SS37246Q0002 / Success United Pte Ltd ENTRY DATE & TIME: 26/06/2024 15:43 (SGT) SUBMITTED BY: Elise Law Yi Ting VERSION: 1 (26/06/2024 15:43 (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 First Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/06/2024 15:43 (SGT) **Actual Driver** 25/06/2024 17:10 (SGT) Near 2 Bayshore Rd, Singapore 469960

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKS8653H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No. Nο

MUHAMMAD FIRDAUS BIN ANUAR

SXXXX256Z

MDFIRDAUSANUAR@GMAIL.COM

(Phone) +65-96463256

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Mercedes Cla180

Private use

No - Claiming third party

Private car Auto 1595

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Singapore Life Ltd 11428709

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NOVILAWATI BINTE GAZALI SXXXX596D 17/02/1984 Indoor

Driving Pass Date 15/07/2021

Driving experience 2 YEARS AND 11 MONTHS

Gender Female

Mobile Number (Phone) +65-91173279

Alt. Phone Number

Email Address NOVIGAZALI@GMAIL.COM Address 5 KEW LANE S 466241

Address complement

Postcode

Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 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) 3

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 MARYAM Gender Female

PASSENGER 2

Name HOD BILAL Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Νo

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV3250S Vehicle Manufacturer Vehicle Model 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)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pease report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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)

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 law yers/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 rry 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 depling with my instructions or responding to any enquiries by me.
- (w) 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' law yers/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 law yers/taw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Sketch Plan

veh 1. SKS 8653 H

veh B. SLV 3260 S

Describe Circumstances of the Accident

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 256Z

Vehicle Details

Vehicle No.: SKS8653H
Vehicle to be Exported: No

Intended Deregistration Date:26 Jun 2024Vehicle Make:MERCEDES BENZVehicle Model:CLA180 (R18 BI)

Primary Colour: White Manufacturing Year: 2015

 Engine No.:
 27091030626168

 Chassis No.:
 WDD1173422N196545

 Maximum Power Output:
 90.0 kW (120 bhp)

Open Market Value:\$26,675.00Original Registration Date:13 May 2015First Registration Date:13 May 2015

Transfer Count: 3

Actual ARF Paid: \$19,345.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 12 May 2025
PARF Rebate Amount: \$9,672.00

Intended COE Rebate Details

COE Expiry Date: 12 May 2025

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

 QP Paid:
 \$64,700.00

 COE Rebate Amount:
 \$5,672.00

 Total Rebate Amount:
 \$15,344.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 26 Jun 2024