

Tangkh

REF: CS3/LPC20013977/TIT f3.

WE 2077 Feb

Veh No: SGR 2532R . Yr Regn: 2007 Feb

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Prose C.C. 2788

Colour Blue A/C: Insured / Std / NI / NA

Sp. Reading 7/5/19 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN/TA 4317 000 5265

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

N/S	O/S

Tyre Size: F: 715/65R16

R: 7' 7.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO/YOKO or

Front Rear

P/Ba	6	P/Ba	6	mm
------	---	------	---	----

1/P-1 1 1/P-1 1

17/10/16

Vehicle: IN / OUT

DATE: _____ FROM: III/1/20

Survey held at FLA RMD

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

☐: Preli. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1) $S + RS \rightarrow SI$

i) Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

	Tech. Invs (\$		
--	----------------	--	--

Rep-Format :

Lung Seen / L.E.: 1%



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 Submission	14/12/2020 16:16 (SGT)
Date of Accident	12/12/2020 15:30 (SGT)
Exact Location of Accident	501 Jurong West Ave 1, Singapore 640501
Additional Location Information	ALONG JURONG WEST AVE -2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR2532R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FARIDAH BINTE ABDUL KARIM
NRIC No	SXXXX825J
Email Address	idahkarim@gmail.com
Mobile Phone No	(Phone) +65-96809653
Alternative Phone No	+65-97152585

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Presage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5077296224-04
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD FARIS BIN YAZID
NRIC No	1XXXX070B
Date Of Birth	13/02/2002
Occupation	Indoor

Date Of Driving Pass	06/11/2020
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97152585
Alt. Phone Number	-
Email Address	idahkarim@gmail.com
Address	BLK 666A JURONG WEST STREET 65 #06-197
Address complement	-
Postcode	641666
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FARIDAH
Gender	Female

PASSENGER 2

Name	FATINI
Gender	Female

PASSENGER 3

Name	YAZID
Gender	Male

PASSENGER 4

Name	FAIZ
Gender	Male

PASSENGER 5

Name	FAZIL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED COPY

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

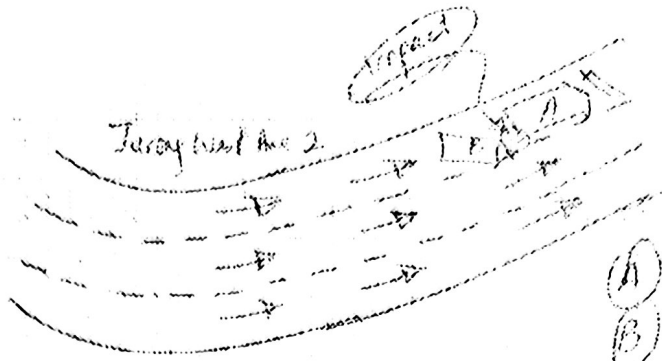
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4475G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ENG TECK SOON
NRIC No	SXXXX372Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LEFT FRONT PORTION
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FARIDAH
Address	BLK 666A JURONG WEST STREET 65 #06-197
Address Complement	-
Post Code	641666
Approximate Age Years Old	-
Injuries Sustained	REFER REPORT
Injured person in which vehicle?	SGR2532R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



(A) 86R0332R
(B) PC44786

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12th of December at about 1530 hrs, I was driving along Jersey Turnpike 2 on the extreme left lane. I stopped my vehicle upon seeing the accident in front. A few seconds later, while my car ^{was} ~~was~~ continuing, I got hit by the car from the back, damaging the right rear portion of the car.

~~Supermarket accident~~

2 vehicles involved and exchanged particulars. Passenger is not feeling well and may be seeking medical attention.

DECLARATION

I hereby declare the foregoing particulars are true in every respect

Policyholder's signature
Date & Time 14/12/2020
08 15 am

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

Reporting Officer's signature
Name
Date & Time

14/12/2020

SKECH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and/or the Authorized 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 repudiate policy liability.
4. The issue and completion 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. The report will be forwarded by the Insurer of the GIA Road Accident Agency 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 including of this report of 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 the 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 claim, including the settlement of the claim and any necessary investigations relating to the claim;
 - (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, reviews, 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/post 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 purpose(s); and
- (c) my Personal Information may/are be disclosed by any of the insurers and/or GIA to their third party claims adjuster or agent(s) 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 for 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 exist in a unified, confidential, non-exclusive manner, regulatory, law enforcement and government agencies, as may/are authorized for the purpose(s) of this form;
 - (ii) for complying with requirements under any regulations, laws or court orders;

Policyholder's Signature

Date & Time

14/1/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time

14/1/2020

08:15 AM

Authorized Person's Signature

Date & Time

14/1/2020