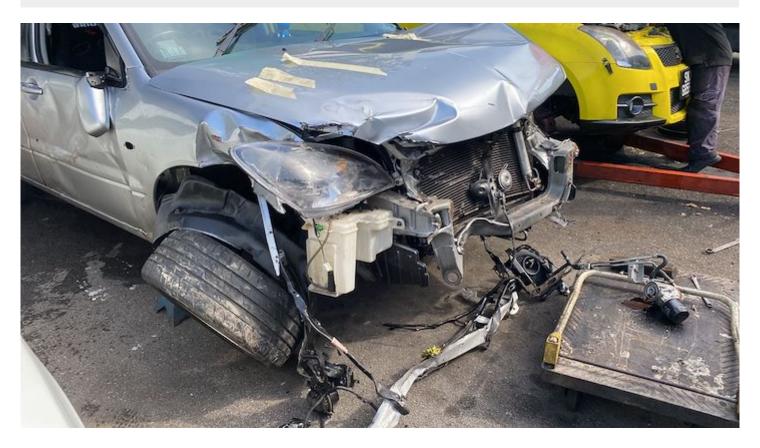


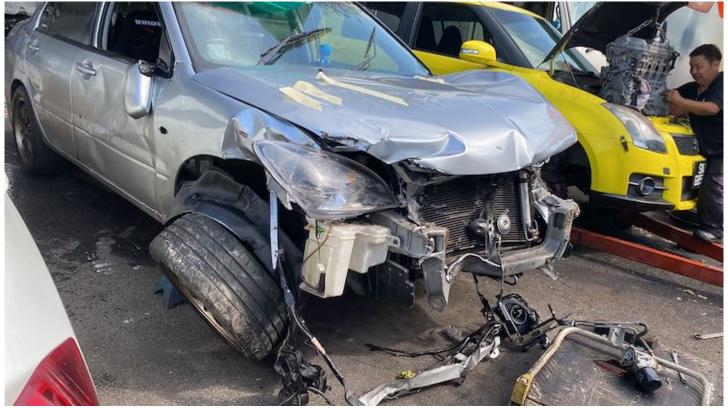


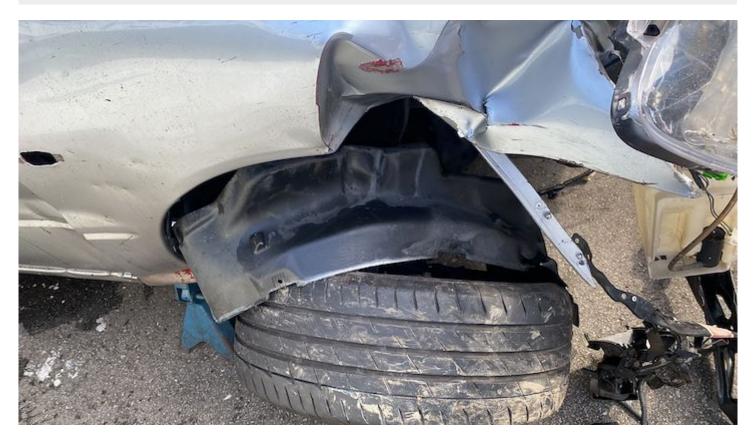




















1 of 3 Report No. T/20230603/2083

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Date/Time Report Made:

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.: Station Diary No.:

03/06/2023 23:14			D/20230603/0094	91	
Informa	nt's Partic	ulars		和 经正式 经 医 医 医 医 医 医 医 医 医 医 医 医 医 医 医 医 医 医	
	Informant: SHAFIQ BIN	DZULKIFLI	Address: APT BLK 710 PASIR RIS STREET 72 #05-71 SINGAPORE 510710		
	/ ID No.: O / S91457	981	Contact No.: Home/Office: Mobile: 96704930		
Nationality: SINGAPORE CITIZEN			Email: erdieshafiq@gmail.com		
Sex: Age: Date of Birth: Male 31 09/12/1991			Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: COPY WRITER			Driving Licence Information Class: 2B,2A,2,3	n: Date of Expiry:	

Type of Accident: Injury Conveyed By Ambulance		Drink ce Drive: No	Date/Time of Accident: 03/06/2023 15:45	Type of Location Straight Road
Location: AYER RAJAH Weather: Heavy rain	12	load Surface:		
Traffic Flow: Two Way	T	raffic Control: lot Controlled		Traffic Volume: Heavy
Type of Collis	ion: ing Vehicles - Side Swipe -	Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGL4186A	Car	MITSUBISHI	LANCER 1.6 A	Silver	Seriously Damaged	2001
SJG6580Y	Car	HONDA	FIT 1.3G A	Black	Seriously Damaged	1000
XD3420X	Lorry	NISSAN	GKB45CLBH NB	Red	Seriously Damaged	

Details of V	ehicle Insurance		Constitution and the same	- ONE DESIGNATION
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20230603/2083

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

2 of 3 Report No. T/20230603/2083

CONTINUATION OF REPORT

Details of V	ehicle Insurance			SISSES OF THE REAL PROPERTY.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL4186A	NTUC Income Insurance Co-Operative Limited	5123075744-01	15/09/2022	14/09/2023

Details of Perso	n Involved			VI CAND	SIR (SI)	Edward Company
Any Pedestrian I	nvolved: No					
III A PARTICULAR PROPERTY OF THE PARTICULAR PROP				Pedestrian Crossing: NA		
Driver	A STATE OF THE STATE OF	No Ferrando		130110	A. 12504	
Name	ERDIE SHAFIQ BIN DZULKIFLI			ID No).	S9145798I
Related Vehicle	SGL4186A (Car)			Contact No.		96704930
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment NIL			Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 3/6/23, at 1540hrs, I was driving my car (SGL4186A) on the 2nd lane of AYE heading towards Tuas. The traffic was heavy and it was raining heavily. While I was approaching exit 13, I noticed a car(SJG6580Y) on the first lane speeding from the rear and all of a sudden I heard a loud sound and water was splashing on my window. Subsequently the said car crashed into my door and I lost control of my car. My car swerved to the third lane and collided with a lorry (XD3420X) and then skidded to the road shoulder barrier before coming to a stop.

I came out from my car and saw the driver of the speeding car carrying his child to the road shoulder. The lorry driver came out from the vehicle as well and he seemed uninjured. When I asked the driver of the speeding car what happened, he said that he was not sure. A rider then stopped and helped to call for the ambulance and police. TP came and took my SD card from my dashcam. I noticed that the speeding car had a dashcam mount on his windshield but there was no dashcam there. Ambulance came by shortly and conveyed the speeding driver and his 2 passengers.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 3 Report No. T/20230603/2083

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SI MOHAMAD ASHRAF BIN MOHAMAD ZAKARIA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2023 23:14
Officer In Charge Of Case: TP / GIT / SR STAFF SGT NADYA BINTE MOIDEEN Contact No.: 65476331	Classification Of Case:
NP168	