

VEHICLE NO: SMV 546 Y		MAKE & MODEL: TOYOTA Estima		AUTO/MANUAL	
DATE OF ACCIDENT		23 / 03 / 2023		C.C.	
TIME OF ACCIDENT		6:15		AM / PM	
LOCATION OF ACCIDENT		Blk 247 Tampines St 21 Carpark			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		NUR SHIRHAINI BINTE SARIP			
EMAIL		OFFICE:		MOBILE: 9740 0770	
NRIC		S 82229313			
CLAIM TYPE		OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY		YES / NO?			
INCURANCE CO.		NTUC			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.					
NAME OF DRIVER		AS ABOVE / IF NO:			
NRIC		NS ABOM			
DATE OF BIRTH		18 / 07 / 1982			
ANY PASSENGER		YES / NO:			
NAME OF PASSENGER		-NIL-			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		26 / 05 / 2014			
GENDER		MALE / FEMALE			
CONTACT NO.		Mobile:		Office: Home:	
EMAIL					
ADDRESS		Blk 311c ANCHORVALE LANE #4-34 9/543311			
DOES DRIVER OWN OTHER VEHICLES?		No / If yes, Reg No:		INSURE:	
RELATIONSHIP		Employee / If No: Owner			
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?		No / If yes, Who?			
VEHICLE B NO.		SNB 8278 L Any Passenger: 01			
NAME					
CONTACT NO.					
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			
WHO IS REPORTING		DRIVER/ OWNER/ BOTH			
Original Language Used		English/ Mandarin/ Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO			

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Vehicle A
SMV 546 Y

Vehicle B
SNB 8278 L

The diagram shows a grid with vertical lines. Two rectangles are drawn on the grid. The first rectangle is labeled 'A' and contains the text 'SMV 546 Y'. The second rectangle is labeled 'B' and contains the text 'SNB 8278 L'. The rectangles are positioned such that they appear to be moving across the grid from left to right.

Describe Circumstance of the Accident

on the stated date and time

I Veh A was driving on my

lane suddenly Veh B cut into

my lane and hit my Veh.

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

BIFROST AUTO PTE. LTD.

Co. Reg. No. : 201929175W

LETTER OF AUTHORISATION

Accident on _____ along _____
involving vehicles _____

In consideration of **Bifrost Auto Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589**, repairing my/our motor vehicle no _____ at my request, I/We, _____ ("the claimant") of _____

(address) bearing NRIC No _____ the owner of motor vehicle no _____, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **Bifrost Auto Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **Bifrost Auto Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **Bifrost Auto Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **Bifrost Auto Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **Bifrost Auto Pte Ltd** shall amount to a good discharge of **Bifrost Auto Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this _____ day of _____ (month) 20 _____ (year)



Signed by "the claimant"

Name:

NRIC No :

Signed by Bifrost Auto Pte Ltd

Name: _____

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait of a woman wearing a hijab.

Licence Number: **S8222931J**
Name: **NUR SHIRHAINI BINTE SARIP**
Birth Date: **18 Jul 1982**
Issue Date: **26 May 2014**

Barcode: 0023085468

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8222931J

Portrait of a woman.

Name: **NUR SHIRHAINI BINTE SARIP**
Race: **JAVANESE**
Date of Birth: **18-07-1982**
Country of Birth: **SINGAPORE**
Sex: **F**

Seal: **S8222931J**

EFFECTIVE DATE

Licence No: S522931J

NP 428A



NRIC No: S8222931J

Date: 21/02/2017