\$2721AT0008 / Strides Automotive Services Pte Ltd ENTRY DATE & TIME: 29/10/2021 11:27 (SGT SUBMITTED BY: GRACE NG SIU CHING (SMRT19) VERSION: 1 (29/10/2021 11:27 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

29/10/2021 11:27 (SGT) 27/10/2021 18:15 (SGT) Singapore PIE TOWARDS CHANGI Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMT1016P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No Alternative Phone No

ZAITON BINTE SAMAT

SXXXX175E

FANDYFND94@HOTMAIL.COM

(Phone) +65-91003931

+65-91003931

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

BMW

216d

Private use

No - Claiming third party

Private car Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd Comprehensive

No

5118529333-01

DRIVER

Name of Driver NRIC No

ZAITON BINTE SAMAT SXXXX175E



Accident report SS2721AT0008

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Date Of Birth Occupation Date Of Driving Pass Driving experience

Gender Mobile Number Alt. Phone Number

**Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

No

Yes

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer

SMA3201H



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Collision - Head to Rear

Clear Dry

No

Yes

No

Yes

2

2

12/06/1958

28/12/1991

+65-91003931

29 YEARS AND 10 MONTHS

FANDYFND94@HOTMAIL.COM

BLK 180A BOON LAY DRIVE #08-678

(Phone) +65-91003931

Indoor

Female

S641180

Yes

No

No

MOHD RAFFI BIN BAKAR Male

Yes Hong Kah South Neighbourhood Police Post (Phone) +65-18005648999

(Fax) +65-66655797

Blk 510 Jurong West Street 52 #01-90 Singapore 640510

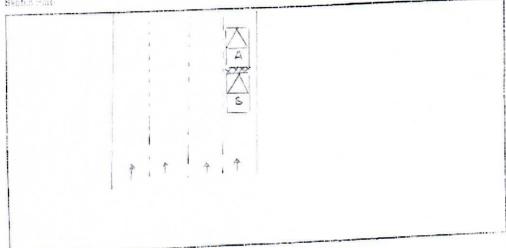
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## SKETCH PLAN

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