

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	29/01/2019 10:45
Date Of Accident	28/01/2019 11:00
Exact Location Of Accident	JUNC OF UPPER CROSS ST & NEW BRIDGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG8930Y
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Co Reg No	201611814M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62826184
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5080551065-02
Cover Note Number	-
Driver	
Name of Driver	MOHAMAD FEZAL BIN ABU BAKAR
NRIC No	S7539010F
Date Of Birth	27/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87843213
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 56 LENGKOK BAHRU #08-455
Postcode	150056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN 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

I STOP AT THE TRAFFIC JUNC OF UPPER CROSS STREET & NEW BRIDGE RD DUE TO RED LIGHT, MY VEH ACCIDENTALLY ROLLED FORWARD TOUCH ONTO THE TAXI REAR PORTION WHICH WAS INFRONT OF ME. NO VISIBLE DAMAGE ON THE TAXI.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9844S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

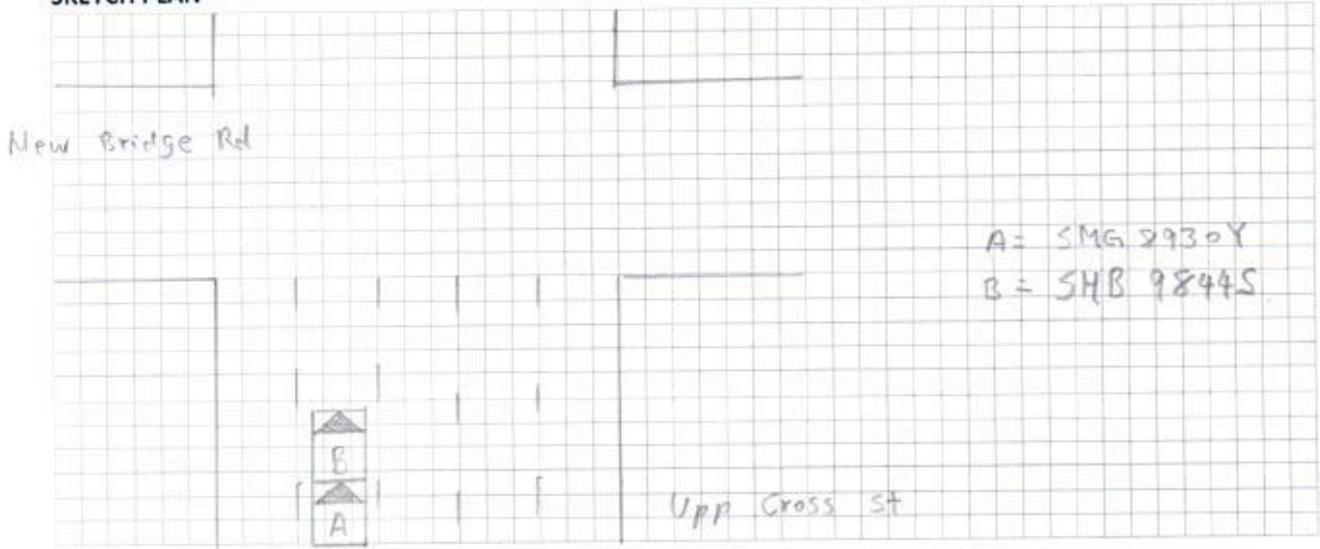


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

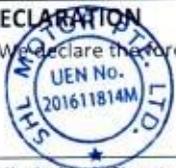


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

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.:

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7539010F**

Name: **MOHAMAD FEZAL BIN ABU BAKAR**

Issue Date: **7/4/2014**

Please visit www.lta.gov.sg to check the status of this vocational licence

PDVL/TOVL
33 828 8288
253948



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7539010F**

Name: **MOHAMAD FEZAL BIN ABU BAKAR**

محمد فزال بن بوبكر

Race: **MALAY**

Date of Birth: **27-12-1975** Sex: **M**

Country of Birth: **SINGAPORE**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7539010F**

