SV12249Q0005-01 / Vin's Motor Pte Ltd [737869] ENTRY DATE & TIME: 26/09/2024 17:04 (SGT) SUBMITTED BY: Muhammad Iswan Bin Ishak VERSION: 2 (27/09/2024 09:30 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 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.

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 First Submission

Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

26/09/2024 17:04 (SGT)

Both Policyholder and Actual Driver

26/09/2024 06:50 (SGT)

Singapore

AMK AVE 5

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMV1007E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

JAINUL BANU D/O SHHUL HAMEED

S9070226B

JBANU11@GMAIL.COM

(Phone) +65-83337392

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Honda

JAZZ 1.3 CVT

Private use

No - Claiming third party

Private car

Auto

1318

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd 24-MR004980-R04

DRIVER

Name of Driver JAINUL BANU D/O SHHUL HAMEED NRIC No. S9070226B Date Of Birth 20/09/1990 Occupation Indoor **Driving Pass Date** 22/12/2018 **Driving License Pass Class** 3A **Driving License Validity** Valid Driving experience 5 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-83337392 Alt. Phone Number **Email Address** JBANU11@GMAIL.COM Address 402A FERNVALE LANE #06-217 Address complement Postcode 791402 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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

Type of Accident Collision - Head to Rear Weather Conditions DRIZZLING Wet

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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Bishan Neighbourhood Police Centre

(Phone) +65-18005529999

(Fax) +65-65561905

20 Bishan Street 23 Singapore 579757

No

CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMY5339E

Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle Category Private car

Name of Driver

Contact Number

KOH SWEE KOON

(Phone) +65-98514496

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 JAINUL BANU D/O SHHUL HAMEED

Gender Female
Phone No (Phone) +65-83337392

Address -

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained -

Injured person in which vehicle? SMV1007E
Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

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- 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)

Lunderstand, 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 ofelms (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 Signatura / Date & Time Driver's Signature (I giver is fet the policyholder) / Date

Witnessand by Reporting Centre Personnel (Name as in NAICID card)

A) SMY 1007 E

B) SMY 5339 E

1

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