

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 wilful misrepresentation or withholding 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.

ACCIDENT STATEMENT

Date Of Report	22/02/2018 16:47
Date Of Accident	21/02/2018 18:40
Exact Location Of Accident	SIMS AVE EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4615D
Insured/Policyholder	
Name Of Registered Owner	INFINITE DRIVE PTE LTD
Co Reg No	201606831H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91419714

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081467455-01
Cover Note Number	

Driver

Name of Driver	KAMILIA BINTE NORMAN
NRIC No	S8919727I
Date Of Birth	08/06/1989
Occupation	INDOOR
Date Of Driving Pass	01/04/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82288412
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 924 TAMPINES ST 91 #13-263
Postcode	520924
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: G/20180222/7012.

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	YN6320S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GW3778R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KAMILIA BINTE NORMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJJ4615D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

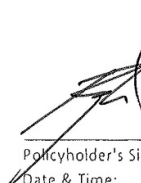
SKETCH PLAN

IMPORTANT NOTICE

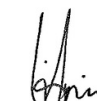
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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:
 - (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.
- (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:
 - (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.

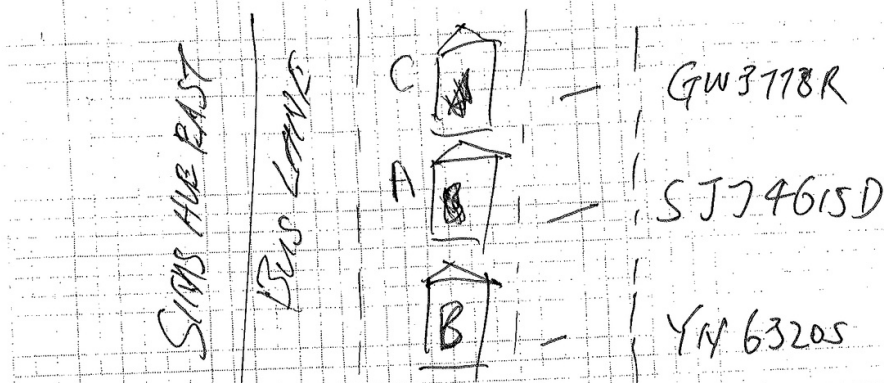

Policyholder's Signature
Date & Time:




Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION
I/We declare the facts stated are true in every respect.

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



**SINGAPORE
POLICE FORCE**



G/20180222/7012

1 of 3

POLICE REPORT (NP299)

Report No. G/20180222/7012

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 22/02/2018 11:50	Vide Report No.	Station Diary No.
Name Of Informant KAMILIA BINTE NORMAN	Address APT BLK 924 TAMPINES STREET 91 #13-263 SINGAPORE 520924	
ID Type / ID No. NRIC NO / S89197271	Contact No. Home/Office: Mobile: 82288412	
Nationality SINGAPORE CITIZEN	Email Address sempurnakamiy@hotmail.com	
Occupation SHIPPING COORDINATOR	Sex Female	Age 28
Institution/School Name	Date of Birth 08/06/1989	Race Malay
Date/Time Of Incident 21/02/2018 18:42 - 21/02/2018 19:00	Location Of Incident SIMS AVENUE EAST	

Brief details.

On the above mentioned date, time and location, I was driving my vehicle, SJJ4615D along the said road on the left lane. I came to a full stop as there are vehicles in front of me. Suddenly I felt an impact on the rear of my vehicle and realised that a lorry, YN6320S(Mr Ahmed Mohammad Shakil) had knocked into my vehicle. Due to the impact, my vehicle moved forward and knocked in to a van GW3778R(Mr Lim Hian Soon) in front of me. After the accident we came down to exchange particulars and take photos. I felt giddy and felt muscle strain on the neck. Thus I went to Changi General Hospital to see the doctor and was given 3 days MC. I wish to inform that there is in-car CCTV in my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2018 11:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20180222/7012

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180222/7012

I am making this report for insurance claim purposes.

