MSME18096315 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 25/07/2018 17:34 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 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available				
THE RESERVE OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT				
Date Of Report	25/07/2018 17:34				
Date Of Accident	25/07/2018 09:10				
Exact Location Of Accident	FILTER LANE OF WOODLANDS AVE 1				
Country/State of Loss	SINGAPORE				
the state of the s	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGX7768M				
Insured/Policyholder					
Name Of Registered Owner	ABDUL RAHIM BIN KAMARUDIN				
NRIC No	S7830890G				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-91001107				
Alternative Phone No	OFFICE-91001107				
Vehicle Particulars					
Manufacturer	HONDA				
Model	STREAM				
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	5093883487				
Cover Note Number					
Driver					
Name of Driver	MARWATTY BINTE ABDUL SAMAT				
NRIC No	S7800251D				
Date Of Birth	14/01/1978				
- CONTROL (1970)	INDOOR				

**INDOOR** Occupation Date Of Driving Pass 13/04/2007

11 YEARS AND 3 MONTHS **Driving Experience** 

**FEMALE** Gender

(LOCAL) +65-98637363 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address** 

BLK 589 WOODLANDS DRIVE 16 #08-20 Address

730589 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

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

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

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 1

Number of Passengers (Including Driver)

**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 TRAVELLING ALONG FILTER LANE OF WOODLANDS AVE 1 ON 25/07/2018 AT 0910HRS. I WAS INSIDE THE FILTER LANE AT THAT TIME. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY LEFT. VEHICLE B CUT INTO MY LANE AND HIT ONTO THE LEFT PORTION OF MY VEHICLE.

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 GBE4514H

Vehicle Make/Model/Colour

**Details Of Properties** 

**VEHICLE B** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

Contact Number

LIANG CHANG CHUN

NRIC/Passport Number

G8237859L 90733937

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

#### SKETCH PLAN

### IMPORTANT NOTICE

73101 FOTO MED TI-FI

- 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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
  - (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.

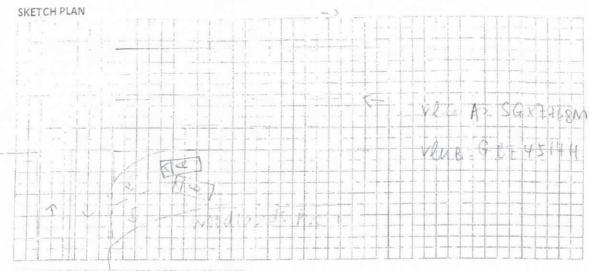
Policyholder's Signature Date & Time:

(If driver is not the policyholder)

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

HUM MERCE

# Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[ 0	t soon	varenny	along	tilten	Inc	of	Woodland
Ave	( 11/	25.07	, 2018 (D	99101	M8 . 1	was	inside
the	filter	, lane	at -	that.	time.	Suo	ldery.
1 h	end	a ban	of son	nd on	d fu	+ au	impaul
from	my	left.	Veliad	2 8 (	jut into	my	land
and	Mit	outo 10	ft p	ovtran	of w	y v.	lliral.
	×	10.46					

DECLARATION

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

Policyholder's Signature Date & Time:

er's Signature

(If diver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .: