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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 ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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	15/03/2018 14:53
Date Of Accident	14/03/2018 19:30
Exact Location Of Accident	ALONG BIDEFORD ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK7267U
Insured/Policyholder	
Name Of Registered Owner	NURUL HIDAYAH BINTE SHAFIE
NRIC No	\$9609396
Email Address	HZQVLL@GMAIL.COM
Mabile Phone No	(LOCAL) +65-94251657
Alternative Phone No	OTHERS-97835263
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZN150-149CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

If No. Please state action to be taken

REPORTING ONLY

Vehicle Category

MOTORCYCLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

5076879569-02

Cover Note Number

Driver

AHMAD HAZIQ BIN SHAFIE Name of Driver

NRIC No S9924546H Date Of Birth 06/08/1999 INDOOR Occupation Date Of Driving Pass 23/02/2018

0 YEAR AND 0 MONTH Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-94251657

Fax Number

Contact Number OTHERS-97835263 EMail Address HZQVLL@GMAIL.COM Address

BLK 5 TIONG BAHRU ROAD

Postcode

162005

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle

SIBLING

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: FRIEND

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 SKETCH PLAN

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

SDE248D

Vehicle Make/Model/Colour

B.M.W

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MICHAEL ARI SUMARTA

NRIC/Passport Number

S7377669D

Contact Number

97891827

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 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 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.
- 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
- 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.
- 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: 15/03/2019

Reporting Centre Personnel

T was	looking at the side mirror to make a lane change
I was	hit buy a BINN car befor I make a lane change
IWAY	moving slow at that time.
7	

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: 15/03/2018

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

Claim Handling Accident MT/0986171 5076879569-02 Vehicle No. FRK7267U GST Registration No. Palityholder Name NURUL HIDAYAH BINTE SHAFTE Policyholder NRIC Product Code MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Theft Loading Contact No.(Mobile) 94251657 Contact No. (Office) Contact No.(Horne) Email Address Special Remark No Yes TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire No Accident Details Report Date 15/03/2018 15:51 Accident Report Webin 24 hrs Accident Type Callision - Head Date of Accident 14/03/2018 Time of Accident hh:mm Country of Accident Singapore Reporting Control Orange Force ICM NU. Accident Location ALONG BIDEFORD ROAD TOWARDS DECHARD ROAD D Benefits · Excess Own damage Excess 0.00 Additional Excess Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TF Excess GST Registered Information **GST Registered** 240 GST Registration Date GST Registration No. **GST Status Vention** Medification History Policyholder Mailing Address Address 1 BLX 5 #01-14 Address 2 TIONS BAHRU ROAD Address 3 Aristonna d Address Type Singapore address Post Code Whit his Related Policy Number 5076879569-02 19 OI Driver Info Driver Name AHMAD HAZIQ BIN SHAFIE Driver Type Named Driver Unnamed driver Name Driver NRIC 59924546H Driver DOB Register Date of Driver License 23/02/2018 Driver Age 18 Driving Experience Contact No.(Mubile) Contact No. (Office) Contact No.(Home) Address 1 Address 2 Address 3 Address Type Firmign address Post Cage Unit No. Does he own a Singapore Registered car? Yes Ilk No Driver Vehicle No. FBK7267U Driver Insurer Company Declaration Bresthalyser or Blood Test Reading? 0 mg Any injury? Yes 7 No Mudification History Claim 001 New Claim Type . CO-MX Insured Name NURUL HIDAYAH BINTE SHAFIE Insured NRIC Contact No.(Mobile) 94251657 Contact No.(Home) Contact No.(Office) Email Address hidayan96@hotmail.com Of Vehicle Number FBR7267U TP Vehicle Number Claim Description FBK7267U / SDE248D ON 14 Mar 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability .* Not at Fault Preferered Repair Option Preferred Workshop, Name unknown Date Registered 15/03/2018 15:53 Claim Close Date Date Received Report Taken By ROSLI WAHAII Print AK letter Save Submit Attachment Accident No. MT/0986171 Last Doc. Received ₩ Yes □ No Upload Date 15/03/2018 15:54 Path . Category * Confidential Urgency Browse... | Clear Pinase Seince Normal

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ACCIDENT DATE: 14.03.208	(00/MM/YYY), TIME: (77. 100)(HH:MM)
LOCATION: BIDEFORD ROA	D. TOWARDS ORCHORD ROAD.
1. DETAILS OF VEHICLE AUMBER: FBK	7267.0
b)INSURANCE COMPANT:	11/2 / THIRD PARTY / THIRD PARTY FIRE LIHEFT
B)MAKE & MODEL! YOU () TYPE: (SALOON / COUPE / MI G) VEHICLE CATEGORY: (PRIVA	TE / COMMERCIAL / MOTORCYCLE / OTHERS) THE / COMMERCIAL / MOTORCYCLE TOTHERS TOTHE
I) ARE YOU CLAIMING UNDER IF NO, PLEASE STATE (THIRD P	ARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: VOTUL Hidgan b) NRIC/FIN/PASSPORTIS # 1	BENEFORM AGE MALE / REMALE) S 9609 3961CONTACT: 942616 5 1
PINALO (F) . CONTINUE TO 3. d IF DRIVER	AUSO POLICY HOLDER
(Including diver.) BINRIC/FIN/PASSPORTI_59	
(Z) c)ADDRESSI BIA DIF 3	
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IF NO, RELATIONSHIP OF	THE DRIVER WITH INSUREDI
b) ROAD SURFACE! (ORT / T	ES / NO)
IF YES, PLEASE STATE WHICH	DE 2480 MODELLEMW
(Indeding driver) of MRIC/FIN/PASSPORTIL	hae 1 Ari Sumarta 57377669D CONTACTI 97891827
d) VEHICLE NUMBER:	MODEL!
(Including driver) 1) HRIC/FIN/PASSPORTS	CONTACTI
·!	V

email = hzqv11@gmail-com

fax = 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9924546H



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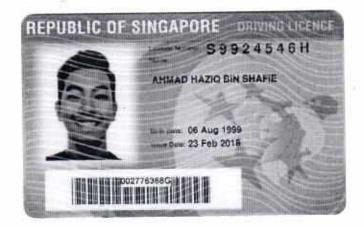
Name

AHMAD HAZIQ BIN SHAFIE

9

JAVANESE
Date of both
D6-D8-1999
Country/Place of birth
SINGAPORE

-



5263984



NRC to S9924546H



Date of leave

29-01-2014

APT BLK 5 TIONG BAHRU RDAD #01-14 SINGAPORE 162005 NRIC No: S9924546H Date: 04/

Date: 04/07/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

23 Feb 2018

NP 428A



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	e	5076879569-02	HIDAYAH BINTE SHAFIE	59609396[GMC	Third Party, Fire & Theft	F8K7267U	FBK7267U	09/01/2018	08/01/2019
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