

MSME230475A? - SAME Motor Policy - Kaki Bukit
 ENTRY DATE & TIME: 22/05/2020 16:22
 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 willful misrepresentation or withholding of material facts may allow insurance companies to renege policy liability.
4. The sale 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 22/05/2020 16:22
 Date Of Accident 22/05/2020 09:45
 Exact Location Of Accident BUKIT BATOK RD TWDS JURONG EAST CENTRAL
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY6286C
Insured/Policyholder
 Name Of Registered Owner MOHAMED JOFFRI BIN ISMAIL
 NRIC No SXXXX391E
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-91542157
 Alternative Phone No OFFICE-91542157

Vehicle Particulars

Manufacturer KIA
 Model CERATO FORTE

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 5116875145
 Cover Note Number

Driver

Name of Driver MOHAMED JOFFRI BIN ISMAIL
 NRIC No SXXXX391E
 Date Of Birth 23/09/1970
 Occupation INDOOR
 Date Of Driving Pass 20/05/2017
 Driving Experience 3 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91542157
 Fax Number
 Contact Number OFFICE-91542157
 EMail Address NOEMAIL

Address BLK 605 SENJA ROAD #06-43
 Postcode 670605
 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) 3
 Passenger 1 NAME: : HARLINA
 GENDER: : FEMALE
 Passenger 2 NAME: : SOFYANN HYRIE BIN MOHAMED JAFFRI
 GENDER: : MALE

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

TRAFFIC LIGHT TURNED RED. I BRAKE AND STOPPED. OUT OF SUDDEN, VEHICLE B (SJT9112C) COULD NOT STOP IN TIME AND 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 SJT9112C
 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 Pg. 1

SKETCH PLAN


IMPORTANT NOTICE


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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 (colled vely 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:


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

UNIMOTOR

Sketch Plan #2 Pg. 1

SKETCH PLAN

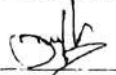


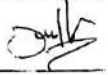
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


TRAFFIC LIGHT TURN (RED) STOP I BRAKE AND STOPPED
OUT OF SUDDEN VEHICLE (B) SJT9112C CANNOT STOP IN TIME
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.:

Ref:

Name :

Address :

Contact No. :


LETTER OF AUTHORITY TO UNIMOTOR COMPANY

CLAIMANT: _____

ACCIDENT INVOLVING SY46286C **AND** _____

ON _____ **ALONG** _____

1. I hereby irrevocably appoint **UNIMOTOR COMPANY** to be my agent in respect of my claim.
2. My agent is authorised to conduct the following:
 - (a) To receive and keep records of all correspondences including Letter of Demand between my lawyers and 3rd party insurers pertaining to the conduct of my claim until my claim is settled. I will liaise with my agent and/or contact my lawyers directly if I require to have sight and/or record of any of the correspondences.
 - (b) To give instructions to commence legal proceedings in court in my name against the third party driver and/or his employers, if applicable.
 - (c) My said agent also has my authority to decide on my behalf whether to accept any offer of settlement from the third party and/or his insurers.
3. I understand and accept that until I revoke my said agent's authority in writing to you, I am bound by all instructions given by my said agent to you.



SIGNATURE
NAME OF AUTHORISED SIGNATORY

DATE

COMPANY STAMP: