

MSME19019272 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 12/02/2019 10:08
 SUBMITTED BY: Wen Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 12/02/2019 10:22

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 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. 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	12/02/2019 10:08
Date Of Accident	01/02/2019 13:25
Exact Location Of Accident	JUNCTION OF COMPASSVALE BOW & SENGKANG EAST ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8714M
Insured/Policyholder	
Name Of Registered Owner	OPTIMAL SERVICES
Co Reg No	53306988B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97262447

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA

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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105637040
Cover Note Number	

Driver

Name of Driver	ADBUL HALEEM BIN ABDUL RAHIM
NRIC No	S7830304B
Date Of Birth	20/09/1978
Occupation	INDOOR
Date Of Driving Pass	19/10/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91597721
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 891A TAMPINES AVE 8 #04-76
Postcode	521891
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20190201/2130.

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	GBE5411P
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOE YANRUI, BRYANT
NRIC/Passport Number	S9328178J
Contact Number	96939231
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDUL HALEEM BIN ABD RAHIM
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLC8714M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan Pg. 1

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)**

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.

[Handwritten Signature]


Policyholder's Signature
Date & Time:

4/2/19 @
3:22pm

[Handwritten Signature]

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

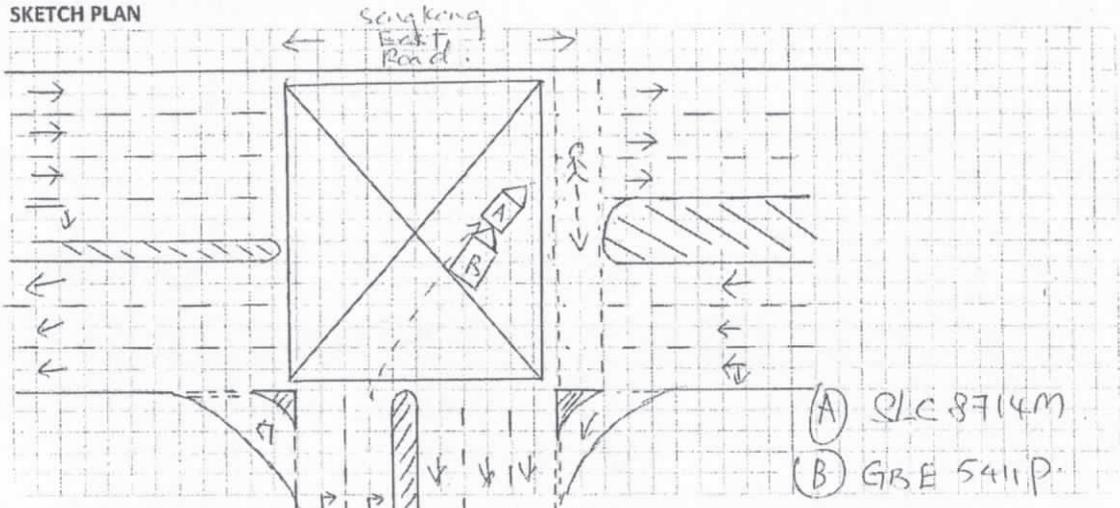
@precise Auto



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

↑ From Compressive Bow

Statement file Refer To Police
 Report No.: T/20190201/2130

DECLARATION

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

[Signature]
 Policyholder's Signature

Date & Time:
 11/2/19 @
 3:22pm



[Signature]
 Driver's Signature

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



11/2/19 4:30pm
 Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190201/2130

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190201/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 16:29	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars			
Name of Informant: ABDUL HALEEM BIN ABD RAHIM		Address: APT BLK 891A TAMPINES AVENUE 8 #04-76 SINGAPORE 521891	
ID Type / ID No.: NRIC NO / S7830304B		Contact No.: Home/Office: Mobile: 91597721	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 20/09/1978	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2019 13:25	Type of Location: T-Junction
Location: Along Road 1 COMPASSVALE BOW				
JUNCTION OF COMPASSVALE BOW AND SENGKANG EAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5411P	Van				No Damage	0
SLC8714M	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190201/2130

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20190201/2130

CONTINUATION OF REPORT

Driver			
Name	ABDUL HALEEM BIN ABD RAHIM	ID No.	S7830304B
Related Vehicle	SLC8714M (Car)	Contact No.	91597721
Hospital/Clinic	TAMPINES MEDILIFE CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location I was driving my Grabcar when I arrived at the said junction. I was about to turn right at the junction but was waiting for the pedestrians to cross. I was in the middle yellow box at this point of time. Out of a sudden, a van banged onto the rear of my car. My car sustained some damages on the rear bumper. The impact of the bang caused me to have back and neck ache and I went to the doctor. I have been given a 3 days MC.

Accident Sketch Plan Pg. 1



SINGAPORE POLICE FORCE



T/20190201/2130

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3
Report No. T/20190201/2130

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: G / Sgt 3 MIRASHINNI MENAGA D/O NADARAJAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2019 16:29
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LU Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE