

MSME19056092 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 30/04/2019 17:08  
 SUBMITTED BY: Chia Pei Ying

**Your NCD will be affected due to late reporting**  
**Actual e-Filing Submission Date & Time: 30/04/2019 17:13**

### 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	30/04/2019 17:08
Date Of Accident	24/04/2019 17:30
Exact Location Of Accident	ALONG PANDAN GARDENS
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7813K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRECISE CAR RENTAL PTE LTD
Co Reg No	201818221G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98497930

#### Vehicle Particulars

Manufacturer	KIA
Model	CERATO KOUP
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	5101115310-01
Cover Note Number	

#### Driver

Name of Driver	MUHAMAD MUNIRUDDIN BIN MUSTAPHA
NRIC No	S9229784E
Date Of Birth	16/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2013
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87795168
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 739 JURONG WEST ST 73 #05-60
Postcode	640739
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	NANYANG N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT: T/20190425/2183.

### 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	SHA6599A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MUHAMAD MUNIRUDDIN BIN MUSTAPHA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJW7813K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

**SKETCH PLAN****IMPORTANT NOTICE**

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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:



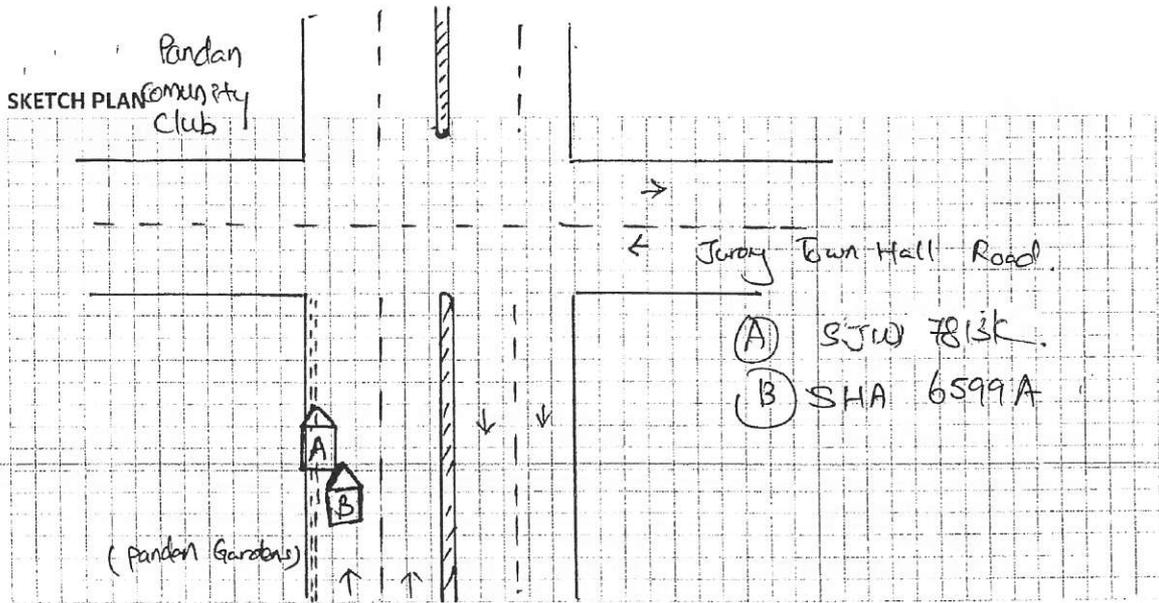
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



PRECISE

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To Police  
 Report No: T/2019 04 25/ 2183

DECLARATION

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



Policyholder's  
Date & Time:

30/4/19  
1550hrs

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/20190425/2183

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20190425/2183

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/04/2019 21:37	Vide Report No.:	Station Diary No.: 205
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**Informant's Particulars**

Name of Informant: MUHAMAD MUNIRRUDIN BIN MUSTAPHA		Address: APT BLK 739 JURONG WEST STREET 73 #05-60 SINGAPORE 640739	
ID Type / ID No.: NRIC NO / S9229784E		Contact No.:	Mobile: 87795168
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 16/08/1992	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: GRABFOOD DRIVER		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 PANDAN GARDENS JURONG TOWN HALL ROAD Roadside opposite B/407 Pandan Gardens				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6599A	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SJW7813K	Car	KIA	CERATO FORTE KOUP 1.6 SX MT D/AB 2DR SR	Green	Seriously Damaged	0

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190425/2183

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20190425/2183

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMAD MUNIRRUDIN BIN MUSTAPHA	ID No.	S9229784E
Related Vehicle	NIL	Contact No.	87795168
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 24/04/2019 at about 1707hrs, I delivered food at Commonwealth Secondary School and afterwards, I drove along pandan gardens and stop my vehicle, SJW7813K at the roadside with my hazard light on. I stop my vehicle for a short while as I was having a bad headache. On the same day around 1530hrs, my vehicle was hit from the rear. I went to make a check and saw a taxi, SHA6599A hit my rear bumper. My rear bumper and exhaust was detached from the vehicle and drop on the road. I had difficulty walking and the taxi driver called for ambulance. Both TP and the ambulance came down to scene and I was conveyed by the ambulance to NTFGH. I received outpatient sick leave from 24/04/2019 to 08/05/2019.

I wish to state that I don't have the taxi driver particulars, the TP IO who attended the scene and details of the accident after I was conveyed. I was contacted by the TP IO on 25/04/2019 to lodge a police report and I will submit my SD card of the car video recording after I have lodge a police report.

Sketch Plan #5 Pg. 1



SINGAPORE POLICE FORCE



T/20190425/2183

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20190425/2183

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: J / Sgt 2 MUHAMMAD FARHAN BIN KHAMARULZAMAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232

Signature Of Informant: 
Date/Time: 25/04/2019 21:37
Classification Of Case:

Authentication Stamp NP168	SN 127
Singapore Police Force	

SN 127
Signature :
Singapore Police Force