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SN08236J000A / National Assessment Centre Services [159721] ENTRY DATE & TIME: 19/06/2023 17:19 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (19/06/2023 17:19 (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.

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

19/06/2023 17:19 (SGT) Both Policyholder and Actual Driver 06/06/2023 01:15 (SGT) 91 Maude Rd, Singapore 208360 CARPARK Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJJ2760E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No. Alternative Phone No.

Yes 1AA 5XXXX138K reporting@mycar.sg (Phone) +65-91408747

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of

Toyota Corolla

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Employment

Committee of the Commit

No - Reporting only Private hire Auto 1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

EQ Insurance Company Ltd DMCFHQ22-000060

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MOHAMMAD FAZDLY BIN SAMSUDIN SXXXX155Z 11/10/1980 Indoor

Date Of Driving Pass 31/10/2017 5 YEARS AND 8 MONTHS Driving experience Gender Male (Phone) +65-91408747 Mobile Number Alt. Phone Number Email Address reporting@mycar.sg Address BLK 660 YISHUN AVENUE 4 #02-319 Address complement Postcode 760660 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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) 0 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? Yes Police Station Name Choa Chu Kang Neighbourhood Police Centre Police Station Phone No. (Phone) +65-18007659999 Alt. Police Station Phone No. (Fax) +65-67644104 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230616/2061 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

**UNKNOWN** 

Vehicle Manufacturer Vehicle Model Vehicle Variant

| Vehicle Colour                          |              |
|---|--------------|
| Vehicle Category                        | NA / Unknown |
| 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)     | -            |
| No. Of Fassenger (including Driver)     | -            |

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 & Time

Sketch Plan

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

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

unaware of the accident

| PLUASK REFER TO POLICE RUPORT 1/20230616/2061 |
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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 & Time

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





T/20230616/2061

1 of 3

Report No. T/20230616/2061

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

## REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 16/06/2023 16:18               |      | Made:                     | Vide Report No.:                              |              | Station Diary No.: 53 |
|---|------|---------------------------|---|--------------|-----------------------|
| Informant's Particulars                               |      | ulars                     |   |              |                       |
| Name of Informant:<br>MOHAMMAD FAZDLY BIN<br>SAMSUDIN |      |                           | Address:<br>APT BLK 660 YISHUN AVEN<br>760660 | UE 4 #02-319 | SINGAPORE             |
| ID Type / ID No.:<br>NRIC NO / S8033155Z              |      | 55Z                       | Contact No.:<br>Home/Office:                  | Mobile: 914  | 08747                 |
| Nationality:<br>SINGAPORE CITIZEN                     |      | EN                        | Email:<br>faz.sam80@gmail.com                 |              |                       |
| Sex:<br>Male  | Age: | Date of Birth: 11/10/1980 | Type of Informant:<br>Driver                  |              |                       |
| Race:<br>Indian                                       |      |                           | Language:<br>English                          |              |                       |
| Occupation:<br>FOOD DELIVERY DRIVER                   |      | DRIVER                    | Driving Licence Information:<br>Class: 3A     | Date of Exp  | irv.                  |

| Type of Accident:                 | Non-Injury<br>Hit and Run | Drink<br>Drive:<br>No           | Date/Time of<br>Accident:<br>06/06/2023 01:15 | Type of Location:<br>Straight Road |
|-----------------------------------|---------------------------|---------------------------------|---|------------------------------------|
| Location:  MAUDE ROA  Weather:    | D                         | Road Surface:                   |   |                                    |
| Clear                             |                           | DIV                             |   |                                    |
| Clear<br>Traffic Flow:<br>Two Way |                           | Traffic Control: Not Controlled |   | Traffic Volume:<br>No Traffic      |

| Passenge |
|----------|
|          |
|          |





2 of 3

Report No. T/20230616/2061

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

#### Brief Details.

On the above-mentioned date, time and place, I parked my car SJJ2760E at the carpark in front of 91 Maude Rd and left for food delivery. When I returned to my car, I saw a handwritten note from Traffic Police which informed me that my car had been hit by another vehicle. I then realised that the front right wind mirror of my car was cracked, and I had already replaced it. On 16/06/2023, I was informed by my car rental company that Traffic Police require me to lodge a Traffic accident report ref TP/IP/15515/2023.





