

MSME19039127 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 25/03/2019 17:33
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 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	25/03/2019 17:33
Date Of Accident	22/03/2019 12:30
Exact Location Of Accident	MCE TWDS FORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6505H
Insured/Policyholder	
Name Of Registered Owner	JOYRIDE CAR RENTAL PTE LTD
Co Reg No	201842065H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94897930

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5106756115
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ELFIE BIN RAHMAT
NRIC No	S8929987Z
Date Of Birth	07/09/1989
Occupation	INDOOR
Date Of Driving Pass	19/03/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85221243
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 878B TAMPINES AVE 8 #04-25
 Postcode 522878
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - -
 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 NORTH NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190322/2124.

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 PZ1340K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category BUS
 Name of Driver PARMESHA SINGH CHAHAL S/O PRITAM SINGH
 NRIC/Passport Number S8846138Z
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver) •

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ELFIE BIN RAHMAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJR6505H

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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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.



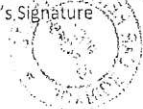
Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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



PRECISE

SKETCH PLAN

veh (A) SJR 6505H
veh (B) PZ 1340K

MCE Towards Fort Rd

↑ ↑ ↑ ↑ ↑

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer To Police Report!
Report NO. : T/20190322/2124.

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



Policyholder's Signature _____

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**



T/20190322/2124

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

1 of 3

Report No. T/20190322/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2019 15:49		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: MUHAMMAD ELFIE BIN RAHMAT			Address: APT BLK 878B TAMPINES AVENUE 8 #04-25 SINGAPORE 522878		
ID Type / ID No.: NRIC NO / S8929987Z			Contact No.: Home/Office: Mobile: 85221243		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 07/09/1989	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: ICA OFFICER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2019 12:30	Type of Location: Straight Road
Location: Along Road 1 MARINA COASTAL DRIVE MCE TOWARDS FORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
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
PZ1340K	Bus/Coach/Minibus				Slightly Damaged	0
SJR6505H	Car				Slightly Damaged	0

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

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190322/2124

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

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Report No. T/20190322/2124

CONTINUATION OF REPORT

Driver			
Name	PARMESHAR SINGH CHAHAL S/O PRITAM SINGH		ID No. S8846138Z
Related Vehicle	PZ1340K (Bus/Coach/Minibus)		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
Driver			
Name	MUHAMMAD ELFIE BIN RAHMAT		ID No. S8929987Z
Related Vehicle	SJR6505H (Car)		Contact No. 85221243
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 22/03/2019 at about 12.30pm, I was driving my vehicle, bearing plate number SJR6505H along Marina Coastal Expressway towards Fort Road. At that time, I was alone. Traffic was heavy and the road surface was dry.

I was driving on the third lane, and while I was driving in the said tunnel, my vehicle broke down and stalled on the third lane. I switched on my hazard light to indicate break down, and was sitting inside the car, while signaling other users to avoid using the said lane by waving my hand.

I wish to state that my vehicle was stationary for quite some time, and while I was signaling other users, I felt an impact coming from the rear of my vehicle. Upon inspection, I discovered one bus bearing plate number PZ1340K which had collided into the rear portion of my vehicle.

I wish to state that I sustained injuries and received 3 days of MC. I also wish to state that there is no in car camera installed in my vehicle.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20190322/2124

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

3 of 3

Report No. T/20190322/2124

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 MOHAMED FADHLY BIN MOHAMED
AYOP

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant

Date/Time:
22/03/2019 15:49

Classification Of Case:

