	ASSIGNME	NT	
rom: Date:	Veh No:	SMG3544	L Yr Regn: 2009, Jan.
Estimaled Cost:		~	_orry / Taxi / Prime Mover /
OD / TP/WS/TP RES / OD RES / EVA / INV / MV		uck / Trailer or	
To Inspect Vehicle No:	Make:	Honda Civic	c.c 1595
at Worlshop m/s	Colour	silves.	A/C: Insured / Std / NI / NA
of	Sp.Readi	.7038-	T/Radio: Insured / Std / NI / NA
nsured	Eng/No:		
Policy No.	C/No:	THMED 4	62095200189
Claims No.		d Good Fair / Poor / Burn	
Sum Insured: Excess:		(norder/ Jammed / Leaked	
(Client's Record)		Inorder / Jammed / Leaker	-
Make of Veh:		Brake: Inerder / Jammed / Leaked / Burnt or  Modi: Nil / S/Rim / STD A/Rim or	
South	Tyre Size		
(Policy Condition)	1,10 0125		55R16.
Remark: The veh had commenced its	N/S O/S BS / DU		A / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.		YOKO or	2
Bal. or Market Value:	Front		Rear
DAC Accident Rport: Consistent? : Yes	or No R/Bal.	ob mm	R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes	or No L/Bal.	96 mm	L/Bal. 0,6 mm
Est. Repairs: days Res.: Yes	or No D.O.A.	10	D.O.I. 20/07/22
Lum Sum: % 3 Val.: Yes	or No Survey h	neld at Ka	ag.
CA / REV / REP. / 24 HRS	Des. of	Damages: Frt / Rear / O/	SN/S / U/C / Rooftop or
	Vehicle: IN / OUT		
Date: Person Contacted:	The	J/C / Chassis frame / Bo	ody Structure affected due to collision
Date / Time   Action / Instruction   TP Budget Vi	cort	COFFX	in: 15/01/24,
( ) successive	16(1.	Manual Manual	
m∨:		<u>र वस्त्र अवस्थानम् वै</u>	1900 3130
PV;		ИЕС	Facota: 2
Nett:		100000000000000000000000000000000000000	
Date/Time, File Pass to? : Preli. Report	Days O	Repair:	
: Final Report	managed Landson	ey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation:
2)	Add Fee: ::	Site Insp (\$	)s ÷ Rssi
		nterview (\$	) Photos
	- 1	Water and the second se	

SN0722750001 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 05/07/2022 08:27 (SGT) SUBMITTED BY: Md Shan Kasmeir Bin Abdullah VERSION: 1 (05/07/2022 08:27 (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>
- 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
- 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.
- Any false reporting may be referred to the Police for investigation.
   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.
   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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/07/2022 08:27 (SGT) Both 04/07/2022 00:01 (SGT) Johor Bahru, Johor, Malaysia KASTAM JOHOR Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMG3544L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No SAID BIN ABDURRACHMAN ABDAT S9120750H SAEEDABDAT91@GMAIL.COM

(Phone) +65-81833844

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

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

Transmission CC

Civic Private use

Honda

No - Claiming third party Private car

Auto 1600

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5108649560-02

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

SAID BIN ABDURRACHMAN ABDAT S9120750H 13/06/1991 Outdoor



Date Of Driving Pass 21/03/2019 3 YEARS AND 4 MONTHS Driving experience Gender Mobile Number (Phone) +65-81833844 Alt. Phone Number Email Address SAEEDABDAT91@GMAIL.COM BLK 512 #05-299 Address Address complement BEDOK NORTH AVENUE 2 Postcode 460512 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

#### GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident Side Swipe
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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

# PASSENGER 1

Name ZAINAB Gender Female

#### PASSENGER 2

Name MUHAMMAD Gender Male

#### 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

ON 4 JULY 2022 AT ABOUT 0001HRS, I WAS HEADING TOWARDS JOHOR KASTAM GOING BACK TO SINGAPORE. TRAFFIC WAS SLOW MOVING DUE TO HEAVY TRAFFIC. WHILE I WAS MOVING SLOWLY IN MY LANE, CAR SJL7701H CHANGED LANE ABRUPTLY INTO MY LANE CAUSING THE COLLISION TO OCCUR BETWEEN THE TWO CARS, I MANAGED TO TAKE PHOTOS OF BOTH VEHICLES HOWEVER I DID NOT MANAGED TO EXCHANGE PARTICULARS WITH THE OTHER DRIVER. I DID NOT FILE THE MALAYSIAN POLICE REPORT AS I WAS HEADING BACK TO SINGAPORE AFTER THE ACCIDENT.

### ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No



# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL7701H
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

cribe Circumstance of the Accident	
REFER TO GEARS	
	Sec. Version
	Company Company Company
	Lewel police of legal
^	
claration e declare the foregoing particulars are true in every respect.	MD SHAN KASME
cyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date 05/07/2022 & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

# 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 Actual 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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

al 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.

ature / Date & Time

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

Witnessed by Reporting Centre Personnel

05/07/2022 0800hrs

Sketch Plan A- SMG3544L B- SJL7701H **TOWARDS JOHOR** KASTAM FROM JOHOR.

1

MD SHAN KASMEIR