

MSME19059081 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 07/05/2019 16:32
 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 07/05/2019 16:38

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	07/05/2019 16:32
Date Of Accident	05/05/2019 15:50
Exact Location Of Accident	ROUNDAABOUT STADIUM BLVD & STADIUM DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9235R
Insured/Policyholder	
Name Of Registered Owner	DRIVEWORKS SINGAPORE
Co Reg No	53309735E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93230440
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
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	5073611305-03
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ZULHILMI BIN AZHAR
NRIC No	S9307459I
Date Of Birth	06/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92267667
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 641 CHOA CHU KANG ST 64 #02-89
 Postcode 680641
 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 (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 MOUNTBATTEN NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-3449999 - FAX NO: 64474185
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190505/2081.

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 SHD4291J
 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	MUHAMMAD ZULHILMI BIN AZHAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKP9235R
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:

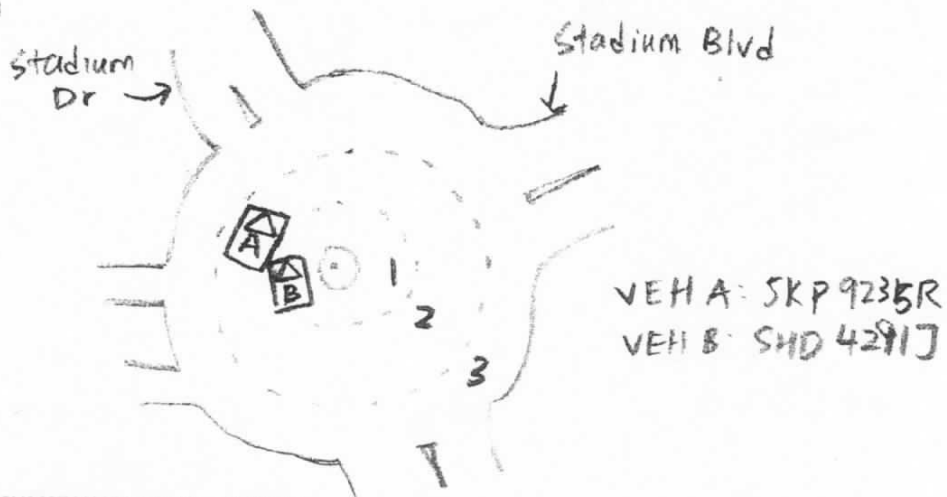
[Handwritten signature]

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

Focus Auto

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20190505/2081

Accident scene as attached.

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.:

7/5/19 2.45 PM

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190505/2081

1 of 3

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20190505/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/05/2019 18:19	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: MUHAMMAD ZULHILMI BIN AZHAR			Address: APT BLK 641 CHOA CHU KANG STREET 64 #02-89 SINGAPORE 680641		
ID Type / ID No.: NRIC NO / S9307459I			Contact No.: Home/Office: Mobile: 92267667		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 06/03/1993	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/05/2019 15:40	Type of Location: Roundabout
Location: Along Road 1 STADIUM BOULEVARD				
Roundabout of Stadium Boulevard and stadium walk				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4291J	Car				Slightly Damaged	3
SKP9235R	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/20190505/2081

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20190505/2081

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD ZULHILMI BIN AZHAR	ID No.	S9307459I
Related Vehicle	SKP9235R (Car)	Contact No.	92267667
Hospital/Clinic	KALLANG MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/05/2019	Date Discharge	05/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 05/05/2019 at about 1540hrs, I was driving my car along the roundabout of stadium boulevard and stadium walk. I was driving as per normal on the 2nd lane when suddenly I felt an impact coming from the rear right area of my car. I then brake slowly to a stop, on the 2nd lane. I then realized that a taxi had collided into me. I believe that the taxi driver was driving from the 1st lane and wanted to filter into the 2nd lane, however it had collided into my vehicle rear right area.

I then came out from the vehicle and wanted to exchange particulars with the taxi driver, however he was very reluctant and refused to do so. He was quite aggressive with his tone. I did not ask anymore and took photos of the scene instead.
My vehicle was damaged near to the rear right wheel area.

My vehicle: SKP9235R.
Taxi vehicle: SHD4291J.

Sketch Plan #5 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20190505/2081

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

3 of 3

Report No. T/20190505/2081

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 NURBIHAYAT BIN ABDUL JALIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/05/2019 18:19

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP168