


ASSIGNMENT

TEST:

	
N/S	O/S

Front	Rear
R/Bal. <u>06</u> mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm	L/Bal. <u>06</u> mm
D.O.A. _____	D.O.I. <u>28/07/20</u>
Survey held at	MG Solution.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	TP Chinn.
	MV :
	PV :
	Nett.

Date/Time, File Pass to? ☐ : Preli. Report
 I) ☐ : Final Report

Date/Time: File Return to?2)

Report Found :

LONG TERM: 10

Days Of Repair:Resurvey No. of Trip:Add Fee: : Site Insp (\$

□: Interview (3)

Tech. Inv. 6

Marland, G.

Survey Fee:Transportation:

Flotos

} GütersTEST:

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	28/07/2020 11:55
Date Of Accident	27/07/2020 16:15
Exact Location Of Accident	SLIP ROAD FROM BUONA VISTA FLYOVER TO AYE (CITY)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMS2109D
Insured/Policyholder	
Name Of Registered Owner	SYED EESZADH BIN SYED YAHYA ALSAGOFF
NRIC No	SXXXX051G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96543466
Alternative Phone No	OFFICE-96543466
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR
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	5116281830 CLASSIC
Cover Note Number	
Driver	
Name of Driver	SOFIAH HUSSEN ALHAMID
NRIC No	SXXXX511Z
Date Of Birth	18/04/1980
Occupation	INDOOR
Date Of Driving Pass	24/08/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96543466
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 51 CHAI CHEE STREET #02-312
Postcode	460051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : FAUZIAH
	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

REFER TO SKETCH PLAN ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH8480Z
Vehicle Make/Model/Colour	HONDA /FREED HYBRID 1.5G AUTO
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKM5497T
Vehicle Make/Model/Colour HYUNDAI ELANTRA
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE2938G
Vehicle Make/Model/Colour RENAULT/KANGOO II EXPRESS 1.5L DCI 90 BHP MT 6DR
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 SOFIAH HUSSEN ALHAMID
Approximate Age
Injures Sustain BACK & NECK PAIN
Injured person in which vehicle? SMS2109D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address BLK 51 CHAI CHEE STREET #02-312
Postcode 460051

DETAILS OF INJURED PERSON 2

Name FAUZIAH (PASSENGER)
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SMS2109D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. You must **correctly** state details of the accident to complete this report.
2. The claim 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 relevant facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies **does not constitute policy liability** on the part of the insurance companies.
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 to interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the display of this report on the website of the insurers and 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 be 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 carrying out my claim, including the investigation and/or settlement of my claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to my enquiries by me;
 - (iv) administering my claim including the making of a claim, for the settlement of my claim, to any insurer(s) who have insured vehicle(s) involved in this accident, which could involve disclosure of certain personal data/personal information to the insurer(s) who have insured vehicle(s) involved in this accident, or to external users of my personal data/personal information;
 - (v) compiling and/or processing my personal data/personal information for the purpose of my insurance policy.
- Purposes:

- (b) I hereby give my consent to the use of my personal data/personal information for the purposes of my insurance policy, including the purposes of my insurance policy, and I agree to the use of my personal data/personal information for the purposes of my insurance policy.

I understand that my personal data/personal information may be used for the purposes of my insurance policy, and I agree to the use of my personal data/personal information for the purposes of my insurance policy.

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IDAC KAKI BUKIT (Y&C)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@idac.com.sg

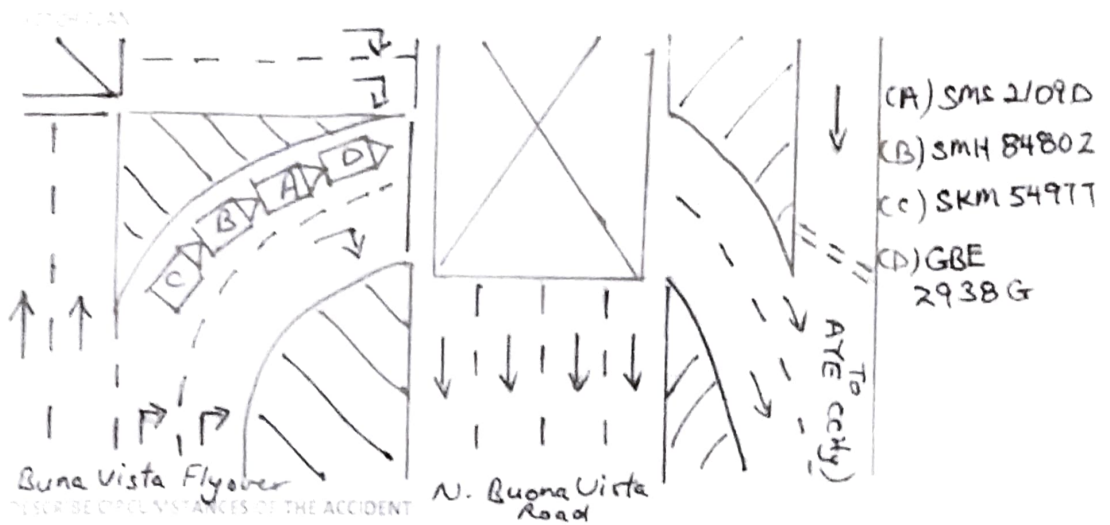
Signature of the Insured Party's Signature

Name

Address

28 JUL 2020

Sketch Plan #2



on 27/07/2020 at about 1614 hrs at Slip Road from
Buona Vista Flyover towards AYE (City). I was travelling
on the extreme left lane and when my front vehicle (D) slow
down and stop before the 'RED traffic' light hence I follow
suit and come to a complete stop. Suddenly I felt a great
impact from the Rear and the impact forced my Vehicle (A)
forward to hit onto the Rear Portion of Vehicle (D). When I
alighted, I realised that it was Vehicle (B) who hit onto my
Rear Portion of my Vehicle (A) causing damages to my vehicle.
It was a chain collision of total 4 vehicles involved.
I have one passenger inside my vehicle.

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

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

28 JUL 2020