

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report 02/03/2018 13:24
 Date Of Accident 01/03/2018 17:50
 Exact Location Of Accident ECP(CHANGI) AFTER TANJONG KATONG EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBX57L
Insured/Policyholder
 Name Of Registered Owner NORI BIN BARI
 NRIC No S0058796F
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90261120
 Alternative Phone No OFFICE-90261120

Vehicle Particulars

Manufacturer NISSAN
 Model QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5096367499
 Cover Note Number -

Driver

Name of Driver NORI BIN BARI
 NRIC No S0058796F
 Date Of Birth 26/04/1953
 Occupation OUTDOOR
 Date Of Driving Pass 03/03/1980
 Driving Experience 37 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90261120
 Fax Number
 Contact Number OFFICE-90261120
 Email Address NOEMAIL

Address	BLK 494E TAMPINES ST 43 #12-528
Postcode	525494
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TIE HWEE LING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6625H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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7. By the lodgment 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:

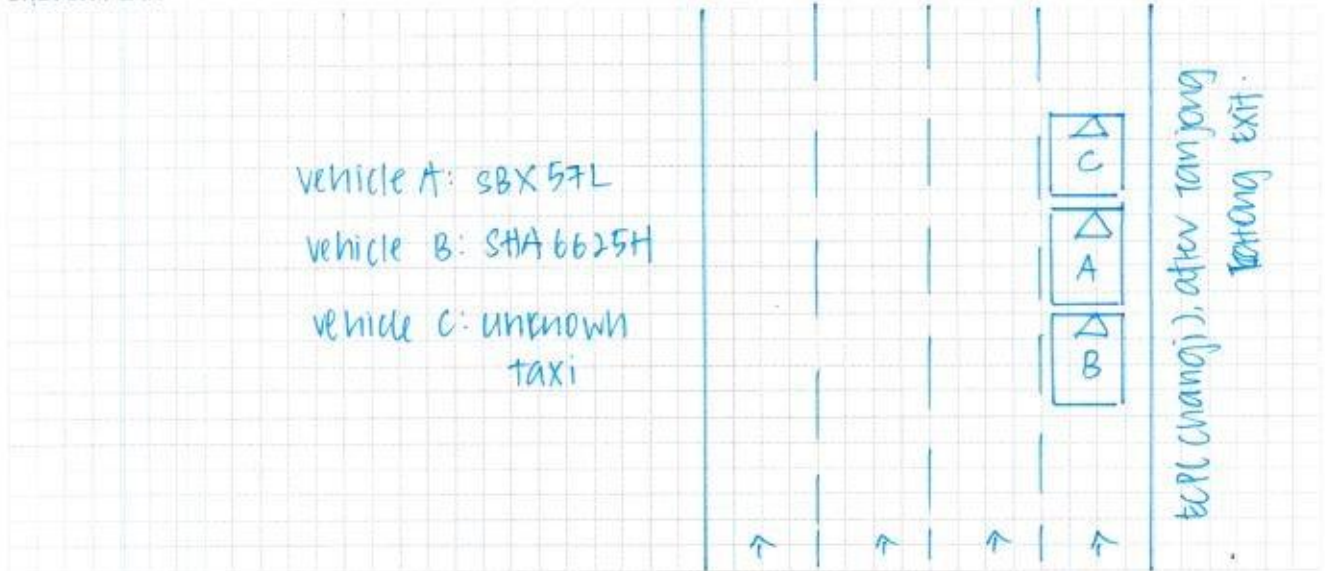
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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
- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SBX57L, was travelling straight along the stated venue. Due to front vehicle braked, I braked as well. About 3 seconds later, vehicle 'B', SHA 6625H hit onto my stationary vehicle's rear portion. The great impact caused my vehicle to propel forward and lightly hit onto the front vehicle. The front vehicle then came down, took some photos and took off.

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 & Time:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01 / 03 2018 (dd/mm/yy) Time of Accident: 17 : 50 (24-HR-FORMAT)
Vehicle No: SBX57L Vehicle Make & Model: Nissan Qashqai 1.2
Exact location of Accident: ECPL (Changi), after Tanjong Katong Exit
Policyholder's Name / IC No.: NOVI BIN BARI 50058796F
Driver's Name / IC No.: _____ (As Above) ☒
Driver's Contact No.: 9026 1120 Company Contact No.: _____
Driver's Address: 404E Tampines St 43 #12-528 S(525494)
Insurance Company: NTUC Email address (if any): zoomauto.werks@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

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

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor ☒ Outdoor

No. of Passengers (Including Driver): 02

Passenger: Tie Hwee Ling S72283611

Weather condition & Road conditions: (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SHA 6625H

Driver's Contact No.: _____ Insurance Company (If any): (total 5, incl driver)

2. Driver's Name / IC No.: _____ Vehicle No: unknown taxi

Driver's Contact No.: _____ Insurance Company (If any): (total 2, incl driver)

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

* If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0058796F

Name: NORI BIN BARI

Birth Date: 26 Apr 1953

Valid Date: 13 Aug 2003

000748110J




Land Transport Authority

VOCATIONAL LICENCE

Licence No: S0058796F

Name: NORI BIN BARI

Card Issue Date: 29/11/2017

Please visit www.lta.gov.sg to check the status of this vocational licence



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0058796F

Name: NORI BIN BARI




نوري بن باري

Race: MALAY

Date of Birth: 26-04-1953

Sex: M

Country/Place of Birth: SINGAPORE

NOT BE LICENCED TO DRIVE WHILE IN THE FOLLOWING CLASSES:

Class 2B Motorcycles with an engine > 250 cc

Class 3 Motor Cars and Motor Tractors the weight of which exceeds 2000 kilograms

Valid Date: 27 Oct 16

29 Mar 16

Licence No: S0058796F

UP 479A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	29/11/2017

5423940

000748110J

NRIC No: S0058796F

APL BLK 494E TAMPINES ST 43 #12-528

SINGAPORE 525484

NRIC No: S0058796F

Date: 30/10/2015

27-01-2016

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5096367499

Cover : Preferred Workshop Plan

SBX57L

SJNFEAJ11U1695118

NORI BIN BARI

30 Nov 2017

29 Nov 2018

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$2,000

EXCESS (SECTION 2) : S\$2,000

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : HONG LEONG FINANCE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

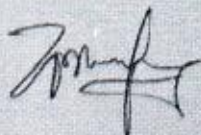
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : GRABCAR PTE. LTD. (00000601726)

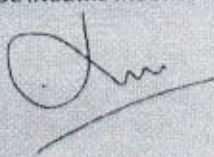
Date of Issue : 30 Nov 2017 14:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/0984416

Policy No.	5096367499	Vehicle No.	SBX57L	GST Registration No.	
Policyholder Name	NORI BIN BARI	Cover Type	Preferred Workshop Plan	Policyholder NRIC	S0058796F
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90261120	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	No
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details Report Date: 02/03/2018 14:48 Date of Accident: 01/03/2018 Reporting Centre: ECP(CHANGI) AFTER TANJONG KATONG EXIT Accident Location: ECP(CHANGI) AFTER TANJONG KATONG EXIT			Accident Type: Chain Collision Country of Accident: Singapore ICM No.:		
Benefits Excess Own damage Excess: 2,000.00 Unnamed Driver Excess: 2,000.00 Third Party Excess:			Additional Excess: Outside Singapore OD Excess: Outside Singapore TP Excess: Windscreen Excess: 1		
GST Registered Information GST Registered: No GST Registration No.: Modification History:			GST Registration Date: GST Status Verified: Yes		

Policyholder Mailing Address Address 1: BLK 494E #12-528 Address 4: SINGAPORE 525494 Unit No.: 12-528			Address 2: TAMPINES STREET 43 Address Type: Singapore address Related Policy Number: 5096367499		Address 3: TAMPINES ALCOVES Post Code: 525494	
01 Driver Info Driver Name: Unnamed Driver Unnamed driver Name: NORI BIN BARI Register Date of Driver License: 03/03/1980 Contact No.(Mobile): 90261120 Address 1: BLK 494E #12-528 Address 4: SINGAPORE 525494 Unit No.: 12-528 Does he own a Singapore Registered car? <input type="radio"/> Yes <input type="radio"/> No			Driver Type: Unnamed Driver Driver NRIC: S0058796F Driver Age: 64 Contact No.(Office): Address 2: TAMPINES STREET 43 Address Type: Singapore address Driver Vehicle No.:		Driver DOB: 26/04/1953 Driving Experience: 37 Contact No.(Home): Address 3: TAMPINES ALCOVES Post Code: 525494 Driver Insurer Company:	

Declaration		Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
Breathalyser or Blood Test Reading?	0 mg		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NORI BIN BARI	Insured NRIC	S0058796F
Contact No.(Mobile)	90261120	Contact No.(Home)		Contact No.(Office)	+
Email Address	bari_nori@yahoo.com.sg	01 Vehicle Number	SBX57L	TP Vehicle Number	SHA6625H
Claim Description	SBX57L / SHA6625H ON 1 Mar 2018	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	02/03/2018 00:00
Date Registered	02/03/2018 14:52				
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter		<input type="button" value="Save"/> <input type="button" value="Submit"/>			

Attachment

Accident No.	MT/0984416	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2018 14:53
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

San

Attachment List

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Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading