

LKK

MNA118037182 / National Assessment Centre Services - Ubi  
 ENTRY DATE & TIME: 19/03/2018 14:52  
 SUBMITTED BY: Roslinda Binte Abdul Wahab

## 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 19/03/2018 14:52  
 Date Of Accident 18/03/2018 13:05  
 Exact Location Of Accident ALONG TIONG BAHRU ROAD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2849Y  
**Insured/Policyholder**  
 Name Of Registered Owner RELIABLE RIDES PTE LTD  
 Co Reg No 201611527N  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-81669797

### Vehicle Particulars

Manufacturer HONDA  
 Model FREED  
 Exact Purpose for which vehicle was being used at time of accident GRAB

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 HIRE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5096971162  
 Cover Note Number

### Driver

Name of Driver MOHAMMAD IRFAN BIN MOHAMED ISA  
 NRIC No S9110835F  
 Date Of Birth 04/04/1991  
 Occupation OUTDOOR  
 Date Of Driving Pass 13/12/2010  
 Driving Experience 7 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-97734755  
 Fax Number  
 Contact Number  
 Email Address M.IRFAN@HOTMAIL.SG

Address	BLK 714 JURONG WEST ST 71 #02-137
Postcode	640714
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

#### 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

MY VEH WAS STATIONARY AT THE RED TRAFFIC LIGHT JUNCTION ON THE 3RD LANE OF A4-LANES RD. SUDDENLY VEH(B) BEARING REG NO SHD3358H CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3358H
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)	

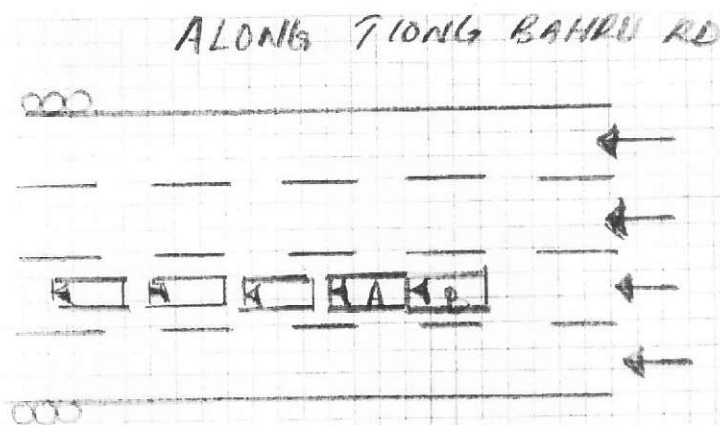
#### DETAILS OF INJURED PERSON 1

Name	MOHAMMAD IRFAN BIN MOHAMED ISA
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLV2849Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

A. 52V28497

B. 5MD33584



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

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.:

*Sym 19/03/18*