

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 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	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

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SMR5509T
<b>Insured/Policyholder</b>	
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 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	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) involved in the accident	2
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	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

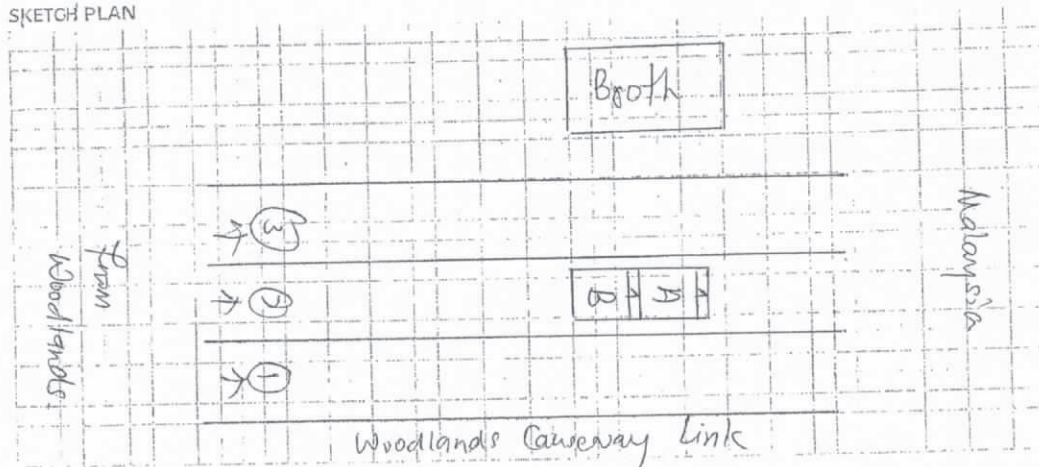
No. Of Passenger (Including Driver)





## Sketch Plan #2 Pg. 1

### SKETCH PLAN



A-3MR5509T

B-5JP6574T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

I was travelling along Woodlands Causeway Link  
Towards Malaysia on lane 2. Due to the heavy traffic  
front vehicle stopped, I follow suit (stationary). Suddenly  
vehicle B hit onto my vehicle rear portion.

### 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.: