SN0821210001-01 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 01/02/2021 09:55 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 2 (01/02/2021 10:02 (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.
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	01/02/2021 09:55 (SGT)
Date of Accident	30/01/2021 10:37 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS SLE NEAR LAMP POST 351
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1677D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Company Reg No	2XXXXX814M
Email Address	kscgp8@gmail.com
Mobile Phone No	(Phone) +65-92230326
Alternative Phone No	+65-92230326

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5109792828-01
Cover Note Number	-

DRIVER

Name of Driver	RAPIE BIN ANWAR
NRIC No	SXXXX248J
Date Of Birth	07/08/1956
Occupation	Outdoor

Date Of Driving Pass	24/02/1978
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92230626
Alt. Phone Number	-
Email Address	rinsanosaka@gmail.com
Address	BLK 165A TECK WHYE CRESCENT #11-329
Address complement	-
Postcode	681165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO SKETCH PLAN

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	GBD9930L
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NATARAJAN THIYAGARAJAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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**.
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. 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.
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.
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.

SH MOTOR PTE. LTD. UEN No. 201611814M

Policyholder's Signature / Date & Time

30-1-21

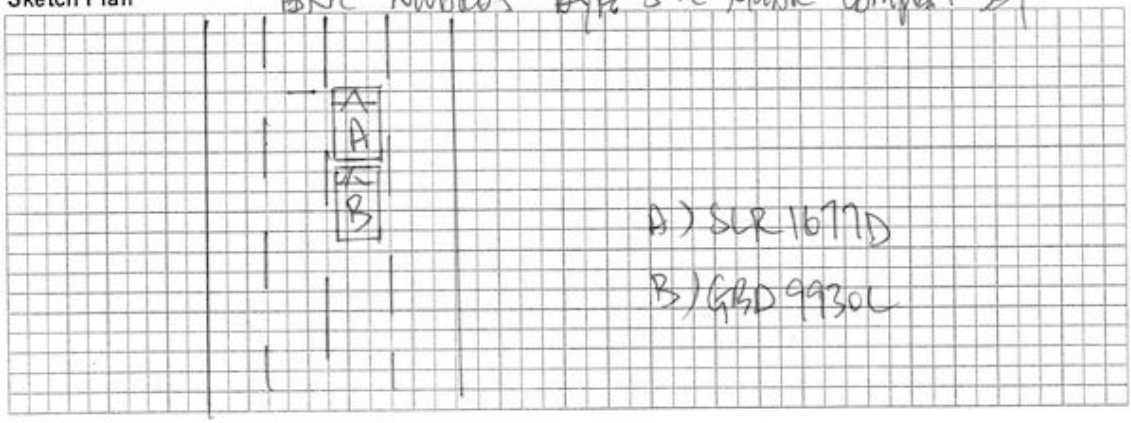
Driver's Signature (if driver is not the policyholder) / Date & Time

8/02/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

BKK TOWARDS ~~AYE~~ SLR MKAR COMPOST 351



Describe Circumstances of the Accident

ON 31/01/2021 AT ABOUT 10:37 HRS I WAS TRAVELLING ALONG BKE TOWARDS SLK NEAR COMPLEX 351. THE CAR INFRONT OF ME SLOW DOWN I TOO SUDDENLY I FELT A GREAT IMPACT FROM MY REAR A VAN GRO 9781L HAVE CAME INTO THE REAR OF MY CAR SLR1677D. NO ONE WAS INJURED.

Declaration

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

SHL MOTOR PTE. LTD. UEN No. 201611814M

Policyholder's Signature / Date & Time

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

30-1-21

Witnessed by Reporting Centre Personnel

01/02/2021

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9


360483
TRIP A 140.4
x1000r/min
km/h
P
R
N
D
2
1
AA00-02

IMAGES #11

IMAGES #12


PRIVATE HIRE
A172415

IMAGES #14

PRIVATE HIRE

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0821210001 Vehicle Registration No: SLR1677D

Name(as shown in NRIC) : KAPIK BIN ANWAR NRIC/FIN/Passport No : SXXXX248J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 92230626

Email Address :

Date of Accident : 30/01/2021 Time of Accident : 10:37

Place of Accident : BKE TOWARDS SLE NYAR Lompon 351

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED EMAIL ADDRESS : To KSCGP8 @ GMAIL.COM

Policyholder / Driver's Signature
Date:

01/02/2021
Reporting Centre Personnel's Signature
Name: