





## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FA4522H
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	VESPA
Model	PX150-150CC
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102778722
Cover Note Number	
<b>Driver</b>	
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

Address	BLK 806 HOUGANG AVENUE 4 #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) 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	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

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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: 17/30 060319

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

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



SKETCH PLAN

Along Tampines Avenue 7 Towards TPE

A) FA 4522H

B) SLW 4122S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As i was turning left from Tampines Ave 7 towards TPE, the said vehicle that was in front of me made a sudden break at a zebra crossing. Thus i too made a sudden break, which resulting slightly hitting the right rear signal. This resulting in a slight crack on the signal cover. There was no damage at my vehicle as only my left side mirror has hit the said signal light.

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 060319  
1745

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]* 06/03/2019  
*[Signature]*

## Claim Handling

Accident MY/1031098

Policy No.	5103778722	Vehicle No.	FA4022H	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NASHIR BIN RADIR HUSSAIN	Cover Type	Third Party	Policyholder NRIC	5767704F
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		License	0
Contact No. (Mobile)	NA	Special Remarks		Contact No. (Home)	
Email Address		TCL	- No - Yes	eCode	NA
KPI	- No - Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	NA			Private HRS	NA

**Accident Details**

Report Date	08/03/2019 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	08/03/2019	Time of Accident (approx)	00:10	Country of Accident	Singapore
Reporting Centre	admin@vitality	Orange Form	NA	ICM No.	
Accident Location	TAMPINES AVE 7 TOWARDS TPE				

**Excess**

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BUKIT MERAH #11-173	Address 2	KOUDANG AVENUE 4	Address 3	SINGAPORE 130408
Address 4		Address Type	Singapore address	Post Code	433808
Unit No.		Related Policy Number	5103778722		

**OT Driver Info**

Driver Name		Driver Type		Driver IDNR	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Office)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
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 OD-MX [New](#)

Claim Type *	OD-MX	Insured Name	MUHAMMAD NASHIR BIN RADIR	Insured NRIC	5767704F
Contact No. (Mobile)	86324170	Contact No. (Home)	67821406	Contact No. (Office)	
Email Address		CI	FA4022H	TP	SLW41225
Claim Description	FA4022H / SLW41225 ON 3 Feb 2019			Vehicle Number	
Preferred Workshop		Insured License	Fully at Fault	Name of Preferred Workshop	
Insurance No. (Policyholder)	Yes	Preferred	Preferred Workshop Name unknown	USA reports	Received
Date Registered	08/03/2019 17:40	Claim Close Date		Date Received	08/03/2019 17:54
Report Taken By	ROSLI WANAB	Workshop Report		Total Loss Int. Received	

[Print 4K letter](#)

[Save](#) [Submit](#)

## Attachment

Accident No.	MY/1031098	Claim No.	002
Last Doc. Received	* Yes - No	Upload Date	08/03/2019 18:12

File \*

Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Description *
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](#)

[Attachment List](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (COI)
	NAC_BUKIT_MERAH_80D676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Mar 2019 18:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-6	
	NAC_BUKIT_MERAH_80D676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Mar 2019 18:32	SAS	Normal	SAS 2019-3-6	
	NAC_BUKIT_MERAH_80D676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Mar 2019 17:54	Photos	Normal	Photos 2019-3-6	
	NAC_BUKIT_MERAH_80D676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Mar 2019 17:54	Photos	Normal	Photos 2019-3-6	

3/6/2019

Claim Handling( Claim Task 002 OD-MX)

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 05 May 2019 17:54

Photo

Normal

Photos 2019-3-6

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 05 May 2019 17:54

Photo

Normal

Photos 2019-3-6

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 05 May 2019 17:54

Photo

Normal

Photos 2019-3-6

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

[Display in new window](#)[Scan and uploading](#)

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 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](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance



# ACCIDENT STATEMENT

ACCIDENT DATE: (05/02/19) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: Temple Road 7 Road TPE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FA 4522 H  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VESPA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: MOHAMED NASHIR BIN KADIR HUSSAIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7837704F CONTACT: 98224170  
 c) ADDRESS: BLK 606 HOUSANG AVE 4 #11-173  
S530606

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 06/12/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 06042010

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: HOUSANG POLICE STN

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 4122 S MODEL: HONDA SHUTTLE  
 b) DRIVER'S NAME: LIM HUN TAN  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

email = lencol443@yahoo.com.sg  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7837704F



Name  
**MOHAMED NASHIR BIN KADIR  
HUSSAIN**

Race  
**INDIAN**

Date of birth  
**06-12-1978**

Sex  
**M**

Country of birth  
**SINGAPORE**


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7837704F

Name  
**MOHAMED NASHIR BIN KADIR  
HUSSAIN**

Birth Date **06 Dec 1978**

Issue Date **14 May 2005**



499 2001



NRIC No. S7837704F



Date of issue  
**02-12-2009**

APT BLK 606 HOUGANG AVENUE 4 #11-173  
SINGAPORE 530606

NRIC No: S7837704F Date: 10/03/2012 No: 7070146

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2B	Motorcycles -- 200 CC	08 Apr 2016
Class 3	Motor cars -- 1000 kg with -- 7 passengers, exclusive of the driver; and motor tractors/vehicles -- 1500 kg	14 May 2005

S7837704F

S / No. 9000126322

NP 428A



License No: S7837704F

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.

Date of Accident

05/02/2019 17:54

Vehicle No. (For Motor)

FA4522H

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102778722		MOHAMED NASHIR BIN KADIR HUSSAIN	S7837704F	GMC	Third Party	FA4522H	FA4522H	01/09/2018	31/07/2019