

MSME18047317 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 09/04/2018 17:45
 SUBMITTED BY: Chia Pei Ying

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	09/04/2018 17:45
Date Of Accident	08/04/2018 16:00
Exact Location Of Accident	ALONG TRAFFIC JUNCTION BETWEEN BRAS BASAH RD & BEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD4011M
Insured/Policyholder	
Name Of Registered Owner	NIGHT9SKY CAR HIRE
Co Reg No	53342669C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82234462
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5088516335-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FUAD KAMRODEN
NRIC No	S8413899A
Date Of Birth	09/05/1984
Occupation	INDOOR
Date Of Driving Pass	14/03/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90128494
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 468 JURONG WEST ST 41 #02-465
 Postcode 640468
 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 SIDE SWIPE
 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) 3
 Passenger 1
 NAME: : WONG MAY MAY
 GENDER: : FEMALE
 Passenger 2
 NAME: : TAN PUAY THIAM
 GENDER: : MALE

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

ON 08/04/2018 AT ABOUT 1602HRS, I WAS DRIVING MY CAR (SGD4011M) ALONG BRAS BASAH ROAD IN SECOND LANE FROM RIGHT SIDE WITH 2 PASSENGERS. UPON REACHING TRAFFIC JUNCTION BETWEEN BENCOOLEN STREET, TRAFFIC LIGHT WAS GREEN IN MY FAVOUR. SO, I CONTINUE GO STRAIGHT IN MY LANE. WHILE ALMOST CROSS OVER THE TRAFFIC JUNCTION, I FELT AN IMPACT COMING FROM BEHIND. WHEN I CAME OUT TO INSPECT MY CAR, I REALISED THAT A COMFORT DELGRO TAXI (SH7553H) WHICH WAS TRAVELLING ON THE RIGHT MOST LANE (ONLY FOR TURN RIGHT). THE TAXI COLLIDED ONTO REAR RIGHT PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SH7553H) FOR MY ACCIDENT DAMAGES AND INJURY MEDICAL CLAIM FOR MY AND MY PASSENGER.

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 SH7553H
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 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 MUHAMMAD FUAD KAMRODEN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGD4011M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WONG MAY MAY

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGD4011M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name TAN PUAY THIAM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGD4011M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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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)**

(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.

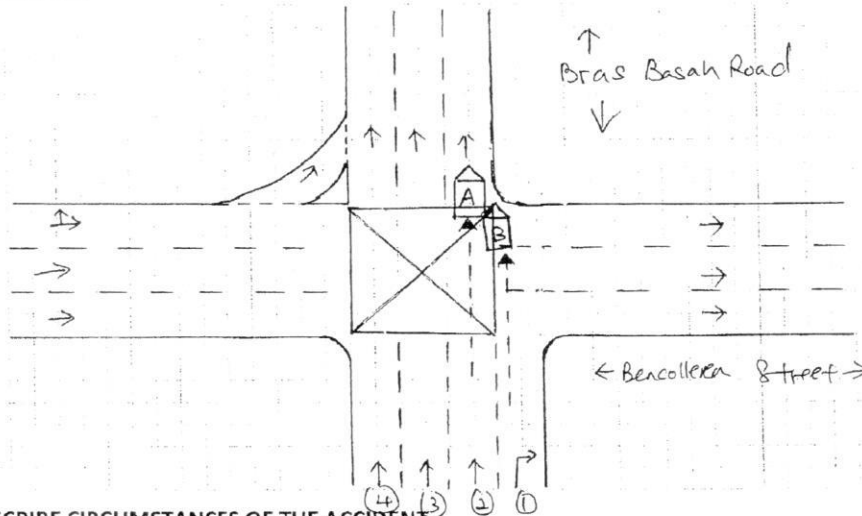
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

PRELSE

Sketch Plan #2 Pg. 1

SKETCH PLAN



(A) SGD 401M

(B) SH 7553H.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08-04-2018 @ about 16:00hrs, I was driving my car (SGD 401M) along Bras Basah Road in 2nd lane from right side with 2 passengers. Upon reaching traffic junction between Bencoolen Street traffic light was green in my favour so I continue go straight in my lane. While almost crossed over the traffic junction, I felt an impact come behind. When I came out inspect my car & I realized that a comfort delgro taxi (SH 7553H) which travelling on the right most lane (only for turn right). The taxi collided onto rear right portion of my car. Hence I hereto lodge this report to claim against car B (SH 7553H) for my accident damages and injury medical claim of me & my passenger.

DECLARATION

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

NIGHTSKY CAR HIRE
Reg. No: 53342669CPolicyholder's Signature
Date & Time:Driver's Signature
(If driver is not the policyholder)
Date & Time: 09.04.18
16.35hrs.Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: