

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	21/08/2018 10:07
Date Of Accident	20/08/2018 08:30
Exact Location Of Accident	PIE(TUAS) AFTER THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1148Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NAQIB BIN ISMAIL
NRIC No	S9042577C
Email Address	MNIZARRAZEEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96897660
Alternative Phone No	OTHERS-90125255

Vehicle Particulars

Manufacturer	OPEL
Model	CROSSLAND X 1.2(A)
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	5100607533 (PRE)
Cover Note Number	24/04/2018 - 23/04/2019

Driver

Name of Driver	MUHAMMAD NIZAR RAZEEN BIN ISMAIL
NRIC No	S9329147F
Date Of Birth	14/08/1993
Occupation	INDOOR
Date Of Driving Pass	05/12/2012
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90125255
Fax Number	
Contact Number	
Email Address	MNIZARRAZEEN@GMAIL.COM

Address	7 FOO KIM LIN ROAD
Postcode	419681
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	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

ON 20/08/2018 @ 0830HRS, I WAS DRIVING ALONG PIE(TUAS) WHEN SUDDENLY A CDGE TAXI LICENSE NO SH7397S HIT MY CAR REAR BUMPER. I WAS ON THE RIGHT MOST LANE. THE TRAFFIC WAS SLOW AND THE WEATHER WAS FINE

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7397S
Vehicle Make/Model/Colour	TAXI
Details Of Properties	FRONT BUMPER
Vehicle Category	TAXI
Name of Driver	AHMAD DAHLAN BIN ARSHAD
NRIC/Passport Number	S1384222A
Contact Number	91997404
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

NTUC Income Motor Service Centre

Vehicle No.

Report Date: 8/21/2018 Start Time: 10:17 AM

Report No: MIT/

D.O.B: 20/8/18

Make / Model

SLZ11K8Y
Opel

Reporting Type: TP

End Time: /

SKETCH PLAN

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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/are 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 based 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 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 reasonable required for the purposes stated; or

(ii) for complying with requirements under any regulations, law or court orders.

8/21/2018 10:12

Policyholder's Signature
Date & Time:

X *[Signature]*

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

21/8/2018 10:35 AM

8/21/2018 10:12

Reporting Centre Personnel's Signature
Name: Chen Junliang
NRIC/ Fin No: S960765

Sketch Plan #2

SKETCH PLAN

PIETULAS AFTER THOMSON RD EXIT

Vehicle A: SLZ1148Y Vehicle B: SH73975

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 August 2018 at about 0830hrs, I was driving along the Pau Island Expressway towards Tuos when suddenly a Comfort Delgro taxi licence no. SH73975 hit my car rear bumper. I was on the right most lane. The traffic flow was slow and the weather was fine.

DECLARATION

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

<p>8/21/2018 10:12</p> <p>Policyholder's Signature</p> <p>Date & Time:</p>	<p>X <i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder)</p> <p>Date & Time:</p> <p>21/8/2018 10:35 AM.</p>	<p>8/21/2018 10:12</p> <p><i>[Signature]</i></p> <p>Reporting Centre Personnel's Signature</p> <p>Name: Chen JunJiang</p> <p>WFOC File No: 5990785</p>
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