

VEHICLE NO: SMP5637S

MAKE & MODEL: Honda Shuttle

AUTO/MANUAL

DATE OF ACCIDENT	05/09/21	C.C. 1.5L
TIME OF ACCIDENT	18.45 hrs AM (PM)	
LOCATION OF ACCIDENT	Woodlands Ave 1	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Goblin Group Pte Ltd	Email: wayne.chew@goblin.com.sg
TELP NO	Mobile: 8884 9778	Office: Home:
NRIC	2019216196	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INSURANCE CO.	India International Ins	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO. Lim Chun Peng	
NRIC	S18162841	
DATE OF BIRTH	09/05/1967	
ANY PASSENGER	YES / NO: 2	
NAME OF PASSENGER		
GENDER OF PASSENGER	(MALE) / (FEMALE)	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	27/12/2006	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 93370878	Office: Home:
EMAIL		
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No. Rental	
WEATHER CONDITION	(Clear) / Raining / Other	
ROAD SURFACE	(Dry) / Wet / Other	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SLN 6104D	Any Passenger, (0)
NAME	Shaiful Bahrin Bin Mimanmod	/ S73032906
CONTACT NO.	84987329	
VEHICLE C NO.		Any Passenger,
VEHICLE D NO.		Any Passenger,
VEHICLE E NO.		Any Passenger,
VEHICLE F NO.		Any Passenger,
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Printed Name: Shaiful Bahrin Bin Mimanmod
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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 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: 6/9/21, 2pm



Driver's Signature

(If driver is not the policyholder)

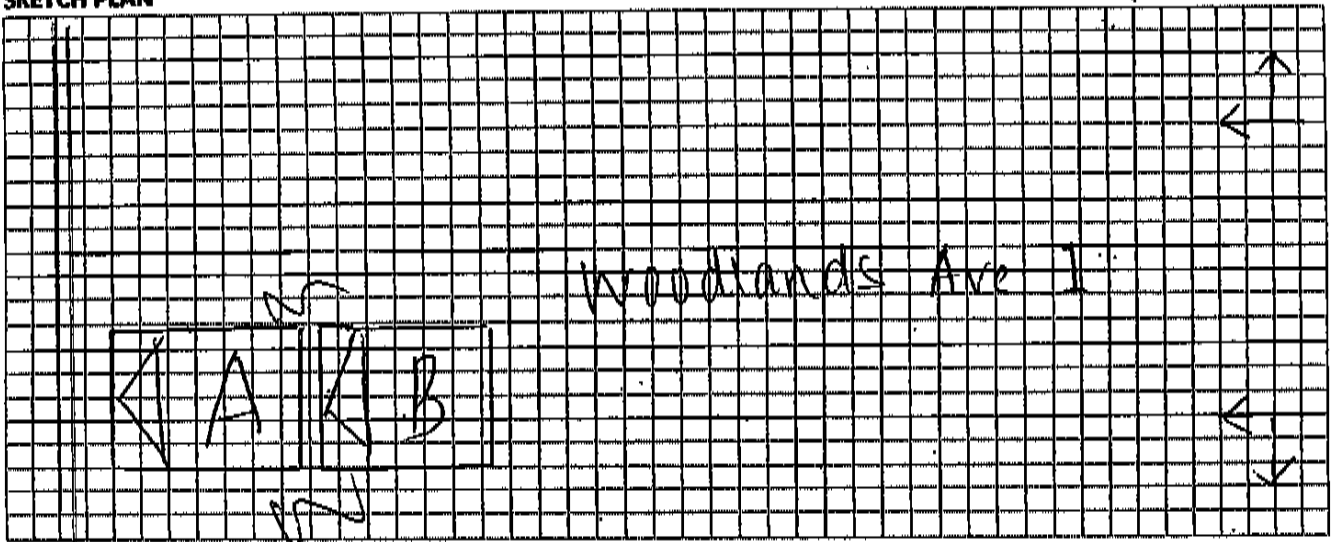
Date & Time: 6/9/21, 2pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Attachment
C for report

DECLARATION

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

Policyholder's Signature

Date & Time: 6/9/21, 2pm

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/9/21, 2pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

bluwei2088@yahoo.com.sg

I HEREBY AUTHORISE SME MOTORPTE
TO SEND MY ACCIDENT REPORT TO
BLUWEL AUTOMOTIVE SERVICE P/L BY
FAX 68412088
SIGNATURE:



**SINGAPORE
POLICE FORCE**



T/20210906/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210906/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2021 12:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM CHUN PENG			Address: 588 WOODLANDS DRIVE 16 #02-12 SINGAPORE 730588		
ID Type / ID No.: NRIC NO / S1816284I			Contact No.: Home/Office: Mobile: 93370878		
Nationality: SINGAPORE CITIZEN			Email: ALLEX8767@GMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 09/05/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3A Date of Expiry: 27/12/2006		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2021 18:45	Type of Location: X-Junction
Location: WOODLANDS AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: STATIONARY AGAINST MOVING VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLN6104D	Car	MAZDA	3	Blue	Slightly Damaged	0
SMP5637S	Car	HONDA	SHUTTLE HYBRID 1.5L	Red	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210906/7017

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20210906/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHAIFUL BAHRAIN BIN MMANMOD	ID No.	S7303290G
Related Vehicle	SLN6104D (Car)	Contact No.	84987329
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 11/07/2012
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM CHUN PENG	ID No.	S1816284I
Related Vehicle	SMP5637S (Car)	Contact No.	93370878
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: 27/12/2006
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On 5/9/2021, at about 6.40pm. i was driving my car SMP5637S (Honda Shuttle Hybrid) on Woodlands Avenue 1 towards Woodlands Ave 12. While approaching a X-Junction, traffic light was red and i had stopped the car waiting. While i was waiting stationary, suddenly i felt an impact on the rear and i realized a vehicle SLN6104D (Mazda 3) had collided onto my rear of my car. I felt pain on my neck, hand and leg which i believed it was caused by the impact and will proceed to see a doctor. I do have the video footage of the accident exceeding 2MB.



**SINGAPORE
POLICE FORCE**



T/20210906/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210906/7017

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/09/2021 12:20

Classification Of Case: