

MSME18125057 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 26/09/2018 16:49  
 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	26/09/2018 16:49
Date Of Accident	25/09/2018 11:50
Exact Location Of Accident	93 TAMPINES LINK BETWEEN LAMP POST 4 & 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1270D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Co Reg No	200402911Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92434885

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994542/100779305-00000
Cover Note Number	

### Driver

Name of Driver	MOHD ZAFFRE BIN KAYAT
NRIC No	S1583263J
Date Of Birth	08/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1984
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97223228
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 114 PASIR RIS ST 11#06-581
Postcode	510114
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?	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
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

I WAS DRIVING ALONG TAMPINES LINK BETWEEN LAMP POST 4 & 5 AT EXTREME LH LANE OF 2 LANES. AFTER CHECKING FRONT AND REAR ONCOMING TRAFFIC WAS CLEAR, I PROCEED TO REVERSE INTO IT. SUDDENLY, I FELT AN IMPACT. VEHICLE B WHICH IS STATIONARY BEHIND OF ME MOVE OUT FROM STATIONARY POSITION AND COLLIDE ONTO RH PORTION OF MY VEHICLE AND CAUSED DAMAGES.

**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	YN1695T
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)

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 liability.
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. 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:
  - (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:

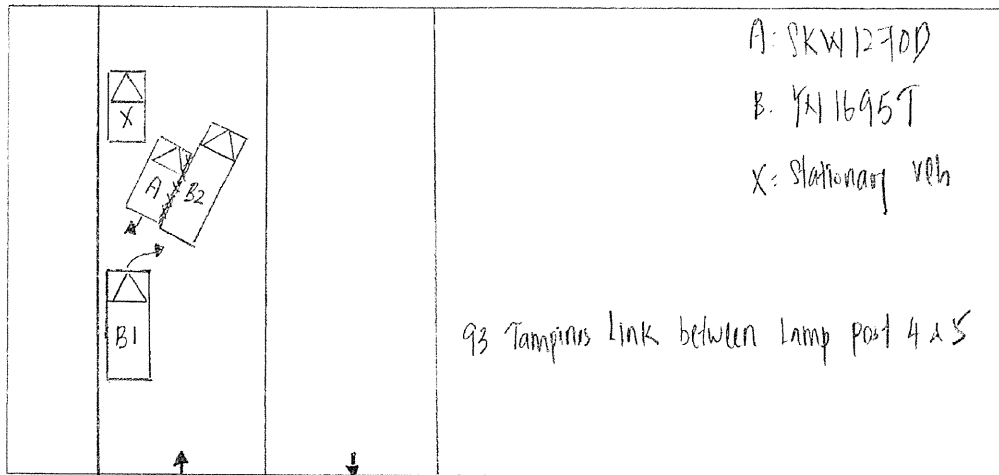
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/RA/ SketchPlanForm\_01

NEW TO CAR TOOK

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along 93 Tampines Link between Lamp post 4 & 5 at extreme LH lane of 2 lanes.

After checking front & Rear oncoming traffic was clear and I proceed to reversed into it.

Suddenly, I felt an impact. Veh "B" which is stationary behind of me move out from stationary position and collided onto RH portion of my vehicle and caused damage.

## DECLARATION

I/We declare the foregoing particulars 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.:

## Sketch Plan #3 Pg. 1



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180925/2136

1 of 3

Report No. T/20180925/2136

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
25/09/2018 18:25

Vide Report No.:

Station Diary No.:

## Informant's Particulars

Name of Informant:

MOHD ZAFFRE BIN KAYAT

Address:

APT BLK 114 PASIR RIS STREET 11 #06-581 SINGAPORE 510114

ID Type / ID No.:

NRIC NO / S1583263J

Contact No.:

Home/Office:

Mobile: 97223228

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

54

Date of Birth:

08/10/1963

Type of Informant:

Driver

Race:

Malay

Language:

English

Institution / School Name:

Occupation:

ASSISTANT OPERATION  
MANAGER

Driving Licence Information:

Class:

Date of Expiry:

## General Information of the Accident

Type of  
Accident:Non-Injury  
Government Vehicle

Drink

Drive:

No

Date/Time of  
Accident:

25/09/2018 11:50

Type of Location:

Location:

Along Road 1  
TAMPINES LINK

93 TAMPINES LINK

Weather:

Road Surface:

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

Anyone conveyed by  
ambulance:  
No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW1270D	Car					0
YN1695T	SCDF VEHICLE					0

## Sketch Plan #4 Pg. 1



SINGAPORE  
POLICE FORCE



T/20180925/2136

Report No. T/20180925/2136  
2018  
Report No. T/20180925/2136  
2018  
Report No. T/20180925/2136  
2018

CONTINUATION OF REPORT

Brief Details

ON THE ABOVE MENTION DATE, TIME AND LOCATION,

I WAS DRIVING ALONG DULAMEL STREET BETWEEN L/P 4 & 5 AT EXTREME LEFT LANE OF 2 LANE 2 WAY ROAD. AT THAT TIME TRAFFIC WAS CLEAR AND I WAS ABOUT TO TURN RIGHT INTO DULAMEL STREET. I FELT AN IMPACT FROM THE SCDF VEHICLE WHICH WAS STATIONARY BEHIND ME. I STOPPED FROM STATIONARY POSITION AND CHECKED THE FRONT PORTION OF MY VEHICLE AND CAUSED DAMAGES ONTO MY VEHICLE.

## Sketch Plan #5 Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20180925/2136

Case Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180925/2136

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
TAN KOK RAY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
25/09/2018 18:25

Classification Of Case:

**SINGAPORE  
POLICE FORCE**