SN0920CH000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/12/2020 18:52 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (17/12/2020 18:52 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 17/12/2020 18:52 (SGT) Date of Accident 04/11/2020 11:10 (SGT) Exact Location of Accident Tampines Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SGY5741Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner M AUTO LEASING PTE LTD Company Reg No 2XXXXX087Z **Email Address** MUHDFAUZAN@GMAIL.COM Mobile Phone No (Phone) +65-84999830 Alternative Phone No +65-81450033

VEHICLE PARTICULARS

Manufacturer

Model Sunny Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5117974478 Cover Note Number

DRIVER

Name of Driver MUHAMMAD FAUZAN BIN RAMLAN NRIC No SXXXX839H Date Of Birth 19/06/1992 Occupation Outdoor

Date Of Driving Pass 24/06/2020 Driving experience 5 MONTHS Gender Male Mobile Number (Phone) +65-84999830 Alt. Phone Number Email Address MUHDFAUZAN@GMAIL.COM Address BLK 427 BEDOK NORTH RD #03-645 Address complement Postcode 460427 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Side Swipe Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20201126/2032 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 **GBE7413X**

 Vehicle Registration Number
 GBE7413X

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver

 Contact Number



Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

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 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 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:
 - (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:

(If privet is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN
PIE CTUAS)
B- GBE 7413 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT TAMPINES AVES
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT TAMPINES AVES
I was travelling of about 50 km/hr and due to the mention condition, the vehicle acidded, and collided on the right side of the other Delvicle Seaving Law plate (GBE7413X).
CLARATION Specialize the foregoing particulars are true in every respect. Driver a Signature Reporting Centre Personnel's Signature



















Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

1 of 3 Report No. T/20201126/2032

REPORT OF A TRAFFIC ACCIDENT

	me Report 020 12:56	Made:	Vide Report No.:	Station Diary No.
Informa	ant's Partic	ulars		
	f Informant MMAD FAU	ZAN BIN RAMLAN	Address: APT BLK 427 BEDOK 460427	NORTH ROAD #03-645 SINGAPORE
	/ ID No.: O / S92228	39H	Contact No.: Home/Office:	Mobile: 84999830
Nationa SINGAF	lity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 28	Date of Birth: 19/06/1992	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupat FIELD E	ion: NGINEER		Driving Licence Informa Class: 3A	ation: Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2020 11:10	Type of Location Bend
Location: TAMPINES A Weather: Drizzling	VENUE 5	Road Surface: Wet	R	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:
Type of Collis	ion:			nyone conveyed by

Details of V	ehicle Invo	lved	· · · · · · · · · · · · · · · · · · ·			of the Market Street
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBE7413X	Van	ТОУОТА	HIACE 3.0 M	White	Slightly Damaged	0
SGY5741Y	Car	NISSAN	SYLPHY 1.5 4AT	Grey	Seriously Damaged	0





Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999 CONTINUATION OF REPORT

2 of 3 Report No. T/20201126/2032

Brief Details.

On the 04/11/2020 at about 1110hrs, I was driving my rental vehicle (SGY5741Y) along Tampines Avenue 5 turning onto PIE (TUAS). I was driving at the bend and there were 2 lanes. I was driving on the right lane and there was a van (GBE7413X) driving right beside me on the left.

I was driving at about 50km/h and due to the wet road conditions, the car skidded and my car skidded onto the left side crashing into the right side of the van. I immediately got off and checked on the driver. Both of us are not injured and we exchanged particulars. I observed that my rental vehicle is badly damaged and the front bumper almost came off, as for the van, the van sustained slight damages to the left side slide door and also rear left wheel damaged.

I wish to state that there is no paramedics at scene, no traffic police and no government property damaged.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 3 Report No. T/20201126/2032

CONTINUATION OF REPORT

Sketch Plan	
nformant is not able to provide sketch plan	
PORTANT: Please attach a copy of your vehicle	's Insurance Certificate to this report. If you don't have
PORTANT: Please attach a copy of your vehicle e certificate with you now, please fax a copy to 6	's Insurance Certificate to this report. If you don't have 5474885 stating the report number as reference.
e certificate with you now, please fax a copy to 69	5474885 stating the <u>report number</u> as reference.
ignature Of Officer Recording The Report:	's Insurance Certificate to this report. If you don't have 5474885 stating the report number as reference. Signature Of Informant:
gnature Of Officer Recording The Report:	5474885 stating the <u>report number</u> as reference.
gnature Of Officer Recording The Report:	5474885 stating the <u>report number</u> as reference.
gnature Of Officer Recording The Report: / gt 2 TAN ZHI XIANG	Signature Of Informant:
gnature Of Officer Recording The Report: / gt 2 TAN ZHI XIANG gnature Of Interpreter:	Signature Of Informant: Date/Time:
gnature Of Officer Recording The Report: / gt 2 TAN ZHI XIANG gnature Of Interpreter:	Signature Of Informant:
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