Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 28/02/2019 10:49

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 witholding 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	28/02/2019 10:36
Date Of Accident	24/02/2019 17:25
Exact Location Of Accident	BLK 418 CHOA CHU KANG AVENUE 4 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX2932C
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AZHAR BIN KHAMIS
NRIC No	S7510024H
Email Address	KHAMIS.BJAIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97567196
Alternative Phone No	OTHERS-97567196
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE
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	5059382530-05
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD AZHAR BIN KHAMIS
NRIC No	S7510024H
Date Of Birth	30/12/1948
Occupation	INDOOR
Date Of Driving Pass	25/06/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97567196
Fax Number	
Contact Number	OTHERS-97567196
EMail Address	KHAMIS.BJAIS@GMAIL.COM

Address	BLK 422 CHOA CHU KANG AVENUE 4 #04-232
Postcode	680422
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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

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	SCH9141B
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL HISHAM
NRIC/Passport Number	S8029907I
Contact Number	98811061
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1	NAME:	:
	GENDER:	:
Passenger 2	NAME:	:
	GENDER:	:

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 27/2/19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 28/02/2019

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/2/19 @ 1125 hrs at carpark of Blk 418 Choa Chu Kang Ave 4. After took left, right and left I drive my car Reg SJX 2932C from Lot No 222 to right exit of the carpark. Suddenly a car from my left knocked into my front left Bumper.

No one is injured. my car was slightly damaged at front left bumper and the other car SCH 9141B slightly damaged at front right bumper as show in photograph.

Both of us wanted to settle and we signed the mutual settlement form. I was informed that he wanted to settle about $1400 (damaged plus his salary).

That is all

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: 27/2/19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 28/02/2019

MUTUAL AGREEMENT

Mutual Settlement Form

When involved in a motor accident, you can choose to enter into a private settlement with the OWNER of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor
- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each other.

It is a legally binding agreement.

1. Details of the Accident:
   Date (dd/mm/yyyy): 24/02/2019 Time: 1725hrs.
   Location: carpark blk 418 Choa Chu Kang Ave 4

2a. Vehicle registration no. SLH 9141B driven by KHAIRUL HISHAM S8029907I
(Name & Nric no) and owned by KHAIRUL HISHAM S8029907I (Name & Nric no).

2b. Vehicle registration no. SJX 2532C driven by KHAMIS BIN JAIS S0019572H
(Name & Nric no) and owned by Ford Aztar S7510024H (SOLD) (Name & Nric no).

3. The parties have agreed to settle this matter amicably as follows: *delete a or b as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages incurred or To be incurred as a result of the accident.

*b. Without any admission of liability, KHAMIS (party paying compensation) has paid a sum of $ _____ which KHAIRUL (owner receiving compensation) hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

will pay upon getting quotation

To be received.

4. There are no personal injuries to the undersigned parties.

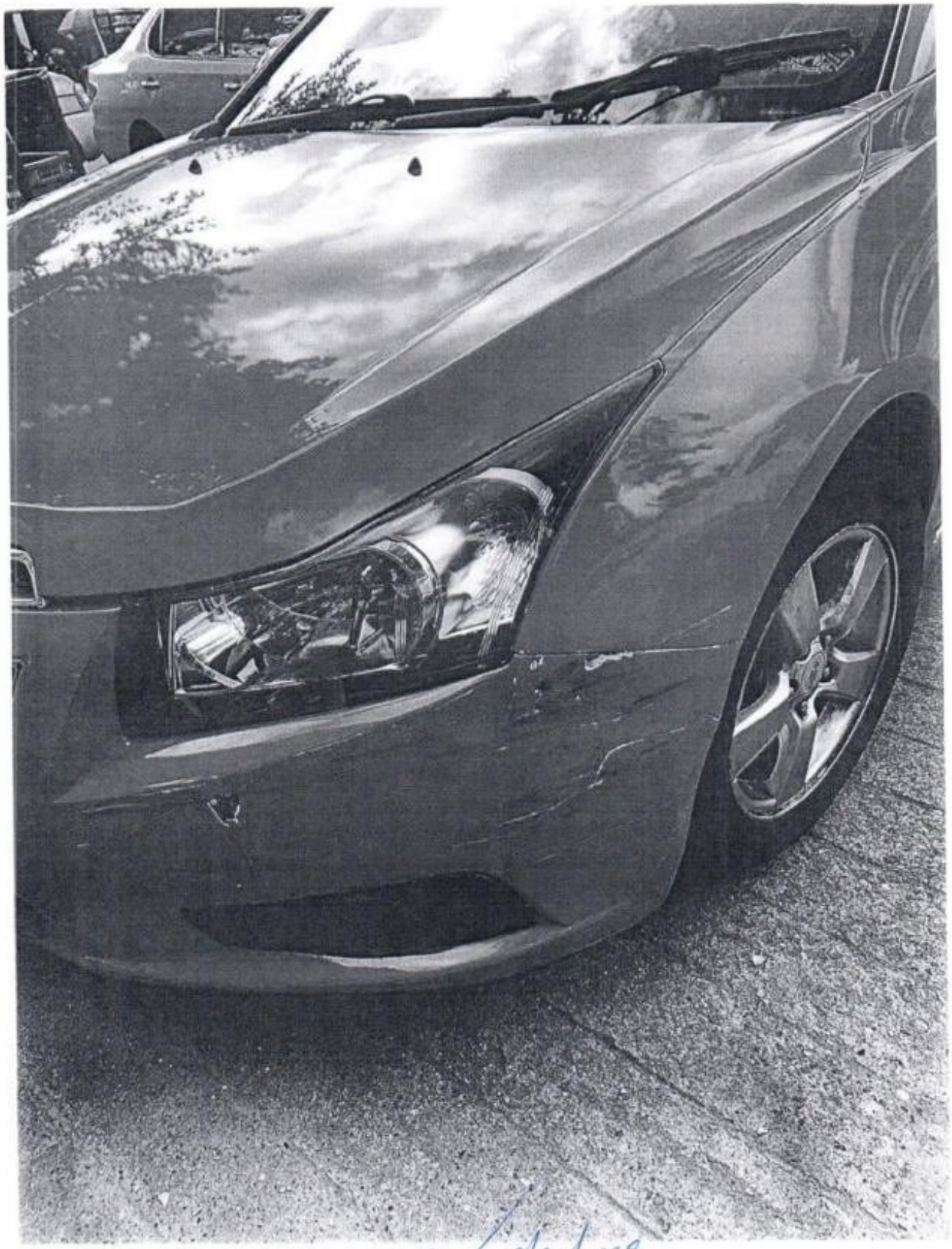
5.

	Vehicle A no.: SLH 9141B	Vehicle B no.: SJX 2532C
Name	KHAIRUL HISHAM	KHAMIS BIN JAIS
NRIC no.	S8029907I	S0019572H
Address	~~KHAIRUL~~ 316 BUKIT BATOK ST 32 #12-137 S(650316)	422 Choa Chu Kang Ave 4 #04-232 S(680422)
Tel no.	98811061	97567196.
Signature & Date	24/9	

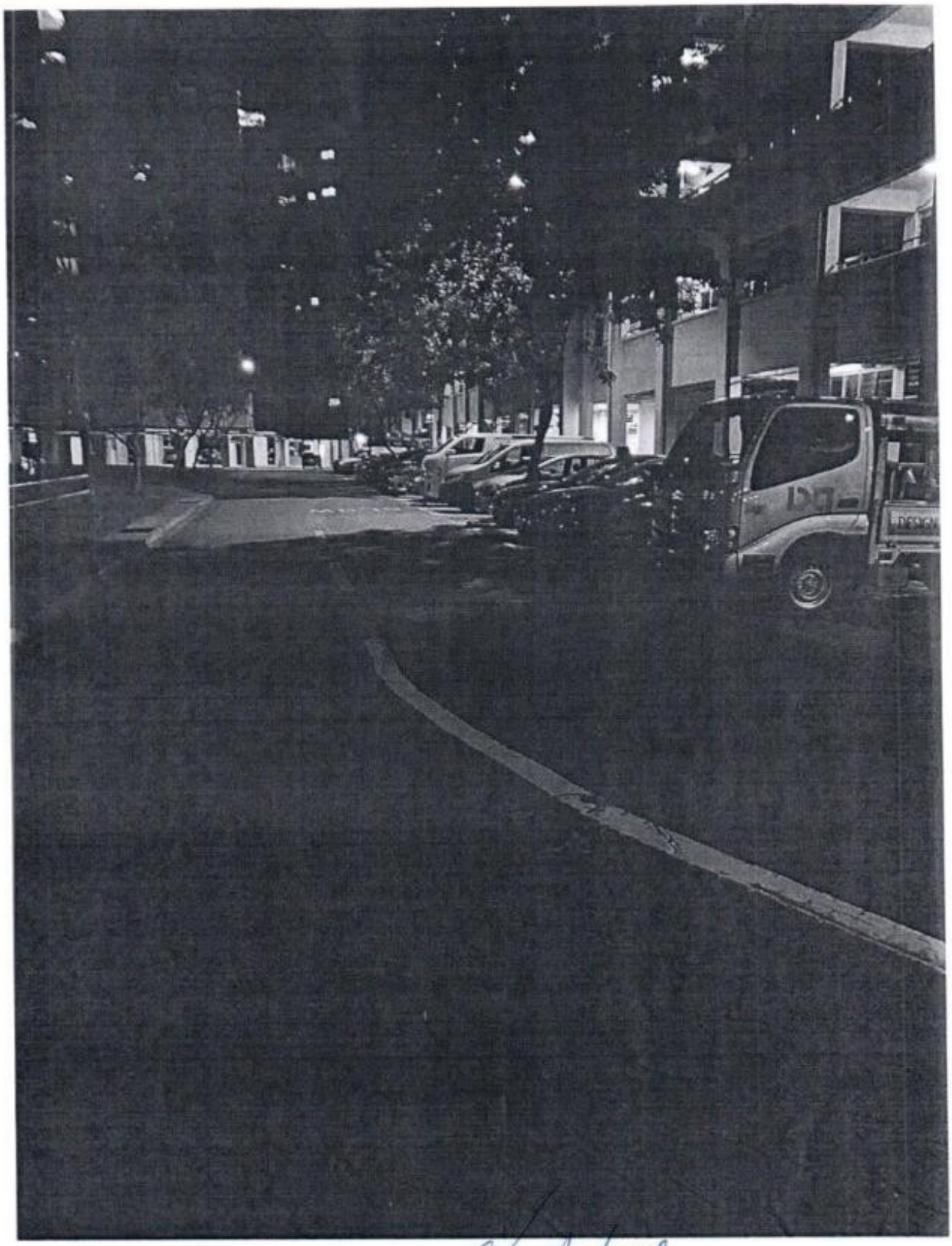
28/02/2019

PHOTO

PHOTO

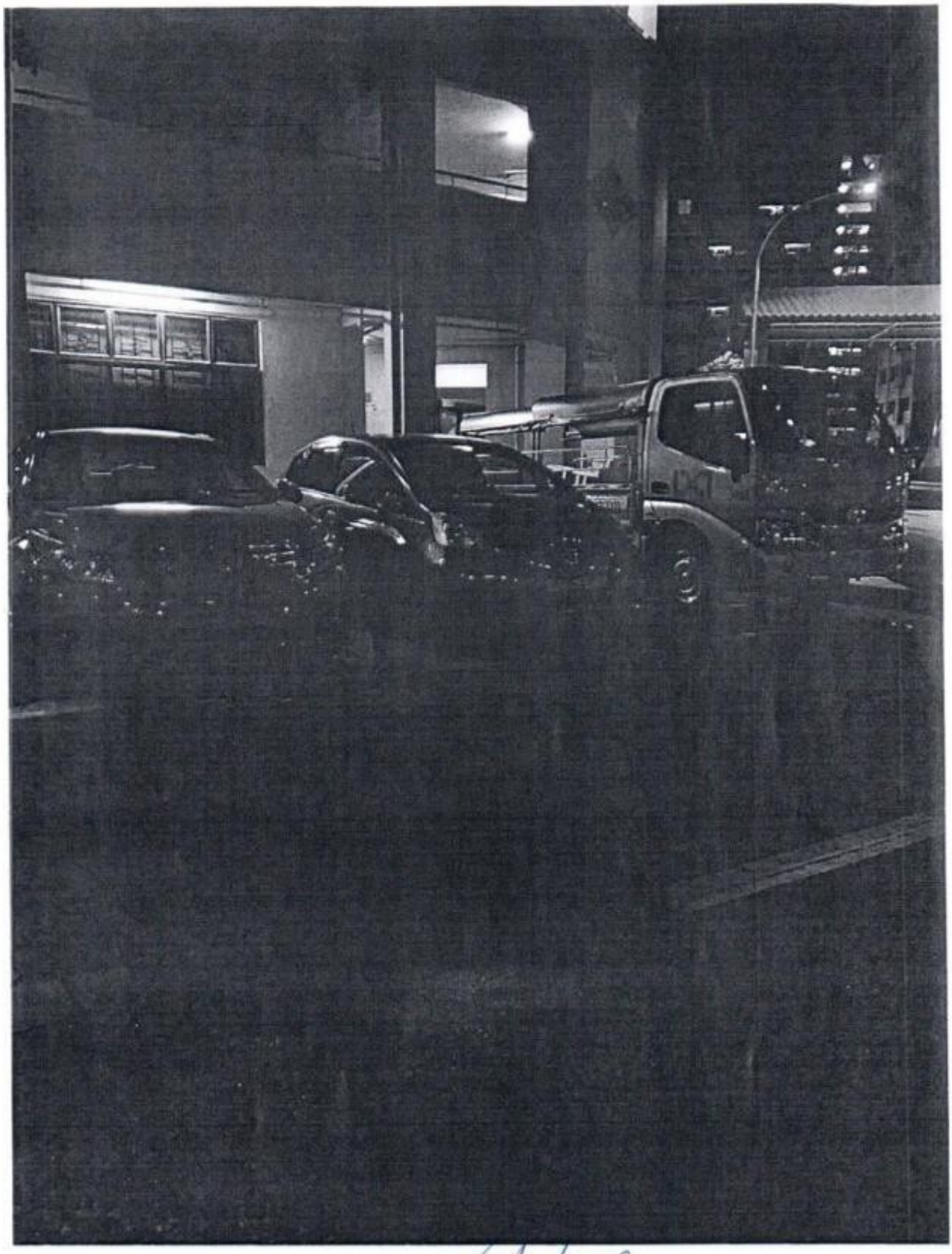


PHOTO



28/05/2019

