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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

	ACCIDENT STATEMENT
Date Of Report	06/03/2019 17/42
Date Of Accident	05/02/2019 12:30
Exact Location Of Accident	ALONG TAMPINES AVENUE 7 TOWARDS TPE
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FA4522H
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NASHIR BIN KADIR HUSSAIN
NRIC No	S7837704F
Email Address	LENCO1443@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98324170
Alternative Phone No	OTHERS-98324170
Vehicle Particulars	COMMUNICACIONE ENTRE DE CONTRACTOR DE CONTRA
Manufacturer	VESPA
Model	PX150-150CC
Exact Purpose for which vehicle was being used at time of accident	
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102778722
	Proposition of the Control of the Co

Driver

Cover Note Number

Name of Driver MOHAMED NASHIR BIN KADIR HUSSAIN

NRIC No S7837704F Date Of Birth 06/12/1978 Occupation INDOOR Date Of Driving Pass 14/05/2005

Driving Experience 13 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98324170

Fax Number

Contact Number OTHERS-98324170

EMail Address LENCO1443@YAHOO.COM.SG

BLK 606 HOUGANG AVENUE 4 Address

#11-173

Postcode 530606

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 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) 2

involved in the accident

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.

Number of Passengers (Including Driver)

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

NO

1

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLW4122S

Vehicle Make/Model/Colour

HONDA SHUTTLE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM HUN TAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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")
- 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:
 - 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

PAC)

Driver's Signature (If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signat

Name:

NRIC/FIN No

As I was turing left from Tampines Ave I towards TPE, the said vehicle that was infront of me made a sudden break at a zebra crossing
Thus i too made of Sudden break which
resulting slightly hitting the right near singhal
This resulting in a slight crack on the
signal cover. There was no damage at my
Vehicle as only my left side mirron has
hit the said signed light.

DECLARATION

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

Policyholder's Signature Date & Time: 060319 Driver's Signature (If driver is not the policyholder) Date & Time:

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

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3/6/2019

- Video List

NAC_BURLT_MERAH_BOGGYS(MATIONAL ALBEISEMENT CENTRE SERVICE S (BURLT MERAH)) UN DS MAY 2019 17:54

MAC_MUNIT_MERANI_ROD(70), NATIONAL ADDRESSMENT CRIMINE SERVICE S (BURIT MERANI) UN UN MUI JUTS (7:5A*

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Claim Handling(Claim Task 002 OD-MX)

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Our Ref: MT/CA/TP/001/1031056-001/CC/VU

08 Feb 2019

MOHAMED NASHIR BIN KADIR HUSSAIN BLK 606 #11-173 HOUGANG AVENUE 4 SINGAPORE 530606

Dear Policyholder

CLAIM NUMBER: MT/1031056-001 ACCIDENT INVOLVING FA4522H / SLW4122S on 5 Feb 2019

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

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

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at

Yours sincerely

Goh Peng Hong Manager

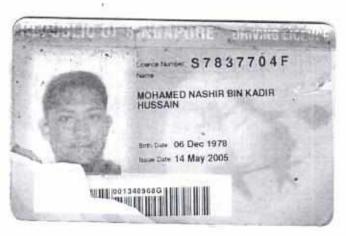
Motor Insurance

ACCIDENT STATEMENT

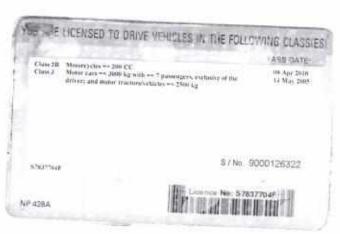
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