

MSME20066210 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 05/08/2020 17:05
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 05/08/2020 17:12

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	05/08/2020 17:05
Date Of Accident	31/07/2020 23:30
Exact Location Of Accident	PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW2770T
Insured/Policyholder	
Name Of Registered Owner	EAZI CAR LEASING & MARKETING PTE LTD
Co Reg No	2XXXXX161E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90670647

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE

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	THIRD PARTY
Fleet Policy	NO
Policy Number	5116883852-000006
Cover Note Number	

Driver

Name of Driver	SHARIFUDIN BIN AHMAD
NRIC No	SXXXX878C
Date Of Birth	21/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1997
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90670647
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 372 TAMPINES ST 34 #10-26
Postcode 520372
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 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? 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) 6

Passenger 1
NAME: : RHAZALI
GENDER: : MALE
Passenger 2
NAME: : SHAHZAD
GENDER: : MALE
Passenger 3
NAME: : SYAZIAH
GENDER: : MALE
Passenger 4
NAME: : AMIRAH
GENDER: : FEMALE
Passenger 5
NAME: : ZALINAH
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20200801/7004.

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 SH9490S
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category TAXI
Name of Driver GOH MUI CHAY
NRIC/Passport Number SXXXX971B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHARIFUDIN BIN AHMAD
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGW2770T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RHAZALI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGW2770T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name SHAHZAD
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGW2770T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 4

Name SYAZIAH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGW2770T
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 5

Name AMIRAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGW2770T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 6

Name ZALINAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGW2770T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.(collectively the "Purposes")
- (b) all insurers(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.

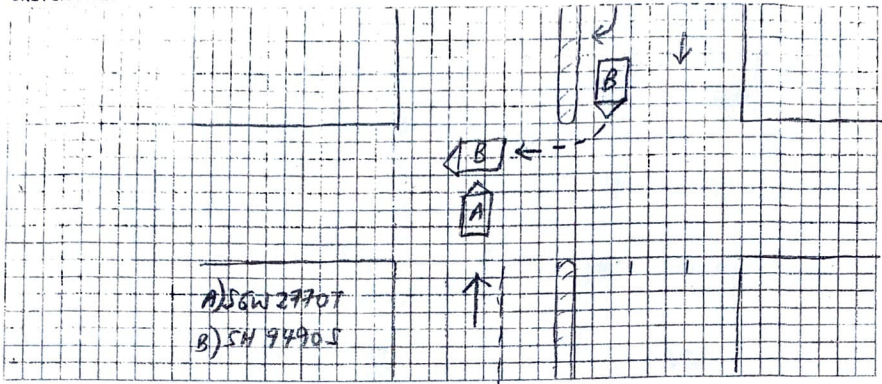
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls. refer to Police Report

DECLARATION

I/We declare that the particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

5/8/20



SINGAPORE POLICE FORCE



T/20200801/7004

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200801/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2020 02:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHARIFUDIN BIN AHMAD			Address: 372 TAMPINES STREET 34 #10-26 SINGAPORE 520372		
ID Type / ID No.: NRIC NO / S7213878C			Contact No.: Home/Office: Mobile: 90670647		
Nationality: SINGAPORE CITIZEN			Email: prodigyprincipal@gmail.com		
Sex: Male	Age: 48	Date of Birth: 21/04/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Freelance			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2020 23:30	Type of Location: Straight Road
Location: PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGW2770T	Car					5
SH9490S	Car			Blue	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20200801/7004

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200801/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHARIFUDIN BIN AHMAD	ID No.	S7213878C
Related Vehicle	SGW2770T (Car)	Contact No.	90670647
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	31/07/2020	Date	31/07/2020
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving my vehicle with my family's in my vehicle plate number (SGW 2770 T) together with 5 passengers along punggol road beside saint Anne church.

The traffic was green and I going straight suddenly a taxis plate number (SH9490S) from the opposite direction intended to make a right turn never stop and hit the front of my vehicle.

After the accident I came down and exchange particular and the taxis leave the scene.

I went to intemedical 24hour clinic and see doctor cause I suffer injury due to the accident and doctor given me 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20200801/7004

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Report No. T/20200801/7004

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/08/2020 02:54

Classification Of Case:

Authentication Stamp
NP168