

MSME18088086 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 09/07/2018 13:29
 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	09/07/2018 13:29
Date Of Accident	08/07/2018 16:40
Exact Location Of Accident	SLIP RD OF BUKIT BATOK ST 25
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ1801R
Insured/Policyholder	
Name Of Registered Owner	MOHAMED JASMIN BIN HASHIM
NRIC No	S1584728Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98562660
Alternative Phone No	OFFICE-98562660

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA

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	5100586664
Cover Note Number	

Driver

Name of Driver	MOHAMED JASMIN BIN HASHIM
NRIC No	S1584728Z
Date Of Birth	12/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98562660
Fax Number	
Contact Number	OFFICE-98562660
Email Address	NOEMAIL

Address	BLK 32 BEDOK SOUTH AVE 2 #14-313
Postcode	460032
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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)	5
Passenger 1	NAME: : KHAMISIA SIDIK GENDER: : FEMALE
Passenger 2	NAME: : SAUDAH BINTE HJ MANOOR SAHIB MARICAR GENDER: : FEMALE
Passenger 3	NAME: : ALEEQA BINTE MOHAMED JASMIN GENDER: : FEMALE
Passenger 4	NAME: : NUARIKA DWI AJENG AGUS RAHAYU PUTRI GENDER: : FEMALE

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

I WAS STATIONARY AT SLIP ROAD OF BUKIT BATOK ST 25 FOR CHECKING MAIN ROAD VEHICLE TRAFFIC CLEAR BEFORE DRIVING OUT. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. I WISH TO LODGE THE REPORT TO CLAIM AGAINST VEHICLE B.

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	SLQ4579P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B

Vehicle Category PRIVATE CAR
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 KHAMSIA SIDIK
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFZ1801R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SAUDAH BINTE HJ MANJOOR SAHIB MARICAR
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFZ1801R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ALEEQA BINTE MOHAMED JASMIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFZ1801R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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:

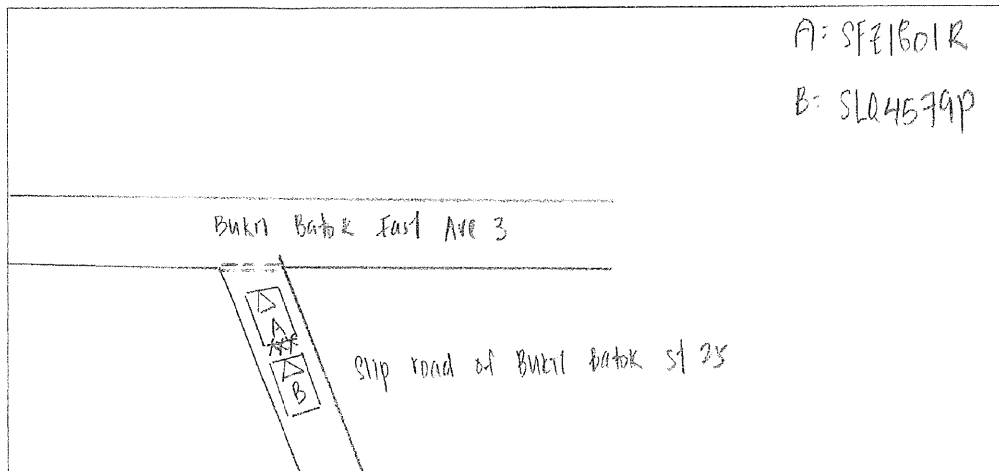
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SECRET SketchPlanForm 02

NEW HOPE TRON

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at slip road of bukit batok st 25 for check man traffic road vehicle, clear before drove out.

suddenly, I felt an impact. veh "B" collided onto rear portion of my vehicle and caused damaged.

I wish lodge the report claim against veh "B".

DECLARATION

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

Alhaji
Policyholder's Signature
Date & Time:

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

9/7/18 P 12.25pm
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: