



### 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	21/03/2018 12:25
Date Of Accident	20/03/2018 21:00
Exact Location Of Accident	AT CLEMENTI CARPARK CLC16
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA5284D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD ESAH B HAMID
NRIC No	S1136262A
Email Address	MD_SUBHAN@HOTMAIL.CO.UK
Mobile Phone No	(LOCAL) +65-98348401
Alternative Phone No	OTHERS-94669349

#### Vehicle Particulars

Manufacturer	PERODUA
Model	VIVA
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	5053279936-06
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD SUBHAN BIN MOHD ESAH
NRIC No	S8513488D
Date Of Birth	04/05/1985
Occupation	INDOOR
Date Of Driving Pass	17/02/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98348401
Fax Number	
Contact Number	OTHERS-94669349
Email Address	MD_SUBHAN@HOTMAIL.CO.UK

Address	BLK 169 STIRLING ROAD #04-1161
Postcode	140169
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	2
Was any body injured in the Accident?	NO
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)	4
Passenger 1	NAME: : FATHER GENDER: : MALE
Passenger 2	NAME: : MOTHER GENDER: : FEMALE
Passenger 3	NAME: : SISTER 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	SJL5564A
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD ARAFAT BIN AZHAR ABDAT
NRIC/Passport Number	S9030936F
Contact Number	87522903

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **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.
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:

21/3/2018



Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/3/2018



Reporting Centre Personnel's Signature

Name:

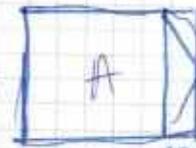
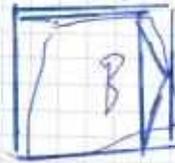
NRIC/FIN No.:

Redi workers

SKETCH PLAN

A7 CLEMENTI CARPARK CLC 16

MOVE FORWARD  
ABD HT



REVERSE  
INTO  
PARKING  
LOT

CARPARK  
LOT

A = SKA5284D

B = SJL5564A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 2100 AT CLEMENTI CARPARK CLC 16, I WAS REVERSING my car to the empty carpark lot. I look at my side mirror as well as my rear view mirror and car B had given ample space for me to reverse. As I was reversing, my car knocked on his car and the driver claim that he had already apply the brakes but it was too late. He did not looked remorseful for his actions and he did not even ~~we~~ stepped out of his car to render any help as well as to see if everyone is okay. He claim that the car that he was driving ~~is~~ is a rental and he was working for uber.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/3/2018

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 21/03/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**Claim Handling**

Accident MT/0987017

Policy No.	5053279936-06	Vehicle No.	SKA5284D	GST Registration No.	
Policyholder Name	MOHD ESAH B HAMID			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	90348401	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

↳ Accident Details

Report Date	21/03/2018 12:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	20/03/2018	Time of Accident h:mm	21:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	AT CLEMENTI CARPARK CLC16				

↳ Benefits

↳ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

↳ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

↳ Policyholder Mailing Address

Address 1	BLK 159 #04-1101	Address 2	STIRLING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5053279936-06		

↳ OI Driver Info

Driver Name	MUHAMMAD SUSHAN BIN MOHD ESAH	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	58513486D
Register Date of Driver License	26/07/2006	Driver Age	32
Contact No.(Mobile)	94669349	Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SKA5284D
		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="radio"/> No <input type="radio"/>
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MOHD ESAH B HAMID	Insured NRIC	
Contact No.(Mobile)	98348401	Contact No.(Home)	64731808	Contact No.(Office)	
Email Address		OI Vehicle Number	SKA5284D	TP Vehicle Number	
Claim Description	SKA5284D / SIL5564A ON 20 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	21/03/2018 12:48	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Attachment

Accident No.	MT/0987017	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 10:01
Path *		Category *	Confidential <input type="checkbox"/> Urgency <input type="checkbox"/> Normal <input type="checkbox"/>
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 10:01	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 12:50	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 12:50	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 12:48	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 12:48	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 12:48	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 12:48	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 21 Mar 2018 12:48	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			