PHOTO



28/02/2019

PHOTO

PHOTO

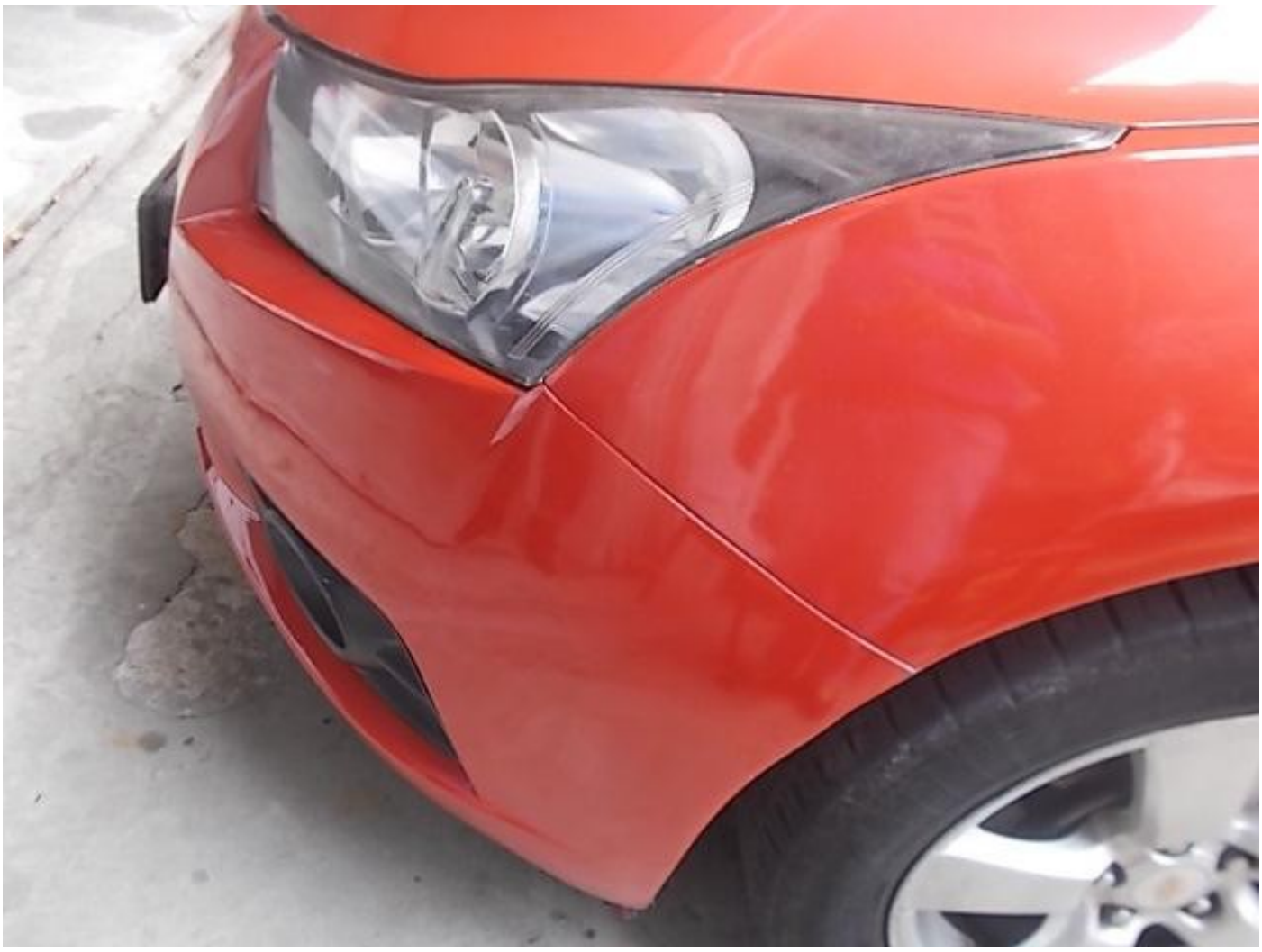
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo