<u> </u>	ASSIGNMENT
From: Date:	Veh No: SME 9965B - Yr Regn: 2018 / Oct.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Suzuki Vitara c.c 1586.
at Worlshop m/s	Colour Red A/C: Insured / Std / NI / NA
of	Sp.Reading 55549. T/Radio: Insured / Std / NI / NA
nsured	Eng/No:
Policy No.	C/No: 78 MLY D21500 \$16678
Claims No.	Gen. Cond: Good) Fair / Poor / Burnt
Sum Insured; Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim)/ STD A/Rim or
(Access	Tyre Size: F: 215/55 RIY.
(Policy Condition)	R: 2/5/55RM
	O/S 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
DAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. Ob mm L/Bal. omm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.L. 27/07/22
um Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages Frt   Rear   O/S / N/S / U/C / Rooftop or
Vehicle: IN /	OUT
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
-Ur Chinh.	
	CONTRACTOR DESIGNATION OF THE PERSON OF THE
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PV:	
Nett:	
	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	THE PROPERTY OF THE PROPERTY O
- Tone No port	Resurvey No. of Trip: Survey Fee:
Date/Time, File Pass to?  : Preli. Report  : Final Report  Date/Time, File Return to?	Resurvey No. of Trip:  Survey Fee:  Transportation:
) : Final Report Date/Time, File Return to?	

SS2X227R0002 / SME MOTOR PTE LTD ENTRY DATE & TIME: 27/07/2022 10:10 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (27/07/2022 10:10 (SGT))



# 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 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**

27/07/2022 10:10 (SGT) Date of Submission Reported by Date of Accident 26/07/2022 08:20 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information TWDS TUAS BEFORE THOMSON RD EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

SME9965B Vehicle Registration Number

# INSURED/POLICYHOLDER

Is company? No YACOOB HUSSAIN S/O ALI IBRAHIM Name Of Registered Owner NRIC No S1340380E **Email Address** nadiah.yh@gmail.com Mobile Phone No (Phone) +65-98250902 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer Suzuki Model Vitara Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1600

#### **INSURANCE COMPANY**

AXA Insurance Pte Ltd Name of Insurance Company GA506221 Policy Number / Cover Note Number

#### DRIVER

NADIAH BINTE YACOOB HUSSAIN Name of Driver S8831727J NRIC No 05/09/1988 Date Of Birth Indoor Occupation

Date Of Driving Pass 25/11/2008 Driving experience 13 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-92960561 Alt. Phone Number **Email Address** nadiah.yh@gmail.com Address BLK 395 TAMPINES AVE 7 #02-283 Address complement Postcode 520395 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Raining Road Surface Wet 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 AS PER ABOVE DATE AN TIME, I WAS DRIVING (SME9965B) ALONG PIE TOWARDS TUAS ON LANE 2. VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED. AS SUCH, I APPLIED BRAKE AND STOPPED ACCORDINGLY. OUT OF SUDDEN, I FELT AN IMPACT FROM THE REAR. DUE TO THE HUGE IMPACT, MY VEHICLE SURGED FORWARD AND COLLIDED ONTO VEHICLE C (SJX7625G) REAR PORTION. I ALIGHTED FROM MY VEHICLE AND DISCOVERED VEHICLE B (GBE2399L) FRONT PORTION COLLIDED INTO MY VEHICLE REAR PORTION THAT CAUSES THE SURGE OF MY VEHICLE AND COLLIDED ONTO VEHICLE C IN FRONT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBE2399L

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YANG YUEXIN
Contact Number	(Phone) +65-94563280
Address	
Address complement	-
Postcode	-
Insurance Company Name	TO TO SECURE
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SJX7625G
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	of the bearing to provide the plants.
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	man and the state of the state
Postcode	
Insurance Company Name	· Particular and the second
Nature Of Damage	THE RESIDENCE OF THE PARTY OF THE PARTY OF
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	2

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person	NADIAH BINTE YACOOB HUSSAIN
Gender	Female
Phone No	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SME9965B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' law yers/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' 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 Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PRE towards Tues before Thomson rd Exit

A-SME99658

B-GBE23991

C-SJX76256

Describe Circumstances of the		
As our above	date and time, I vas	driving SME 9965B
glong PIE towards	Thas on lane 2. Vehicles in M. As Such , I applied broke dden, I felt an impact for act, my vehicle surged forward	from of me sloved
dom and stoppes	1. As such , I applied broke	and stopped
accordingly, Dut of sw	oden, I felt an impact for	in the rear. Due
to the horse indi	ad my vehicle surged forwar	d and collided outo
1/26(C) SJX 76256	rear portion. I glighted . Eh (B) GBE 2399L front portion on that courses the surpe Veh (c) in front. Video o	from my volvide
and discovered V	8h (B) GBE 2399L front partien	collided porto an
While flor parts	on that courses the cure	A med vehicle
and collished and	vehico in front, video o	A Hached
as b		, Intohica 1
Declaration		
IWe declare the foregoing particulars	are true in every respect	
tive deciare the foregoing particulars	and and an every reaspess.	
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Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	& Time	Personnel