## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/09/2019 15:51
Date Of Accident	05/09/2019 16:15
Exact Location Of Accident	JLN TAN TOCK SENG TO MOULMEIN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN6514S
Insured/Policyholder	
Name Of Registered Owner	SHIN AUTOMOBILE & TRADING PTE LTD
Co Reg No	201332279W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92966145
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112071196
Cover Note Number	-
Driver	
Name of Driver	MOHAMED IDROS BIN ABDUL RAHMAN
NRIC No	S6922273J
Date Of Birth	25/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91940475
Fax Number	

**NOEMAIL** 

Address BLK 34 JLN BAHAGIA #08-222

Postcode

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?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

: UNKNOWN

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

#### **Circumstances of Accident**

I WAS TRAVELLING ALONG JLN TAN TOCK SENG, I STOP AT THE SLIP RD TO CHECK TRAFFIC ON THE MAIN ROAD, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I REALIZED VEH B HIT ONTO MY VEH REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGQ1500U

Vehicle Make/Model/Colour

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Address

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NO

2

NO

YES

NO

2

NAME:

If Yes, against whom?

**Details Of Properties** 

Vehicle Category

**Contact Number** 

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name MOHAMED IDROS BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN6514S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### Accident Sketch Plan

## SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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 he 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)
  - (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 proagents(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, ivestigation 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 is not the policyholder)

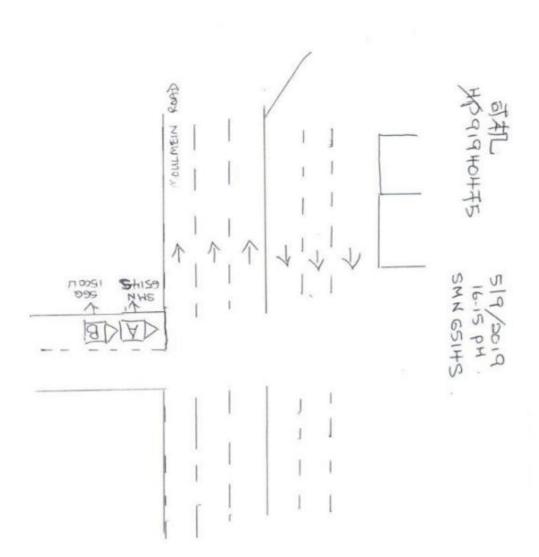
Reporting Cer nel's Signature

NRIC/FIN No.:

# **Accident Sketch Plan**

SKETCH PLAN	
Please	
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	Refer
	4.
/	Sketo h
DESCRIBE CIRCUMSTANCES	DE THE ACCIDENT
JESCHIBE CIRCUMSTANCES	OF THE ACCIDENT
n.,	Refer to statement
Please	Refer to statement
DECLARATION	
	iculars are true in every respect.
	170
	( unhand
Policyholder's Signature	Dever's Signaluse Reporting Centre Personnel's Signature
Date & Time:	() driver is not the policyholder) Name: Date & Time: MRIC/FIN No.:

# **Accident Sketch Plan**



## **ACRA**

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)



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Date: 31/10/2018 Business Profile (Company) of SHIN AUTOMOBILE & TRADING PTE. LTD. (201332279W) The Following Are The Brief Particulars of j Registration No. 201332279W Company Name SHIN AUTOMOBILE & TRADING PTE. LTD Former Name it any corporation Date Company Type EXEMPT PRIVATE COMPANY LIMITED BY SHARES Status Live Company Status Date 01/12/2013 Principal Activities RETAIL SALE OF MOTOR VEHICLES EXCEPT MOTORCYCLES AND SCOOTERS (47311) Description HETAIL BALE OF NEW & USED MOTOR VEHICLES & PROVIDE RELATED MOTORING SERVICES PASSENDER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (48219) Activities (II) Description CAR RENTAL & LEASING, UBER & GRAB CAR SERVICE SINGAPORE, DOLLARS 500000 500000 \* Number of Shares includes number of Treasury Shares Paid-Up Capital Number of Shares Currency (AMOUNT) SINGAPORE DOLLARS CROINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares Currency

Authentication No.: D18779325T

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## **ACRA**



ACRA

20/10/2017 Authentication No.: O18779325T

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## INFORMATION RESOURCES

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Business Profile (Company) of SHIN AUTOMOBILE & TRADING PTE. LTD. (201332279W) Date: 31/10/2016 Registered Office Address 15 KAKI BUKIT ROAD 4 #01-46 BARTLEY BIZ CENTRE SINGAPORE (417808) Date of Address 29/10/2015 Date of Last AGM 31/05/2018 NA test for ever 05/06/2018 FYE As At Date of Last Aft 30/11/2017 Audit Firms NAME THE STREET T&C PARTNERS Charges of an Stational Law South Charge No. Date Registered SING INVESTMENTS & FINANCE LIMITED Officers/Authorised Representative(s) Name Address CHAN ZI KAI (ZENG ZIKAI) SINGAPORE CITIZEN S8410161C **OSCARS** 01/12/2013 10A BENDEMEER ROAD #08-109 BENDEMEER LIGHT SINGAPORE (331010) TAN PENG SONG 515227198 SINGAPORE CITIZEN OSCARS 01/12/2013 8 HILLSIDE TERRACE SINGAPORE (548903) Director KEN WONG LIANG WEE (HUANG LIANGWEI) \$72075868 SINGAPORE CITIZEN ACRA 01/12/2013 331 TAMPINES STREET 32 #06-462 SINGAPORE (520331) Director SINGAPORE CITIZEN HEN WONG LIANG WEE (HUANG LIANGWEI) S7207586B

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