

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 liability.
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	23/10/2018 18:34
Date Of Accident	06/10/2018 01:00
Exact Location Of Accident	LABRADOR PARK CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5466Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMED BASHIR B SALIHEEN
NRIC No	S1617272C
Email Address	KASH240114@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92990672
Alternative Phone No	OTHERS-92990672

Vehicle Particulars

Manufacturer	MAZDA
Model	5
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	REPORTING ONLY
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	5080429460-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASHRAF BIN MOHAMED BASHIR
NRIC No	S9839323D
Date Of Birth	30/11/1998
Occupation	INDOOR
Date Of Driving Pass	08/01/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92990672
Fax Number	
Contact Number	OTHERS-92990672
Email Address	KASH240114@GMAIL.COM

Address	BLK 112A DEPOT ROAD #05-119
Postcode	101112
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	COLLIDED INTO PARKED VEHICLE
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: : SALLEH GENDER: : MALE
Passenger 2	NAME: : MIRZAN GENDER: : MALE
Passenger 3	NAME: : RIZUAN GENDER: : MALE

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	SGA6472T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASMIN BIN ABDUL KADIR
NRIC/Passport Number	S8223906E
Contact Number	90931736

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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/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:

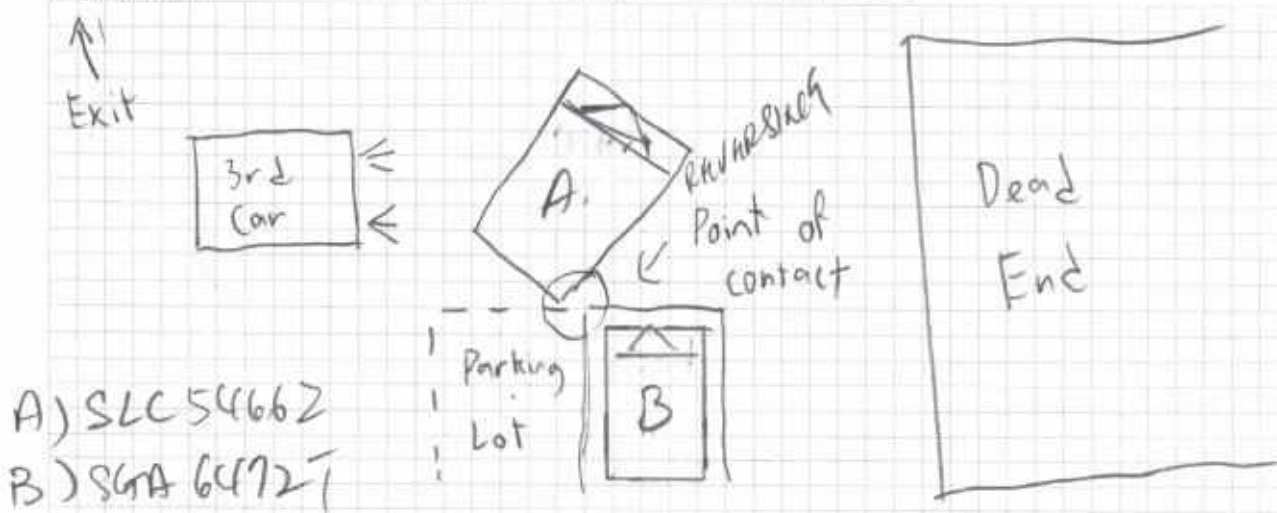
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

LABRADOR PARK CARPARK



A) SLC 5466Z
B) SGA 6472T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 06th October 2018, I was leaving Labrador Park in the car Mazda 5 (SLC5466Z) with my three friends. As I was leaving the carpark, I had to make a 3-point turn into the empty parking lot beside a parked car. Plate number, SGA 6472T. As I was reversing, there was a third car which was waiting to pass, which impaired my visibility slightly. Looking at the third car while reversing, my car met with a slight knock onto the front of the parked car. I immediately came out to assess the damages which were very non-visible.