Subjects Involved			
Suspect			
Person Name	Ahmed Mohammad Shakil		
ID Type	OTHERS / Work Permit	ID No	063766666
Gender	Male		
Victim			
Person Name	KAMILIA BINTE NORMAN		
ID Type	NRIC NO	ID No	S8919727I
Gender	Female	Age	28
Race	Malay	Language	English
Occupation	SHIPPING COORDINATOR	Address Type	
Address	APT BLK 924 TAMPINES STREET 91 #13-263 SINGAPORE 520924	Mobile No	82288412
Is Informant A Victim?	Yes		
Person Name			
Person Name	Lim Hian Soon		
ID Type	NRIC NO	ID No	S0655100I
Gender	Male	Age	73
Race	Chinese	Language	Chinese

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	22/02/2018 11:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20180222/7012

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180222/7012

Person Name	KAMILIA BINTE NORMAN (Informant)
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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2018 11:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S89197271**



Name
KAMILIA BINTE NORMAN

Race
MALAY

Date of birth
08-06-1989

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S89197271**
Name:
KAMILIA BINTE NORMAN

Birth Date: **08 Jun 1989**
Issue Date: **01 Apr 2016**



0002553410C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	01 Apr 2016

NP 428A



Licence No: S89197271



4446200



ORIC No. **S89197271**

Date of Issue
15-08-2009

Address
**APT BLK 924 TAMPINES STREET 91
#13-263
SINGAPORE 520924**

INSURANCE



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 508146/455-01 Cover : drive CLASSIC
1. Index mark and Registration Number of Vehicle : SU46150
Chassis Number : 8NAFF227305602605
2. Name of Policyholder : INFINITE DRIVE PTE LTD.
3. Effective Date of Insurance : 18 Sep 2017
4. Expiry Date of Insurance : 17 Sep 2018

5. Persons or Classes of Persons entitled to drive:

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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 so 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.

6. Limitations as to Use:

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Filer's business.

This Policy does not cover:

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COF	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : COWELL INSURANCE (AGENCY) PTE LTD (0000610380)
Date of issue : 14 Jun 2017 12:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned by:

Authorised Officer

Chief Executive

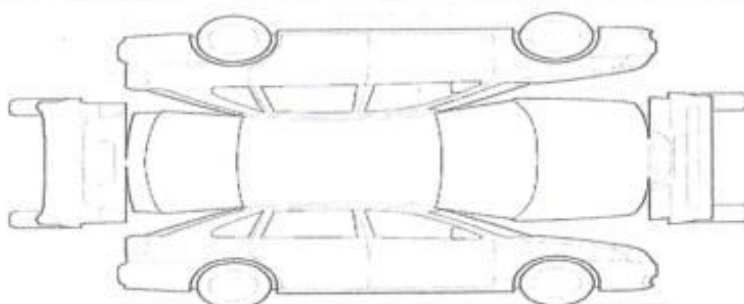
RENTAL AGREEMENT

RESTRICTED

	INFINITE DRIVE PTE LTD
	Official Invoice
	ROC: 201606831H
	CONTACT NUMBER: 91419714

DATE		OCCUPATION	ADMIN
Main Hirer's Name:	1) KAMILIA NORWAN		
2 nd Driver (If Any):	2) -		
Main Hirer's Address:	1) BLK 924 TAMPIING ST 91, #13-263, S(520924)		
2 nd Driver's Address:	2) -		
NRIC/PASSPORT NO:	1) 88919327 I	2) -	
DATE OF BIRTH:	1) 08/06/1989	2) -	
LOCAL CONTACT HP:	1) 82288412	2) -	

START DATE:	20/02/18	START TIME:	2055PM	DEPOSIT :	\$100
RETURN DATE:	22/02/18	RETURN TIME:	2055PM	RENTAL AMOUNT :	\$200
TOTAL					\$300



*Petrol must be at least Grade 95.

VEHICLE MODEL
WA CERATO 1.6
NUMBER PLATE
SJJ96150
FUEL LEVEL
HALF

Any damages not stated on this diagram becomes your responsibility
 NO GRAB / GRABHITCH / UBER / UBERPOOL OR ANY OTHER DELIVERY / COURIER / CARSHARING USAGE.
 NO MALAYSIA USAGE, SPEED LIMIT AT 120KM/HR,
 NO SMOKING INSIDE VEHICLE AND ANY TYRE PUNCTURE TO BE BEAR BY HIRER.
 IDLE TIME LIMITED TO 20 MINS MAXIMUM. DEPOSIT FORFEITED IF ANY OF THE ABOVE HAPPENS.
 All Parking and Traffic Fines during the rental period shall be The Hirer's Liability.


 Hirer's Signature


 Infinite Drive Pte Ltd

INFINITE DRIVE PTE LTD
 1 COLEMEN STREET, #10-06, THE ADELPHI, SINGAPORE 179803

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