3 of 3

Report No. T/20230616/2061

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

| Signature of Officer Recording The Report:  | Signature Of Informant:     |   |
|---|-----------------------------|---|
| SI LIONG HONG YEOW  |                             | 6 |
| Signature Of Interpreter:<br>Not applicable   | Date/Time: 16/06/2023 16:18 |   |
| Officer In Charge Of Case:<br>TP / HRT /<br>STAFF SGT SUFIYAN BIN KHAIRI<br>Contact No.: 65476148 | Classification Of Case:     |   |

Joes

# Personal Particulars of Owner & Driver (Vehicle A)

| Date of Accident: 06 / 06 / 2013 (dd/mm/yy) Time of Acc  | cident: 01:15 (24-HR-FORMAT)                     |
|--|--|
| Vehicle No.: STJ 2760E Vehicle Make & Model: Toxo  | ofa AH's   |
| *Transmission : o Manual Auto *C.c : 15  | 98   |
| Exact location of Accident: 91 Mande Road carparic   |  |
| Policyholder's Name: NRIC/FIN,   | /REG No.: 53387138K                              |
| *Policyholder's email address : 12 Porting @ my (ar. 19  |  |
| Driver's Name: Mohammad Fazdly Bin Samsudin NRIC/FIN   | N/REG No.: 68033 1552                            |
| *Driver's email address :  |  |
| Driver's Contact No.: 91408747 Company   | / Contact No (If any)                            |
| Date of birth: Driving Pass Date:  | 31/10/2017                                       |
| Driver's Address: Blk 660 Yishun Avenue 4 , 02-319   |  |
| Insurance Company: E9  |  |
| Policy No.: DMCFHQ22-000060 Type of Coverage: Compe  | Assista / Third Dark /Third Dark                 |
| Relationship between Owner & Driver: (Please CIRCLE one only)  | resive / Third Party / Third Party, Fire & Theft |
| Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee /  | With a Other and                                 |
| What do you wish to claim? (Please <u>TICK</u> one only)   | The or others specify:                           |
| o Own Insurance / o Other Vehicle (The one you want to claim against )/ o  | 6  |
| Tyce of Accident   | Reporting (For Record Purpose)                   |
| o Chain Collision o Head To Rear o Side Swipe of Other   |  |
| Occupation (nature job) o Indoor / Outdoor *No. of Passengers  |  |
| *Passenger Name:   | s / Including Driver):                           |
| *Passenger Name:*Passenger Name:   |  |
| Weather condition & Road conditions? (On the day of accident)  | Gender: Male / Female                            |
| Clear & Dry / o Raining & Wet / o After-Rain & Wot / o Drivillan & Wor /   | 0.1  |
| Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / o Was there any video captured by your car Car camera? O Yes / No | Others:  |
| Any Injuries: o Yes / No (If YES) Injured Person' Name:  |  |
| Injuries Sustain : Injured Person in Whi   | -1- \/ -1 - 1                                    |
| Police Report field: Yes / o No (If YES) Which Police Station: Chou Char   | ch Vehicle:                                      |
| The Other Party (S) Details:   | rung NTC   |
| 1. Driver's Name / IC No:  | Vohiolo No. 14. Kanasa                           |
| Driver's Contact No: Insurance Comp  | Acting No: NV ICNO MV                            |
| 2. Driver's Name / IC No (If Any): Ve  | hisle No.  |
| Driver's Contact No: Insurance Comp  | micie No:  |
| *Independent Witness (If Any): Conta   | arry ,   |
| Preferred Workshop Name: Cont  | act No.  |
| Cont   | act NO:  |

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION(REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

# COMMERCIAL VEHICLE FLEET Comprehensive

Certificate No.: DMCFHQ22-000060

 Index Mark and Registration Number of Vehicles SJJ2760E

Engine No. and Chassis No.
 3ZZ4787579 / MR053ZEE106115469

3. Name of Policyholder

4. Effective Date of the Commencement of Insurance for the purpose of the Act 11/09/2022

5. Date of Expiry of Insurance 10/09/2023

6. Person or Classes of Persons entitled to drive\*
Any person who is Authorised to drive 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 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 has not been cancelled at the time of accident loss or damage.

7. Limitations as to use\*
LIMITATIONS AS TO USE

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

THE POLICY DOES NOT COVER

(1) Use for racing pace-making 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

\*Limitations 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.

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) or and Amendment, Act or Acts passed in substitution thereof.

HP: As Per Schedule / Endorsement misjb/HO/B000006/ANIKA INSURANCE BROK

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited

Form: LCVH Excess:

YED Additional

Section 1

Section 2

EQI Motor Accident Hotline

6311 3211



SGD2,000.00

SGD1,500.00

SGD3,000.00