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.:

Claim Handling

Accident MT/1015562

Policy No.	5080429460-02	Vehicle No.	SLC5466Z	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED BASHIR B SALIHEEN			Policyholder NRIC	5161/222C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
WPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available
▼ Accident Details					
Report Date	15/10/2018 09:35	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	06/10/2018	Time of Accident hh:mm	01:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ Benefits					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
Transport Allowance		99999999.99			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 112A #05-119	Address 2	DEPOT ROAD	Address 3	DEPOT HEIGHTS
Address 4	SINGAPORE 101112	Address Type	Singapore address	Post Code	101112
Unit No.	#05-119	Related Policy Number	5080429460-02		

▼ OT Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	MOHAMED BASHIR B SALIHEEN	Insured NRIC	51617
Contact No.(Mobile)	98307842	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT		TP	
Claim Description	SLC5466Z / SGA0472T On 6 Oct 2018			Vehicle Number	SGA464
Preferred Workshop		Insured Liability	Fullly at Fault	Name of Preferred Workshop	
Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered		GIA report	Received	Claim Close Date	23/10/2018 18:33
Report Taken By				Date Received	23/10/

Print AK letter

Save Submit

Attachment

Accident No.	MT/1015562	Claim No.	002		
Last Doc. Received	Yes No	Upload Date	23/10/2018 18:44		
Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	H
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE) (BUKIT MERAH) on 23 Oct 2018 18:44		SAS	Normal	SAS 2018-10-23	



NAC



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 18:44

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 18:33

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 18:33

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 18:33

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 18:33

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 18:33

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 18:33

Photos

Normal

Photos 2018-10-23

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2018 18:33

Photos

Normal

Photos 2018-10-23

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

Our Ref: MT/CA/TP/001/1015562-001/A/VU

15 Oct 2018

MOHAMED BASHIR B SALIHEEN
BLK 112A #05-119
DEPOT ROAD
DEPOT HEIGHTS
SINGAPORE 101112

Dear Policyholder

CLAIM NUMBER: MT/1015562-001

ACCIDENT INVOLVING SLC5466Z / SGA6472T on 6 Oct 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 10 / 2018 (DD/MM/YYYY), TIME: 01 . 00 (HH:MM)
LOCATION: Labrador Park Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC5966Z
b) INSURANCE COMPANY: NTHL
c) POLICY NUMBER: 5080429460-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mercedes
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
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: Muhammad Ashraf (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S98393230 CONTACT: 92940672
c) ADDRESS: Blk 112A #05-119 Depot Road Singapore 101112

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (30 / 11 / 1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/01/18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son

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

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: SGA647LT MODEL: _____
b) DRIVER'S NAME: Jasmin Bin Ah Kadir
c) NRIC/FIN/PASSPORT: S8223706E CONTACT: 9093 1736

9. THIRD PARTY VEHICLE

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

SALAH
NIRZAM
RIZUAN

No of passenger
(including driver)
(4)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = kash240114@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9839323D



Name

MUHAMMAD ASHRAF BIN MOHAMED
BASHIR

Race

INDIAN

Date of birth

30-11-1996

Country/Place of birth
SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9839323D

MUHAMMAD ASHRAF BIN MOHAMED
BASHIR

Birth Date: 30 Nov 1996

Issue Date: 08 Jan 2018



5188499

NRIC No. S9839323D



Date of issue

01-07-2013

Address

APT BLK 112A DEPOT ROAD
#05-119
SINGAPORE 101112

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 08 Jan 2018

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/10/2018 16:38"/>
Vehicle No. (For Motor)	<input type="text" value="SLC5466Z"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5080429460-02		MOHAMED BASHIR B SALIHEEN	S1617272C	GPC	drive PREMIUM	SLC5466Z	SLC5466Z	18/05/2018	17/05/2019