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CA / REV	/ REP. / 24 HRS	Vehicle: IN / OUT			7	
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MVA320076152 / VAC - Kaki Bukit ENTRY DATE & TIME: 04/09/2020 09:23 SUBMITTED BY: Norhaini Bte Abdul Majid

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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

	ACCIDENT STATEMENT
Date Of Report	04/09/2020 09:23
Date Of Accident	03/09/2020 12:10
Exact Location Of Accident	ROUNDABOUT OF JALAN BUROH / JURONG PIER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF COMMUNICATION

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SME347U** 

Insured/Policyholder

Name Of Registered Owner SG CAR RENTAL PTE. LTD.

Co Reg No 2XXXXXX011H **Email Address NOEMAIL** 

Mobile Phone No

Alternative Phone No OFFICE-63441918

Vehicle Particulars

Manufacturer **HONDA** 

Model SHUTTLE HYBRID 1.5 AUTO

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?

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 5117854864-000011 CLASSIC

Cover Note Number

Driver

Name of Driver FOO SEE KIANG NRIC No SXXXX448I Date Of Birth 17/08/1959 Occupation **OUTDOOR** Date Of Driving Pass 30/10/1979

**Driving Experience** 40 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97559921

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address

BLK 121 PASIR RIS STREET 11 #11-467

Postcode

510121

Was driver an employee of the Insured's Company

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

AFTER RAIN

Road Surface

WET

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 NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 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

XD3882X

Vehicle Make/Model/Colour

SCANIA/P340CB6X4MHZ

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

91116195

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**FOO SEE KIANG** 

61

**CHEST PAIN** 

SME347U

NO

BLK 121 PASIR RIS STREET 11 #11-467

510121

#### Sketch Plan

#### SKETCH PLAN

## 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
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 by interested parties.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

t 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 :
  - 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, involces, 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 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:
  - 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

(If driver is not the policyholder)

Date & Time. - 4 SEP 2020

IDAC KAKI BUKIT (VAC)

Reporting Centre Personners Senature 4 Singapore 415933

NRIC Teli 67416697 Fax: 67492305 Email: vackb@singnet.com.sa

## Sketch Plan #2

, SKETCH PLAN	<b>⊅</b>	
DESCRIBE CIRCUMSTANCE	Roundak and J	= SME 347U = XD 3882X Dout of Jalan Burph winning Pier Road
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	7
		/
	Refer to attache	A
	refer to attache	u
DECLARATION		
	iculars are true in every respect.	IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4
Palicyholoer's Signa Date & Time	Driver's Signeture III driver is not the policyholder Date & Time: -4 SEP 2020	Pepoding high period 2003 of the Pepoding high period 2005 of the Peri

### Sketch Plan #3

On 03.09.2020 at about 12:10 hours at Roundabout of Jalan Buroh and Jurong Pier Road. I was travelling straight on the lane 2 at the abovementioned roundabout.

Suddenly I heard a loud bang and felt an impact. As a result, my vehicle (A) swiped to the right by the great impact. When I alighted I realised vehicle (B) collided onto right hand side portion of my vehicle (A).

Vehicle (A): SME 347U

Vehicle (B): XD 3882X

# **TEO HIN TYRES**

## 11 KAKI BUKIT ROAD 1 #01-01 EUNOS TECHNOLINK SINGAPORE 415939 TEL:67455711

Work Order:

R004505

Company:

DYNAMIC AUTOWORK

License:

Date

SME 347 U

3.9.20 17:30

Factory Japan 2019.0.1 : Honda : Shuttle : GK8

Front : Left

Actual	Before	Specified Range
-0°35'		-1°00' 1°00'
3°13'		4°00' 6°00'
-0°10'		-0,09, 0,09,
13°32'		
12°56'	1	

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right		
Actual	Before	Specified Range
-0°16'		-1°00' 1°00'
4°01'		4°00' 6°00'
0°14'		-0.09. 0.09.
12°27'		
12°11'		

### **Front**

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
-0°19'		-1°00' 1°00'
-0°47'		
1°05'		
0°03'		-0°17' 0°17'

Rear: Left

Specified Range	Before	Actual
-2°45' -0°45'		<b>-0</b> °58'
0°00' 0°17'		0°40'

Camber Toe

Actual	Before	Specified Range	
-3°00'		-2°45' -0°45'	
-0°44'		0°00' 0°17'	

Rear: Right

## Rear

Cross Camber Total Toe Thrust Angle Axle Offset

Actual	Before	Specified Range
2°02'		-1°00' 1°00'
-0°04'		0°00' 0°34'
0°42'		
0mm		