# NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Attn: Motor Claim Department

Date: 04/12/2017

Time: 11.30am

By Fax: 62244174 Tel: 63476100

Email: motorclaim@iii.com.sg

To: India International Insurance Pte Ltd

Accident involving your insured vehicle No. <u>SH8352P</u> with Our/My vehicle No. <u>GBB4456H</u> on <u>30/11/2017</u> along <u>Collver Quay (S)</u>.

- 1. I, We, the owner of Vehicle No. <u>GBB4456H</u> intend to make a 3<sup>rd</sup> party claim against your insured.
- 2. Our/My Vehicle is now at the workshop Million Auto Service Tel: 65670817

  No. 4 Penjuru Place #01-12, 2.8 Penjuru Tech Hub (S)608782 and is available for your inspection before repairs are carried out.
- 3. Please acknowledge receipt of this Notification by return fax to <u>67914716</u>, And reply within 2 days whether you wish to inspection the vehicle or waive inspection.

Piya Auto Pte Ltd

Your faithfully Surveyor Name:

Tel: Email:

Date: Signature:

#### 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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wifful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

Date Of Report	01/12/2017 15:06
Date Of Accident	30/11/2017 19:30
Exact Location Of Accident	COLLYER QUAY

ACCIDENT STATEMENT

### DETAILS OF OWN VEHICLE

SINGAPORE

Vehicle Registration Number GBB4456H

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner PIYA AUTO PTE LTD

Co Reg No 201503255W
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-93889419

Alternative Phone No OFFICE-93889419

Vehicle Particulars

Manufacturer NISSAN

Model CABSTAR-2.0 (M)

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5076969791-02

Cover Note Number

Driver

Name of Driver MUHAMMAD IFDHAL BIN MAHMOOD

NRIC No S9416321H
Date Of Birth 12/05/1994
Occupation OUTDOOR
Date Of Driving Pass 19/06/2015

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93889419

Fax Number

Contact Number OFFICE-93889419

EMail Address NOEMAIL

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Address

45 CHAI CHEE ST

#02-145

Postcode

S461045

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Mattala Danistation Novel 1 (D.)

Vehicle Registration Number of Driver's Own

Vehicle

\_

Insurance Company of Driver's Own Vehicle

-

#### General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

### Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

PLEASE SEE ATTACHED SKETCH PLAN. ATTENDED BY: SUSAN

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SH8352P

Vehicle Make/Model/Colour

COMFORT TAXI

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Details of Witness**

Name

Phone Number

Email Address

### Sketch Plan Pg. 1

#### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 ladgment 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

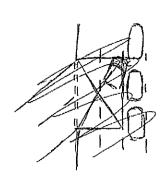
(If driver is not the policyholder) Date & Time: 1.12-17 1543

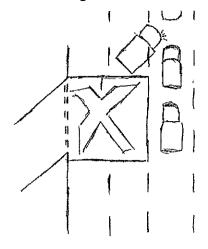
IDAC BUKIT BATOK (VAC) 511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722 Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1





## **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ALONG COLLYER QUAY, I'M MAKING MY MOVE TOWARDS THE SRD LANE, I'VE	
SIGNAL RIGHT HOPING THE TAXIDRIVER (CH8352P) GIVE WAY SINCE IT'S BEEN MORE	
THAN 5 SECONDS NEARLY A MINUTE, WHILE AT STATIONARY POSITION, THE TAXI SLOWLY	
INCH FORWARD AND REFUSED TO GIVE WAY FOR ME. HE DID NOT APPLY THE ONE VEHICLE	
LENGHT RULE. JUST AS THE LIGHT TURN GREEN, WITH MY VEHICLE POSITION ALREADY 1/4	
IN THE LANE, I SLOWLY MOVED AND WHILE AT IT, THE TAXI ALSO MAKE HIS MOVE	
AND CAUSING US TO COLLIED AND GET INTO AN ACCIDENT	
DAG PLACE TONIS DAGI	

DECLARATION TO SHOS TO

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: (12.17-1543

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature Name: NRIC/FIN No: