MTOA18015075 / Think One Autocare Pte Ltd - HQ ENTRY DATE & TIME: 31/01/2018 09:58 SUBMITTED BY: Tan Hui Kiang Karen

## 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 <u>truthful and accurate</u> as possible. Any wilful 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	31/01/2018 09:58
Date Of Accident	30/01/2018 16:25
Exact Location Of Accident	ALONG TAMPINES AVENUE 2 JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3431P
Insured/Policyholder	
Name Of Registered Owner	THINK ONE LEASING PTE LTD
Co Reg No	201115609M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96788288
Alternative Phone No	OFFICE-68443300
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE 3.0 DX DIESEL TURBO AT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070785764-02
Cover Note Number	
Driver	

Name of Driver MOHAMED SIDIK BIN SAWI

NRIC No S0231170D

Date Of Birth 17/01/1951

Occupation OUTDOOR

Date Of Driving Pass 03/11/1979

Driving Experience 38 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96640242

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 459 TAMPINES STREET 42 #04-160

Postcode 520459

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

### **Other Information**

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

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

NO 1

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

ON 30.01.2018 AT ABOUT 16:25HR. I WAS TRAVELLING ALONG TAMPINES AVE 2. AS THE TRAFFICE TURN TO RED I MANAGE TO STOP IN TIME. BEHIND OF B VEHICLE SDR835R KNOCK MY VEHICLE FROM BEHIND. NO ONE WAS INJURED IN THIS ACCIDENT.

## 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 SDR835R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

VEHICLE B

PRIVATE CAR

NG YI LING

S7736453F

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

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  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 lodgment 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:
  - 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.
- (d) 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.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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.

Driver's Signature

Date & Time: 314 (If driver is not the policyholder)

Date & Time:

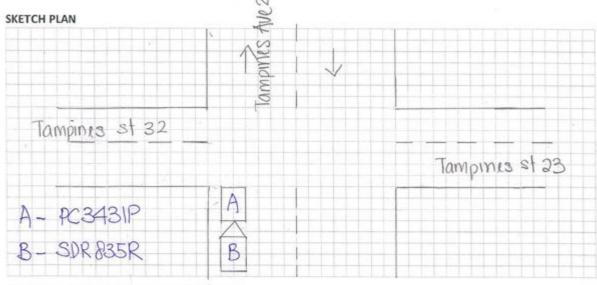
Think One Autocare Pte Ltd

18 Defu Lane Avenue 2
Singapore 5,9522
Tel: 68443300 Fax 5642 4988

Reporting Centre Personnel's Signature Name: Tan Hoi Wang Kanlu

NRIC/FIN No.: Q

Policyholde



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 30.01-2018 at about 16:35 hr I was travelling along
Tampines Ave 2 Junchon. As the traffic turn to red I manage to stop in time. Behind of B vehicle SDR835R Knock my vehicle from behind. Due No one was Mjured
proposes to other in these Robert of Ritchield (200227)
Ivariage to 210p in three, beams of b venue 2088358
Chock my vehicle from behind, Dre No one was Myred
in this accident.
 <u></u>

DECLARATION

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

Policyhol & Signature
Date & Time:

Driver's Signature

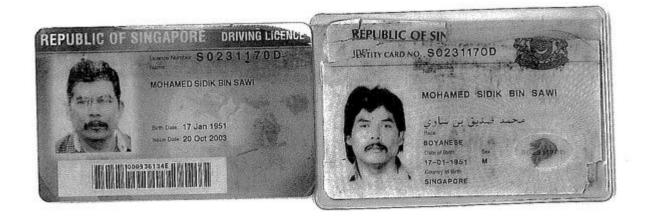
(If driver is not the policyholder)

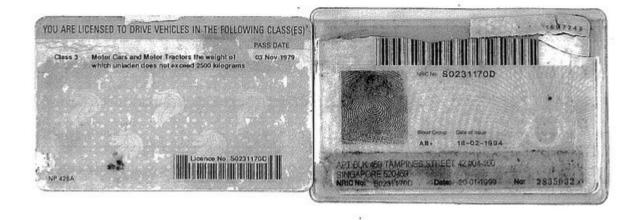
Date & Time:

Think One Autocare Pte Ltd 18 Defu Lane (venue 2 Singapore 539522 Tel: 6844 3300 Fax 6842 4988

Reporting Centre Personnel's Signature
Name: Tan Hu Wan 7 Kanen
NRIC/FIN No.: 848 2285112

GIARMC SketchPlanForm\_V3









**Accident Photo** 

















