MSME19165526 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 16/12/2019 17:17 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 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	16/12/2019 17:17
Date Of Accident	15/12/2019 16:30
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 4 TWDS PIE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN6377U
Insured/Policyholder	
Name Of Registered Owner	DAHLIA BINTE MAHMOOD
NRIC No	S06828771
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92980504
Alternative Phone No	OFFICE-92980504
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY
Exact Purpose for which vehicle was being used at time of accident	t
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110147179
Cover Note Number	
Driver	
Name of Driver	HELMY BIN OMAR SA'AID
NRIC No	S7615385Z

NRIC No 27/04/1976 Date Of Birth **INDOOR** Occupation 18/04/2011 Date Of Driving Pass

8 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-92980504 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address 5 LUCKY VIEW

Postcode 1646 Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

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 RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

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Police Station Name BEDOK NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 15 BEDOK SOUTH ROAD #01-117, POSTCODE: 460015,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2419999 - FAX NO: 64431687

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG CHANGI AIRPORT TERMINAL 4 TWDS PIE ON 15/12/2019 AT 1630HRS. TRAFFIC WAS HEAVY. I WAS DRIVING SLOW. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

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 SFW7007T

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category PRIVATE CAR

Name of Driver FOONG KENG KIAT KENNETH

NRIC/Passport Number S8814581Z Contact Number 92700906

Address Postcode Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
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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 ٠,٠
- 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:

- 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
- 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.
- 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 Signatur

Date & Time

Driver's Signature

(if driver is not the policyholder)

Date & Time:

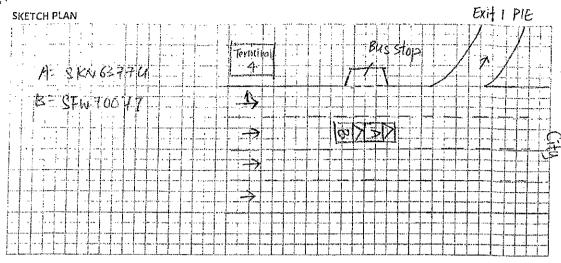
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

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Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

× Daple Mahmood

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.:

Sketch Plan #3 Pg. 1

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that <u>Helmy Bin Omar Sa'Aid</u>, <u>NRIC</u>: <u>S7615385Z</u>, <u>Tel: 92980504</u> has reported to the Police a non-injury traffic accident which occurred at <u>ECP twds city after Airport T4 before PIE EXIT</u> on <u>15.12.2019</u> at <u>1630hrs</u> a.m. involving the following vehicles:-

i) SKN6377U (Complainant vehicle)



- ii) SFW7007T
- If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SI T00415 FOO CHIH SOON

Date: <u>15.12.2019</u> Time: <u>2140hrs</u>

Station Diary ref: 045 /4.
Police Post/Unit: Bedok NPP

Original -Duplicate - to be issued to informant to be submitted to Traffic Police

CONFIDENTIAL

version as of 15 Sep 2000

Bedok NPP Block 15 Bedok South Road #01-117 Singapore 460015 Tel: 1800-2419999