ACCIDENT STATEMENT

ACCIDENT DATE: 20/03/2018 (DD/MM/YYYY), TIME: 21:00 (HH:MM)

LOCATION: Clementi Carpark CLC16

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9 SKA 5284D
- b) INSURANCE COMPANY: NTUC Income
- c) POLICY NUMBER: 505327993606
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) PERODUA VIVA
- e) MAKE & MODEL: PERODUA VIVA
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MOHD ESAH BIN HAMID (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 2113626A CONTACT: 98348401
- c) ADDRESS: BLK 169 STIRLING ROAD #04-1161

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD SUBHAN BIN MOHD ESAH (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 58513488P CONTACT: 9466 9349
- c) ADDRESS: BLK 169 STIRLING ROAD #04-1161

d) DATE OF BIRTH: 04/05/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) PASS

f) DATE OF DRIVING: 17/2/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRY

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)  
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JJL 5564A MODEL: HYUNDAI
- b) DRIVER'S NAME: MUHAMMAD RAFFA BIN AZHAR ABDAT
- c) NRIC/FIN/PASSPORT: 59030776F CONTACT: 87522483

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_

(FATHER MOTHER SISTER)

# No of passenger (including driver) (4)

# No of passenger (including driver) (2)

# No of passenger (including driver) ( )

Email = md-subhan@hotmail.co.uk

fax =  
video

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8513488D**



Name  
**MUHAMMAD SUBHAN BIN MOHD  
ESAH**

Race  
**MALAY**  
Date of birth  
**04-05-1985** Sex  
**M**  
Country/Place of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8513488D**  
Name  
**MUHAMMAD SUBHAN BIN MOHD  
ESAH**  
Birth Date: **04 May 1985**  
Issue Date: **26 Jul 2006**

5551864



NRIC No. **S8513488D**



Date of issue  
**20-01-2016**

Address  
**APT BLK 159 STIRLING ROAD  
#04-1161  
SINGAPORE 140169**

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE  
26 Jul 2006  
17 Feb 2011

Class 2B Motorcycles  $\leq$  200 CC  
Class 3A Motor cars without clutch pedals  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals  $\leq$  2500 kg

S/No. 9000144200

Licence No. S8513488D

NP 420A

### 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: 5053279936-06

Cover : drivo CLASSIC

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : SKA5284D          |
| Chassis Number   | : PM2L2515002102655 |
| 2. Name of Policyholder  | : MOHD ESAH B HAMID |
| 3. Effective Date of Insurance   | : 10 Mar 2018       |
| 4. Expiry Date of Insurance  | : 09 Mar 2019       |
| 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,<br>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 business or profession.  |                     |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUHAMMAD SUBHAN BIN MOHD ESAH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INCOME-BRANCH SERVICES (00000074829)  
 Date of Issue : 14 Feb 2018 13:25 hrs  
 Reprint : 14 Feb 2018 13:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

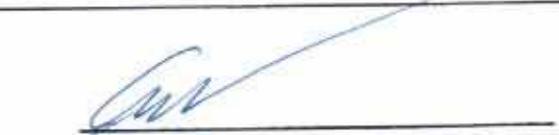
Original Report No : NA48038373 Vehicle Registration No: SKA52840  
 Name (as shown in NRIC) : MUHAMMAD SUBHAN BIN MOHTO ESAT NRIC/FIN/Passport No : S8573484 D  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate)  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 98348401  
 Email Address : \_\_\_\_\_  
 Date of Accident : 20/03/2018 Time of Accident : 21:00  
 Place of Accident : A7 CLEMSON 71 CARPARK CLC16  
 Insurance Company : NRMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) DRIVER NAME : MUHAMMAD SUBHAN BIN MOHTO ESAT
- 2) EMAIL ADDRESS : MO\_SUBHAN@HOTMAIL.CO.UK

Policyholder / Driver's Signature  
Date:

  
 Reporting Centre Personnel's Signature  
 Name: ROSLY KORTAS  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 22/03/2018