

Date of Accident : 28/9/18 Accident Time: 7:40pm (24-HR-Format)
Accident Place : open carpark between BIK 446 Pasir Ris Dr 6 & Pentecost Methodist church
Vehicle. No. (Car Plate No.) : SJ J 3247 Make/Model: Honda stream
Insurance Company : TOKIO Policy No: MT 104249
Owner or Company Name /IC No. : Norsuria Binte Norhan 88024053H
Owner or Company Contact No. : 8200 7573 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : 14-08-1980 DRIVER'S License Pass Date 15/10/2009
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: own
DRIVER'S Address : _____
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01 Driver only
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NES

Other Party Driver's Particular (if any)

Vehicle. No: <u>SLX 9461A</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Handwritten signature


SKETCH PLAN

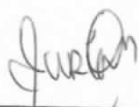
IMPORTANT NOTICE

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 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.:

SKETCH PLAN

Refer Attachment

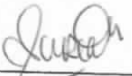
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer police Report T/20180929/2066

We found that left hand lower bumper cover was damaged.

DECLARATION

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

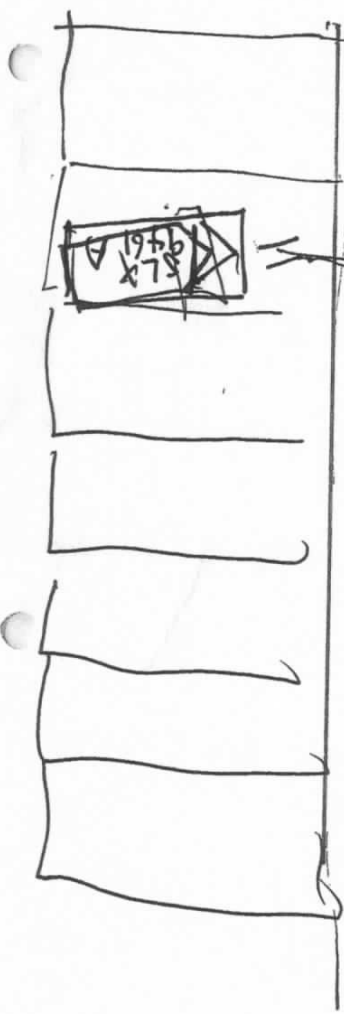

Policyholder's Signature
Date & Time:


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

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

open carpark between
B1K 446 Pasir K.S Dr 6 &
Penthecost Methodist
church.

Vehicle A - SJJ 3347J
Vehicle B - SLX 9461P



CARPARK
DRIVEWAY OF
PASIR RIS DRIVE 6



Handwritten signature



SINGAPORE POLICE FORCE



T/20180929/2066

1 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180929/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2018 13:37	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: NORSURIA BINTE NORHAN			Address: APT BLK 454 PASIR RIS DRIVE 6 #02-204 SINGAPORE 510454	
ID Type / ID No.: NRIC NO / S8024053H			Contact No.: Home/Office: Mobile: 82007573	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 38	Date of Birth: 14/08/1980	Type of Informant: Driver	
Race: Bugis			Language: English	Institution / School Name:
Occupation: Secretary			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2018 19:40	Type of Location: Carpark
Location: PASIR RIS DRIVE 6 Open carpark between Blk 446 Pasir Ris Dr 6 and Penthecost Methodist Church				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ3347J	Car	HONDA	STREAM 1.8L A	Grey		0
SLX9461A	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180929/2066

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ3347J	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT104249	29/06/2018	28/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORSURIA BINTE NORHAN	ID No.	S8024053H
Related Vehicle	SJJ3347J (Car)	Contact No.	82007573
Hospital/Clinic	LILY AW PASIR RIS FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	29/09/2018	Date Discharge	29/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAI KWANG YAP	ID No.	S1410040G
Related Vehicle	SLX9461A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/09/2018 at about 1940hrs, I was driving my car (SJJ3347J) out from the open carpark between Pentecost Methodist Church and Blk 446 Pasir Ris Drive 6. I was slowing down as there was queue ahead.

Before I exit from the barrier, suddenly there was a vehicle (SLX9461A) from one of the parking lot collided on the right portion of my car which resulted to damage.

No one was injured at that point of time. We alighted and exchanged particulars with each other. My in-car CCTV camera was faulty hence unable to view the accident footage.

There was an eye witness known as Yasir, Hp: 91074475 driving a car plate number SJJ3347J saw the accident.

After the accident, I felt unwell thus seek medical treatment at a private clinic and was given 3 days of MC



**SINGAPORE
POLICE FORCE**



T/20180929/2066

3 of 4

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461 Tampines Street 44 #01-56 SINGAPORE
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CONTINUATION OF REPORT

from 29/09/2018 to 01/10/2018.