MVA32 03355 / VAC - Kaki Bukit
ENTRY DATE & TIME: 22/06/2020 16:13
SUBMITTED BY: Norhaini Bte Abdul Majid

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.

ACCIDENT STATEMENT

Date Of Report	22/06/2020 16:13
Date Of Accident	21/06/2020 20:30
Exact Location Of Accident	ADAM ROAD (BESIDE SPC PETROL STATION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP6729D
Insured/Policyholder	
Name Of Registered Owner	OWESOME RENTALS PTE LTD
Co Reg No	2XXXXX835N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85497712
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	YES
Policy Number	5117883794-000018 CLASSIC
Cover Note Number	
Driver	
Name of Driver	ABDUL RASHID BIN HASHIM
NRIC No	SXXXX572B
Date Of Birth	18/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85497712
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 365 WOODLANDS AVENUE 5 #11-498
Postcode	730365
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	SIDE SWIPE
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?	YES
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)	1

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

REFER TO SKETCH PLAN ATTACHED

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	SMC7075T
Vehicle Make/Model/Colour	SUBARU /FORESTER 2.0I-L CVT AWD SR
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)	

DETAILS OF INJURED PERSON 1

Name	ABDUL RASHID BIN HASHIM

Approximate Age	55
Injuries Sustain	BACK & NECK PAIN
Injured person in which vehicle?	SMP6729D
Wereseat belts worn?	
Was his injured conveyed to hospital by ambulance?	NO
Address	BLK 365 WOODLANDS AVENUE 5 #11-498
Postcode	730365

SKETCH PLAN

IMPORTANT NOTICE

[illegible]

Consent under the Personal Data Protection Act (PDPA)

[illegible]

(a) My insurer, my vehicle's insurer or 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) [illegible]

(ii) [illegible]

(iii) carrying out and/or dealing with my instructions or responding to any matter 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 being sent openly with the same as well as on the external cover of envelope/mail package(s) and/or

(v) complying with applicable law and regulations [illegible] Purposes);

(b) all insurer(s) or [illegible]

(c) [illegible]

(d) [illegible]

(e) [illegible]

(i) total outsourcing [illegible] regulators, law enforcement and government agencies or contractual [illegible]

(ii) for complying with requirements under any regulations, laws or court orders

ONESOME RENTALS PTE. LTD. Reg No 201701633H

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacfb@singtel.com.com.sg

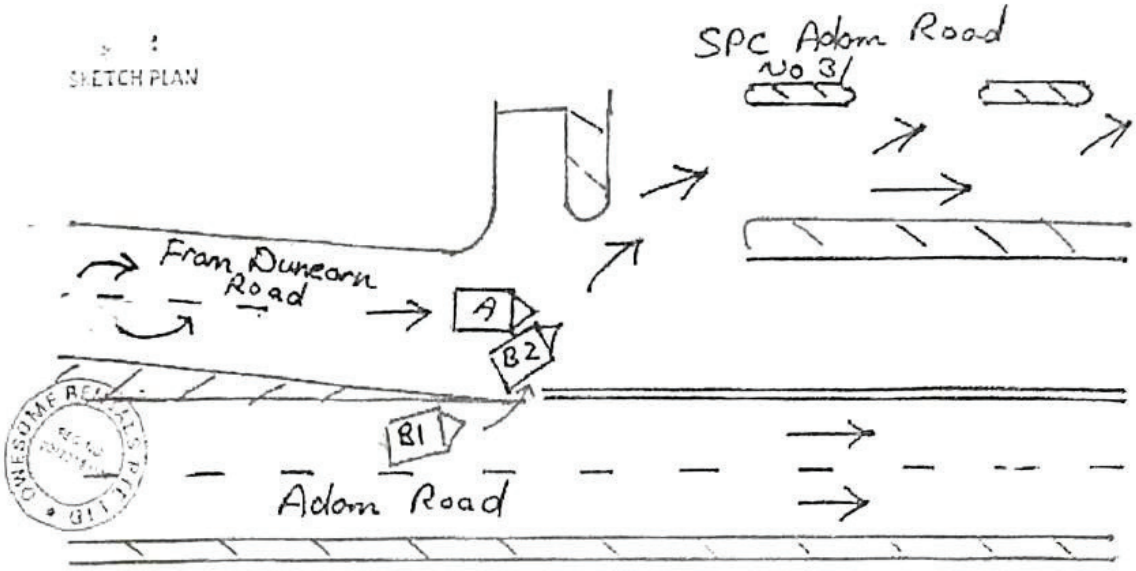
Policyholder's signature
Date & Time

[illegible]
Witness's signature
Date & Time 22 JUN 2020

[illegible]
Name
NRIC No

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/06/2020 at about 2030 hrs at along slip road from Dunearn Road merging towards Adam Road, I was travelling on the above mentioned slip road and when coming towards the SPC Petrol Station, a vehicle (B) along the extreme Left Lane of Adam Road veered into my Lane across the double white line while trying to enter into the SPC Petrol Station without proper lookout and hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle.

(A) SMP 6729 D
(B) SMC 7075 T

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I, [illegible] hereby declare that the information given herein is true and correct.

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22 JUN 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: [illegible]@[illegible].com.sg
Name:
NRIC/FIN No.: