MSME20028312 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 04/03/2020 15:19 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 <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.

and accurate		
The State of the State of Stat	ACCIDENT STATEMENT	
Date Of Report	04/03/2020 15:19	
Date Of Accident	03/03/2020 11:15	
Exact Location Of Accident	WOODLANDS CAUSEWAY LINK (MALAYSIA)	
Country/State of Loss	SINGAPORE	
The Report of the Section of the Sec	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMR5509T	
Insured/Policyholder		
Name Of Registered Owner	SHARIZAM BIN SALLEH	
NRIC No	SXXXX785G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98326481	
Alternative Phone No	OFFICE-98326481	
Vehicle Particulars		
Manufacturer	HONDA	
Model	SHUTTLE	
Exact Purpose for which vehicle was being used a 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	5115476013	
Cover Note Number		

## Driver

Name of Driver SHARIZAM BIN SALLEH

NRIC No SXXXX785G
Date Of Birth 04/07/1991
Occupation OUTDOOR
Date Of Driving Pass 19/09/2014

Driving Experience 5 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98326481

Fax Number

Contact Number OFFICE-98326481

EMail Address NOEMAIL

Address

BLK 423 YISHUN AVE 11 #10-540

Postcode

760423

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

**OWNER** 

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)

2

involved in the accident

Was any body injured in the Accident?

NO

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)

4

Passenger 1

NAME:

: NUR AMIRAH

GENDER:

: FEMALE

Passenger 2

NAME:

: NUR AFIDAH

GENDER:

: FEMALE

Passenger 3

NAME:

: NUR NOORAIAYA

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG WOODLANDS CAUSEWAY LINK TOWARDS MALAYSIA ON LANE 2. DUE TO THE HEAVY TRAFFIC, FRONT VEHICLE STOPPED, I FOLLOWED SUIT (STATIONARY). SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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

SJP6574T

Vehicle Make/Model/Colour

VEHICLE B

**Details Of Properties** Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

### 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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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: NBIC/FIN No.:

CAS GARAGE

# Sketch Plan #2 Pg. 1

SKETGH PLAN			1 1
	80		
			A-SMRSSDAT
5 to 7(w)			B-22612141
1000 A D	BA		B-22162-A
Lood 19nds		line	
DESCRIBE CIRCUMSTANCES OF	Woodlands Cansenay		
DESCRIBE CITICOTTO	ravelling along wood land	ds Causeway Link	
			o fre
Towards /	Malaysia on lane 2. I	The 10 the ready (1	
front Vehic	de Stopped. I follow !	auf (stationary) Sud	denly
Vahîde B	hit outo my vehicle	rear portion.	
DECLARATION			
I/We declare the foregoing particula	ars are true in every respect.		
Mn.	W.		
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's : Name: NRIC/FIN No.:	Signature

Page 5 of 14