

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	16/11/2018 10:16
Date Of Accident	05/11/2018 11:20
Exact Location Of Accident	SEBBAWANG AVENUE FILTER INTO YISHUN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3688E
Insured/Policyholder	
Name Of Registered Owner	NORAZA BINTE SURANI
NRIC No	S80004071
Email Address	OKGOZ_21@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82306982
Alternative Phone No	OTHERS-82306982

Vehicle Particulars

Manufacturer	BMW
Model	318i
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101003217
Cover Note Number	

Driver

Name of Driver	ALIFF SHAFIEIN BIN SAFIE'E
NRIC No	S8271224J
Date Of Birth	19/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82306982
Fax Number	
Contact Number	OTHERS-82306982
Email Address	OKGOZ_21@HOTMAIL.COM

Address	BLK 326 SEMBAWANG CRESCENT #08-52
Postcode	750326
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181108/2048

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	FBH5967L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NUR SHAHIRA BINTE KAMARUDIN

NRIC/Passport Number	S9530412E
Contact Number	84282493
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	NUR SHAHIRA BINTE KAMARUDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH5967L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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:

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

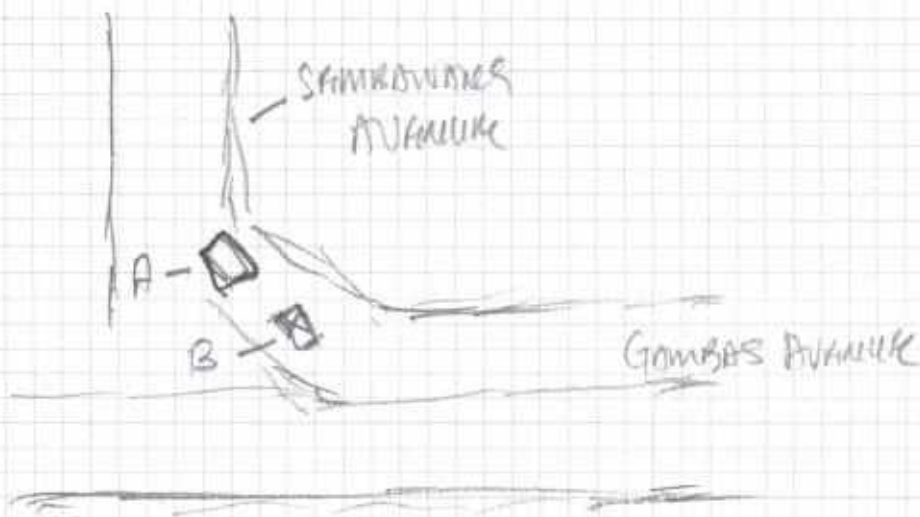
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SHIMBOMWOK AVENUE FILTER LANE To YISHIM ROAD

A) SKB 3688 F

B) FBH 5967 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20/8/108/2048

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:

16/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

16/11/2018

Rashid A. H. B.



SINGAPORE POLICE FORCE



T/20181108/2048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181108/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 11:56	Vide Report No.: F/20181105/0133	Station Diary No.:
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Informant's Particulars

Name of Informant: ALIFF SHAFAEIN BIN SAFIE'E			Address: APT BLK 326 SEMBAWANG CRESCENT #08-52 SINGAPORE 750326		
ID Type / ID No.: NRIC NO / S8271224J			Contact No.: Home/Office: Mobile: 82306982		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 19/04/1982	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/11/2018 11:20	Type of Location:
Location: Along Road 1 SEMBAWANG AVENUE FILTER INTO YISHUN ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5967L	Motorcycle					0
SKB3688E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181108/2048

