17 81-1 CS CTI 21011420 Avy3 SMS 359 L Yr Regn: 2020, Feb. From: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: OD TP WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or To Inspect Vehicle No: Make: Insured / Std / NI / NA at Workshop m/s Colour Sp.Reading T/Radio: Insured / Std / NI / NA SJD 2103J Eng/No: Insured: GK33428178 DMPCSNW0006778200 C/No: Policy No. Gen. Cond; Good / Fair / Poor / Burnt SMM21D206385 (02) TANKW Claims No. Steering: (norder) Jammed / Leaked / Burnt or Sum Insured: Excess: Brake: Inorder Jammed / Leaked / Burnt or (Client's Record) Modi: Nil /S/Rim / STD A/Rim or Make of Veh: 205/45 R16. Tyre Size: (Policy Condition) O/S Remark: The veh had commenced its BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: Front Rear Consistent?: Yes or No R/Bal. IDAC Accident Rport: R/Bal. mm Consistent?: Yes or No L/Bal. GIA / PR Seen: L/Bal. mm Est. Repairs: Res.: Yes or No D.O.A. D.O.I. days Lum Sum: 3 Val.: Yes or No Survey held at Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: Date: The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time LS 5600 (Red 5845 519 95 2 mv: Nett: Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: 115-typist Add Fee: : Site Insp (\$ \_3 + RS.\_\_SI Interview (\$ Report Termen, Menmen Tech, invs (\$ Others Lump 2 m / LE. F. C. 5600 /2 Western 18

SK0L21B80008 / KAN FOOK SING MOTOR WORKSHOP [539147]

ENTRY DATE & TIME: 08/11/2021 11:42 (SGT)

SUBMITTED BY: Boo Miow Hwa VERSION: 1 (08/11/2021 11:42 (SGT))



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Please report <u>correctly</u> 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 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

08/11/2021 11:42 (SGT) Date of Submission 06/11/2021 10:47 (SGT) Date of Accident **Exact Location of Accident** Singapore KPE TOWARDS CITY NEAR 9 KM Additional Location Information Singapore Country/State of Loss

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMS359L

INSURED/POLICYHOLDER

Is company? MOHAMAD SYAFIQ BIN MOHAMAD RASHID Name Of Registered Owner S96245311 NRIC No syyafiq88@gmail.com **Email Address** (Phone) +65-91868456 Mobile Phone No +65-91868456 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer FIT 1.3G F-PACKAGE CVT Model Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1317 CC

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5123002634 Policy Number 19/07/2021 TO 18/07/2022 Cover Note Number

DRIVER

MOHAMAD SYAFIQ BIN MOHAMAD RASHID Name of Driver NRIC No S96245311

Date Of Birth 13/07/1996 Occupation Indoor Date Of Driving Pass 29/09/2015 Driving experience 6 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-91868456 Alt. Phone Number +65-91868456 **Email Address** syyafiq88@gmail.com Address APT BLK 145 RIVERVALE DRIVE #02-531 (S) 540145 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle 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? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident FILE SIZE TOO LARGE UNABLE TO UPLOAD Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

| Vehicle Registration Number | SJD2103J    |
|-----------------------------|-------------|
| Vehicle Manufacturer        | 14          |
| Vehicle Model               |             |
| Vehicle Variant             |             |
| Vehicle Colour              |             |
| Vehicle Category            | Private car |
| Name of Driver              |             |
| Contact Number              |             |
| Address                     |             |
|                             |             |

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

# DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number             | SKH844J     |
|---|-------------|
| Vehicle Manufacturer                    | -           |
| Vehicle Model                           | -           |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | -           |
| Vehicle Category                        | Private car |
| Name of Driver                          | -           |
| Contact Number                          | -           |
| Address                                 | -           |
| Address complement                      | -           |
| Postcode                                | _           |
| Insurance Company Name                  | -           |
| Nature Of Damage                        | -           |
| Details of property damaged in accident | -           |
| No. Of Passenger (Including Driver)     | _           |

# INJURED PERSONS DETAILS

### INJURED 1

| Name of injured person                              | MOHAMAD SYAFIQ BIN MOHAMAD RASHID              |
|---|--|
| Gender  | Male   |
| Phone No  | (Phone) +65-91868456                           |
| Address   | APT BLK 145 RIVERVALE DRIVE #02-531 (S) 540145 |
| Address Complement                                  | -  |
| Post Code   |  |
| Approximate Age Years Old                           | _  |
| Injuries Sustained                                  | -  |
| Injured person in which vehicle?                    | SMS359L  |
| Were seat belts worn?                               | -  |
| Was this injured conveyed to hospital by ambulance? |  |
|   |  |

#### 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)

Lunderstand, 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
- (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 law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Puppasessa

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SMS 359 L.

(B) SJD 2103J.

Coefu Flyover ). towards

| Describe Circumstances of the Accident  |          |        |            |             |
|---|----------|--------|------------|-------------|
| On 06/11/2021 at @ 10.  | 47 Ws,   | 1 was  | travelling | as my       |
| vehicle (SMS 359L) along KPE town on the extreme right lane. I sto truffic jam ahead. Suddenly I rear. I got down from my vehecle collisson involving 3 cars. | rds City | near   | 9 Km /CL   | Defu Phyone |
| on the extreme right lane. I slo  | wed do   | un and | d stopped  | duel to     |
| truffic jun ahead. Suddenly 1   | felt a   | great  | imphto     | from the    |
| rear. I got down from my vehecle  | and      | found  | let was    | a cha       |
| collision involving 3 cars.   |          | /      |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          | -      |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
|   |          |        |            |             |
| eclaration  |          |        |            |             |
| sciaration  |          |        |            |             |
| We declare the foregoing particulars are true in every respect.   |          |        |            | S WORKS 400 |
|   |          |        |            | # ( ) #     |
| 14  | 30       |        |            | (3) (3)     |
|   | , ,      |        |            | X003        |
| he /he //   | 1 . /-   |        |            |             |

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time