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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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 liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.

Merchanic control dan see a labor	ACCIDENT STATEMENT
Date Of Report	20/07/2018 12:38
Date Of Accident	20/07/2018 07:45
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ7063R
Insured/Policyholder	
Name Of Registered Owner	MD SHAIFULAH B SELAMAT
NRIC No	S7434128D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90080975
Alternative Phone No	OTHERS-90080975
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
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	5092416599-01
Cover Note Number	
Driver	
Name of Driver	MD SHAIFULAH B SELAMAT
NRIC No	S7434128D
Date Of Birth	03/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2003
Driving Experience	15 YEARS AND 4 MONTHS

MALE

NOEMAIL

(LOCAL) +65-90080975

OTHERS-90080975

Address BLK 160 YUNG PING ROAD

#05-39

Postcode 610160

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OW!

Vehicle Registration Number of Driver's Own -

Vehicle

OWNER

•

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? NO
Was any injured conveyed to hospital by
NO
NO

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

2

NO

NO

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: REVERT
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT7315Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHEAH WOO YANG
NRIC/Passport Number S8861958G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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

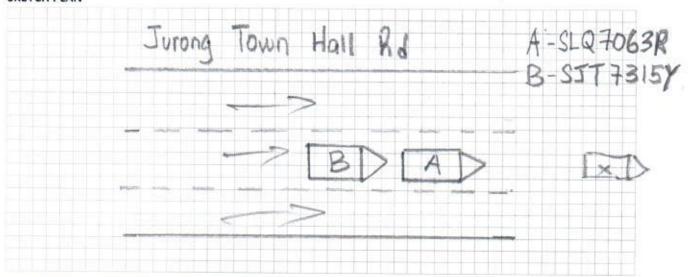
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Jury Town Hall Rd. Vehicle X did an emergency brake. Vehicle A brake in time to avoid collision. Vehicle B hit vehicle A from the rear.	
Vehicle A proke in time to avoid collision. Vehicle B hit vehicle A from the rear.	
Vehicle B hit vehicle A from the rear.	
Y.	

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.:

GINDAL StetchPlanForm V3

2

REPUBLIC OF SINGAPORE





Name

MUHAMMAD SHAIFULAH BIN SELAMAT

محمد سيف الله بن سلامت

INDONESIAN Date of birth 03-11-1974

Country of birth

Sex

87524300

3666082





Date of issue

22-01-2005

APT BLK 160 YUNG PING ROAD #05-39 SINGAPORE 610160 REPUBLIC OF SINGAPORE DRIVING LICENCE

LEWIS NAME S 7 4 3 4 1 2 8 D

MUHAMMAD SHAIFULAH BIN
SELAMAT

BURD Date Of Mar 2003

MOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc

17 Feb 1990 08 Mar 2003

which unlacien does not exceed 2500 longrams

Licence No. 57434126D

NP 428A

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 20/07/2018 07:45 Vehicle No.(For Motor) SLQ7063R Search Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Policy No. Select Product Cover Type Expiry Date

S7434128D

MD SHAIFULAH B SELAMAT

5092416599-

drivo PREMIUM SLQ7063R

SLQ7063R

20/07/2018

19/07/2019

Policy Information

Policy No.	5092416599-01	Policyholder Name	MD SHAIFULAH B SELAMAT	Policyholder NRIC	S7434128D
Address	BLK 160 #05-39 YUNG PING I	ROAD SINGAPOR	E 610160		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/07/2018	Effective Date	20/07/2018 00:00	Expiry Date	19/07/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	VENTURE CARS PTE. LTD.	Agent Tel.	62898800	GST Flag	Υ
Co- nsurance Flag Open Policy	No				
Info Certificate Info					
	older Mailing Address				
Address 1	BLK 160 #05-39	Address 2	YUNG PING ROAD	Address 3	SINGAPORE 610160
Address 4		Address Type	Singapore address	Post Code	610160
Jnit No.		Related Policy Number	5092416599-01		
▶ Insured	d Object: SLQ7063R				
	ements				
Sequenc	e Date of Endorsement	Endoree	ment Type Endorse	ment Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1003930					
Policy No.	5092416599-01	Vehicle No.	SLQ7063R	GST Registration No.	
Policyholder Name	MD SHAIFULAH B SELAMAT			Policyholder NRIC	S74
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	90080975	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	* No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
▽ Accident Details					
Report Date	21/07/2018 10:03	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	20/07/2018	Time of Accident hh:mm	07:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG TOWN HALL RD				
▽ Benefits					
▽ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100
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	ation				
GST Registered	No		GST Registration Date		
SST Registration No.			GST Status Verified	Yes	
fodification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 160 #05-39	Address 2	YUNG PING ROAD	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	610
Jnit No.		Related Policy Number	5092416599-01		
Driver Name	MUHAMMAD SHAIFULAH BIN SELAMAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7434128D	Driver DOB	03/1
Register Date of Driver License	08/03/2003	Driver Age	43	Driving Experience	15
Contact No.(Mobile)	90080975	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 160	Address 2	YUNG PING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	610
Unit No.	#05-39				
Does he own a Singapore Registered car?	○ Yes ● No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes · No		

Modification History					
Claim 001 OD-MX Nev	×				
	[Constitution of the contract o	Insured NRIC	624
Claim Type •	OD-MX	Insured Name	MD SHAIFULAH B SELAMAT		574
Contact No.(Mobile)	90080975	Contact No.(Home)	62683503	Contact No.(Office)	SJT
Email Address	mshaiguy@yahoo.com.sg	OI Vehicle Number	SLQ7063R	TP Vehicle Number	
Claim Description	SLQ7063R / SJT7315Y ON 20 Jul 2018	S-ASSINANCE (Basel Court)		Name of Preferred Workshop	-
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼		
Require Finalisation	Yes ▼	Preferered Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Rec
Date Registered	21/07/2018 10:09	Claim Close Date		Date Received	21/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
			Save Submit		
Attachment					

Accident No.

MT/1003930

Claim No.

Last Doc. Received

Yes O No

Path *

Upload Date

21/07/2018 10:10

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Message Read		

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Clear	Please Select	•	NO	*	Normal	- 0
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				Video List
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