Name: **MOHAMAD FEZAL BIN ABU BAKAR**

Birth Date: **27 Dec 1975**

Issue Date: **13 Feb 2003**

000195468H



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	08/04/2011

Barcode

2646799

Barcode

NRIC No: **S7539010F**

APR 06 2013

19-06-1995

APT BLK 58 LENGKOK CAHRU #06-455
SINGAPORE 150056
NRIC No: **S7539010F** Date: 10/01/2013 No: **7312163**



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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Feb 19

NP 428A

Licence No: **S7539010F**

Barcode

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5080551065-02

Cover : Third Party

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SMG8930Y |
| Chassis Number | : JHMRN684075200531 |
| 2. Name of Policyholder | : SHL MOTOR PTE. LTD. |
| 3. Effective Date of Insurance | : 10 Jan 2019 |
| 4. Expiry Date of Insurance | : 09 Jan 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ONE STOP INSURANCE AGENCY (00000571115)
 Date of Issue : 21 May 2018 17:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1029924

Policy No.	5080551065-02	Vehicle No.	SMG8930Y	GST Registration No.	
Certificate No.				Policyholder NRIC	2016
Policyholder Name	SHL MOTOR PTE. LTD.	Cover Type	Third Party	Loading	0
Product Code	FLEET INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Not a
NCD Protection	No				

▼ **Accident Details**

Report Date	29/01/2019 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Unkn
Date of Accident	28/01/2019	Time of Accident hh:mm	11:05	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

▼ **Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL F	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	4089.
Unit No.	01-09	Related Policy Number	5105872558		

▼ **DI 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Handling

Accident MT/1029924

Policy No.	5080551065-02	Vehicle No.	SMG8930Y	GST Registration No.	
Certificate No.				Policyholder NRIC	2016
Policyholder Name	SHL MOTOR PTE. LTD.	Cover Type	Third Party	Loading	0
Product Code	FLEET INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Not a
NCD Protection	No				

▼ **Accident Details**

Report Date	29/01/2019 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Unkn
Date of Accident	28/01/2019	Time of Accident hh:mm	11:05	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

▼ **Excess**

Total Excess Applicable					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Excess Type		Windscreen Excess	0.00		

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

Driver is Covered?

Claim Handling(Claim Task)

1/29/2019

OD Standard Excess
 YIED OD Excess
 Additional Excess 0.00
 Total OD Excess Applicable

TP Standard Excess
 YIED TP Excess
 Total TP Excess Applicable

Driver is Covered?

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	S1 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL F	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.	01-09	Related Policy Number	5105872558		

OI 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?	Driver Vehicle No.	Driver Insurer Company

Modification History

Claim 002 OD-MX **New**

Claim Type * **OD-MX** Insured Name **SHL MOTOR PTE, LTD.**

Contact No.(Mobile) Contact No. (Home)

Email Address OI Vehicle Number **SMG8930Y**

Claim Description: **SMG8930Y / SHB98445 ON 28 Jan 2019**

Preferred Workshop **0** Insured Liability **Fully at Fault** GIA report **Received**

Workshop No. Finalisation **Yes** Preferred Repair Option **Preferred Workshop, Name unknown** Claim Close Date **29/01/2019 17:24**

Date Registered Report Taken By **LIEW SHAN HUI** Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. **MT/1029924** Claim No. **002**

Last Doc. Received Yes No Upload Date **29/01/2019 17:25**

Path *

Choose File No file chosen	Clear	Please Select	Confidential NO	Urgency Normal
Choose File No file chosen	Clear	Please Select	Confidential NO	Urgency Normal
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Choose File No file chosen	Clear	Please Select	Confidential NO	Urgency Normal
Choose File No file chosen	Clear	Please Select	Confidential NO	Urgency Normal
Choose File No file chosen	Clear	Please Select	Confidential NO	Urgency Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:25	SAS	Normal	SAS 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:25	Photos	Normal	Photos 2019-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:25	Photos	Normal	Photos 2019-1-29



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:25	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:25	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:24	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:24	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:24	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:24	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:24	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:24	Photos	Normal	Photos 2019-1-29

Video List

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