

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	15/02/2021 14:24 (SGT)
Date of Accident	14/02/2021 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI NORTH FLYOVER TWRDS PIE(CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1472P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NOORAINI ARIFFIN
NRIC No	SXXXX975G
Email Address	nextgen@singnet.com.sg
Mobile Phone No	(Phone) +65-90622451
Alternative Phone No	+65-90622451

VEHICLE PARTICULARS

Manufacturer	Opel
Model	OPEL / CROSSLAND X F12XHT AT
Variants	-
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	Comprehensive
Fleet Policy	No
Policy Number	5119742205
Cover Note Number	-

DRIVER

Name of Driver	FAZIL ABDUL RAHMAN
NRIC No	SXXXX382A
Date Of Birth	09/11/1965
Occupation	Indoor

Date Of Driving Pass	31/05/1991
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90025011
Alt. Phone Number	-
Email Address	nextgen@singnet.com.sg
Address	BLK 118 #01-148 MARSILING RISE
Address complement	-
Postcode	730118
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

REFER ATTACHED;

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	SLX4466U
Vehicle Manufacturer	Mitsubishi
Vehicle Model	MITSUBISHI / SPACE STAR 1.2 CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SIA TZE YIN
NRIC No	SXXXX137B
Contact Number	(Phone) +65-96810801
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

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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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

15 FEB 2021

Vehicle A: SMW 1472P

Vehicle B: SLX 4466U



Clementi North Flyover Turf Pie (Changi)

Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I VEHICLE A WAS
DRIVING STRAIGHT ALONG CLEMENTI NORTH FLYOVER
TOWARDS PIE (CHANGI). VEHICLE IN FRONT OF ME SLOW
DOWN & COMING TO STOP, I FOLLOW SUIT. SUDDENLY
VEHICLE B CANNOT STOP IN TIME & HIT INTO MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.



IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

15 FEB 2021

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	975G
Vehicle Details	
Vehicle No.:	SMW1472P
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Feb 2021
Vehicle Make:	OPEL
Vehicle Model:	CROSSLAND X F12XHT AT
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	10Z1AE0020001
Chassis No.:	W0V7D9EB2L4330002
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,816.00
Original Registration Date:	04 Nov 2020
First Registration Date:	04 Nov 2020
Transfer Count:	0
Actual ARF Paid:	\$9,816.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Nov 2030
PARF Rebate Amount:	\$7,362.00
Intended COE Rebate Details	
COE Expiry Date:	03 Nov 2030
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,334.00
COE Rebate Amount:	\$36,281.00
Total Rebate Amount:	\$43,643.00

The information contained herein is correct as at 15 Feb 2021

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Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 15 Feb 2021 / 13:42:47

Receipt Date/Time : 15 Feb 2021 / 13:42:47

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210215-002015

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLX4466U				
As at 14 Feb 2021/11:45:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLX4466U Enquiry Fee 20210215134150525790	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20210215134204162	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.