CONTINUATION OF REPORT

Rider			
Name	NUR SHAHIRA BINTE KAMARUDIN	ID No.	S9530412E
Related Vehicle	FBH5967L (Motorcycle)	Contact No.	84282493
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ALIFF SHAFAEIN BIN SAFIE'E	ID No.	S8271224J
Related Vehicle	SKB3688E (Car)	Contact No.	82306982
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ON SEMBAWANG AVENUE IN MY VEHICLE SKB3688E, ON THE FILTER LANE TOWARDS YISHUN ROAD. I WAS BEHIND THE ZEBRA CROSSING AND THERE WAS A MOTORCYCLE BEARING THE PLATE NUMBER FBH5967L. WHEN I SAW THE RED LIGHT, I SAW THAT THE MOTORCYCLE WAS MOVING OFF SO I PROCEEDED TO CHECK MY BLIND SPOT WHILE MOVING FORWARD SLOWLY. WHEN I TURNED BACK, I SAW THAT FBH5967L, SUDDENLY EMERGENCY BRAKED. I EMERGENCY BRAKED TOO TO AVOID COLLISION BUT COULD NOT STOP MY CAR IN TIME, CAUSING MY FRONT BUMPER TO COLLIDE ONTO THE REAR OF FBH5967L.

AFTER THE COLLISION, I GOT OFF MY VEHICLE TO HELP THE RIDER. WE EXCHANGED PARTICULARS AND CALLED THE AMBULANCE. SHORTLY AFTER, THE AMBULANCE AND THE POLICE CAME. THE RIDER WAS CONVEYED BY THE PARAMEDICS.



**SINGAPORE
POLICE FORCE**



T/20181108/2048

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181108/2048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
ZENG ZI CONG

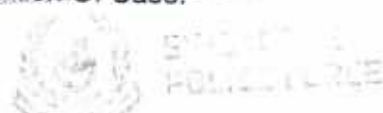
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Signature Of Informant:

Date/Time:
08/11/2018 11:56

Classification Of Case:



Authentication Stamp
NP168

Claim Handling

Accident MT/1019083

Policy No.	5101003217	Vehicle No.	SKB36688	GST Registration No.	
Certificate No.					
Policyholder Name	NORAZA BINTE SURANI	Cover Type	Comprehensive	Policyholder NRIC	580004071
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KPI	= No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	06/11/2018 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	05/11/2018	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	12/11/2018 10:59:04 Deborah Mui changed GST Status Verified from No to Yes.				

Policyholder Mailing Address

Address 1	BLK 473 #14-1R1	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAPORE 680473
Address 4		Address Type	Singapore address	Post Code	680473
Unit No.	14-1R1	Related Policy Number	5101003217		

OT Driver Info

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

Modification History

Claim 002 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received	Claim Close Date	16/11/2018 10:47	Date Received	16/11/2018
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown						
Date Registered									
Report Taken By									

Print AK letter

Save Submit

Attachment

Accident No.	MT/1019083	Claim No.	002	Upload Date	16/11/2018 10:47
Last Doc. Received	Yes No				
Path *		Category *	Confidential	Urgency *	Desc.
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Choose File	No file chosen	Please Select	NO	Normal	
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16

11/16/2018

Claim Handling(Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	Photos	Normal	Photos 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 16 Nov 2018 10:47	SAS	Normal	SAS 2018-11-16

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 11 / 2018 (DD/MM/YYYY), TIME: 11 : 29 (HH:MM)

LOCATION: Sembawang Ave Filter Ln

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB3688E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bmw 318i Sedan
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving Grab
 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: NOHAZA BINTE SURANI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S80004071 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Aliff Shafiq Bin Safie'e (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8271224/5 CONTACT: 82306982
 c) ADDRESS: Bik 326, Sembawang Crescent, #08-52

* d) DATE OF BIRTH: 19 / 04 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 29/12/2015

i) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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: Trafic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBH5967L MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

✓ 1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8271224J



ALIFF SHAFAEIN BIN SAFIE'E



Race
MALAY
Date of birth
19-04-1982
Country/Place of birth
MALAYSIA

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8271224J

ALIFF SHAFAEIN BIN SAFIE'E

Birth Date: 19 Apr 1982
Issue Date: 29 Dec 2015



SG
50

5357145



NRIC No. S8271224J



Date of issue
26-09-2014

APT BLK 326 SEMBAWANG CRESCENT #08-52
SINGAPORE 750328
NRIC No: S8271224J Date: 27/09/2014

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 29 Dec 2015

NP 428A



My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

SKB3688E

Certificate Number

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"/>	5101003217		NORAZA BINTE SURANI	S60004071	GCV	Comprehensive	SKB3688E	SKB3688E	26/05/2018	25/05/2019

Continue