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Veh No: YM3559x	E-mail (within Shrs, AIC 2hrs)	 		139
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Preferred Wksp / INC Assign Wksp / QW:			ax:	
TP Particulars: Veh No:JL	27212K INC(The state of the s		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: (,	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	75 H - 10 H
Year of Registration: ()	Warranty: YES ()/NO ()		
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to proceed their

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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</u> 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.

- 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.

and the sample of the sample o	ACCIDENT STATEMENT
Date Of Report	01/10/2018 16:43
Date Of Accident	03/07/2018 17:05
Exact Location Of Accident	SLIP RD JLN EUNOS TWDS EUNOS CRES
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM3559X
Insured/Policyholder	
Name Of Registered Owner	SHAKIRA'S BUTCHERY & WEDDING SERVICES
Co Reg No	53239462C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94830762
Alternative Phone No	OFFICE-94830762
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83PEOSRDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
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	5065213840-04
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NASRULHAQ BIN ABDUL MUTALIB
NRIC No	S9716442H
Date Of Birth	26/05/1997
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90130034
ax Number	
Contact Number	
John Got Hamber	OFFICE-90130034

Address BLK 358 TAMPINES STREET 33

#02-660 520358

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

+

Insurance Company of Driver's Own Vehicle

1.00

NO

NO

NO

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?
Was any injured conveyed to hospital by

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) 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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD JLN EUNOS TWDS EUNOS CRES. SUDDENLY VEHICLE B JAMMED BRAKE OF HIS VEHICLE AS THE PEDESTRIAN CROSSING. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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 SLZ7262K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ALI BIN IBRAHIM
NRIC/Passport Number S1606650H

Contact Number

316

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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

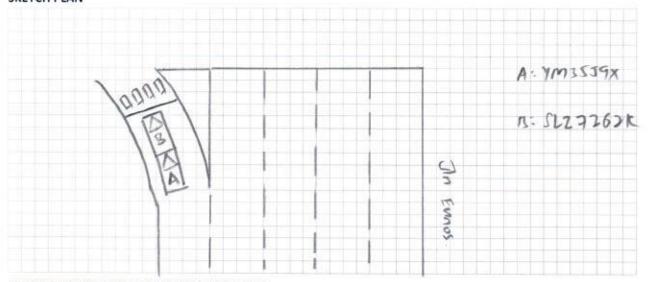
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

W.
refer to distement.

DECLARATION

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

Reg No: 53239462C Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

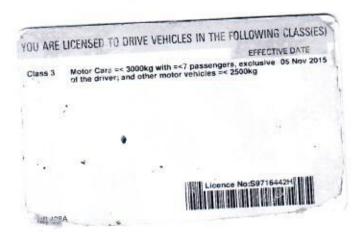
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:













ccident HT/1013859					
123-2000					
olicy No.	5065213840-04	Vehicle No.	YM3559X	GST Registration No.	
ertificate No.					
olicyholder Name	SHAKIRA'S BUTCHERY & WEDDING SERVICES			Policyholder NR3C	53239462C
roduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	94830762	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	IN ▼
96	® No ⊜ Yes	TCA	® No ⊜Yes	eCode Reason	10.0
D Protection	No	NCD Entitlement(%)	20		1460
Accident Details	110	reco choosinent wy	20	Private Hire	No
port Date					
	01/10/2018 20:54	Accident Report Within 24 hrs.		Accident Type	Collision - Head to Rear
e of Acodem	03/07/2016	Time of Accident hhimm	17:08	Country of Academ	Singapore
orting Centre		Orange Force		3CM No.	
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Excess					
damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
amed Driver Excess		Outside Singapore OD Excess			
d Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.	27		GST Status Venfied	Yes	
fication History			dat states verned	res	
Policyholder Mailing Ad	ldress				
ess t	BLK 301 #03-32	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520301
900.4		Address Type	Singapore address	Post Code	520301
No.	08-03	Related Policy Number	5065213840-04	Post code	520301
OI Driver Info		season rout noone.	3003213940-04		
r Name	Unnamed Driver	ALCO MANAGEMENT	1000000040000		
med driver Name		Driver Type	Unnamed Driver	10 100	
	MUHAMMAD NASRULHAQ BIN A	Driver NRIC	59716442H	Driver DOB	26/05/1997
ter Date of Driver License		Driver Age	21	Driving Expenence	2
act No.(Mobile)	90130034	Contact No.(Office)	0	Contact No. (Home)	.0
ess 1	BLK 356	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE S20358
055 4		Address Type	Singapore address	Post Code	520358
No.	02-660				
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