

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	24/05/2019 17:10
Date Of Accident	24/05/2019 15:45
Exact Location Of Accident	PIE EXIT 9 FILTER LANE TOWARDS JLN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT6999R
Insured/Policyholder	
Name Of Registered Owner	ZUHRI BIN WAHAB
NRIC No	S7129643A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90041334
Alternative Phone No	OFFICE-90041334

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY
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	5099020671-01
Cover Note Number	-

Driver

Name of Driver	ADAM BIN ZUHRI
NRIC No	S9930987C
Date Of Birth	29/09/1999
Occupation	INDOOR
Date Of Driving Pass	24/05/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96524747
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 23 HAIG RD #18-24
Postcode	430023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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: : ZUHRI BIN WAHAB 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

PLEASE REFER TO ATTACHED STATEMENT.

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	SLM4822H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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

Please Refer to Sketch

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.:



NO CONTRACT. GO GOMO.

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streetdirectory.com


Paya Ubi Industrial Park, 53 Ubi Avenue 1 408934

Location of Company

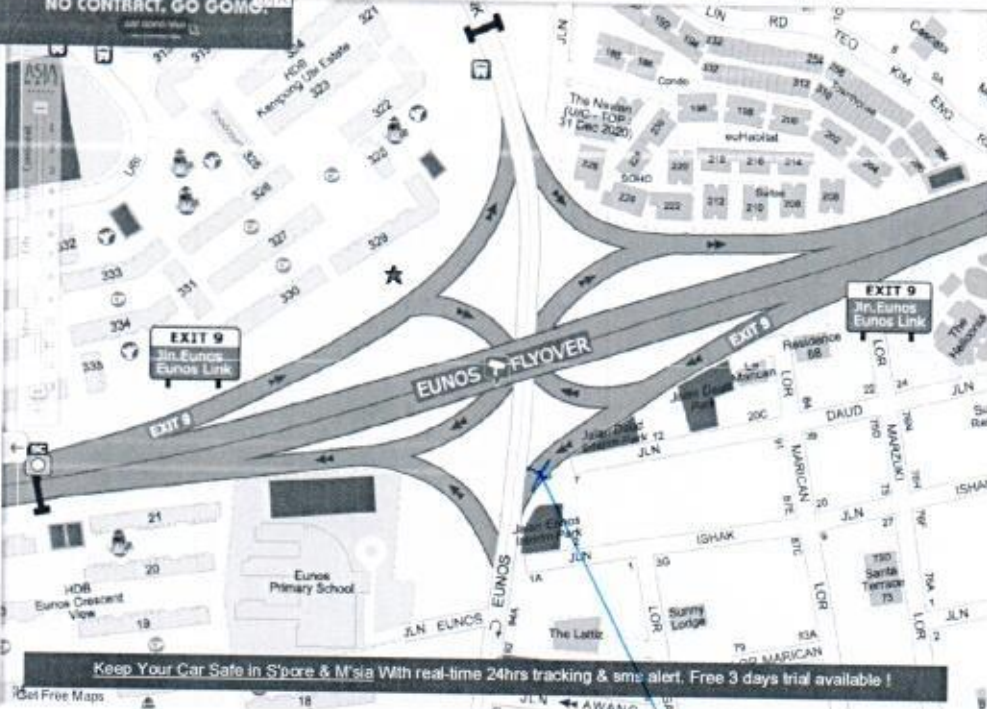
Paya Ubi Industrial Park
53 Ubi Avenue 1
(S)408934

Map Directions

- Map
- Building Directory
- Photos
- What's Nearby
- Get Tips
- Getting Here



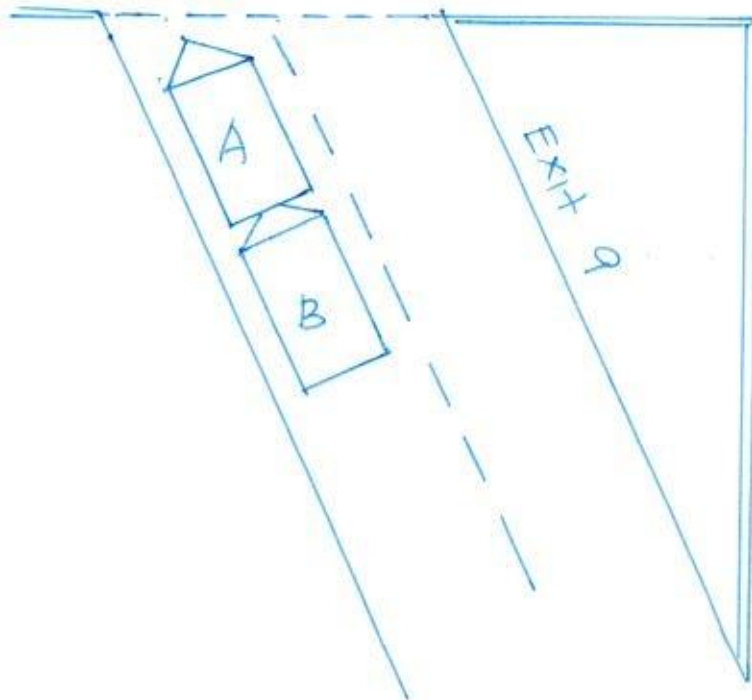
5 Things You Shouldnt Do If Hes Cheating On You



Keep Your Car Safe in S'pore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

Jalan Eunos

Accident site



A - SGT6999R
B - SLM4822H

Handwritten signature
59930987C

Accident Statement

On 24th of May 2019 around 1545Hrs, I was driving my vehicle (SGT6999R) along PIE (Exit 9) filter lane towards Jalan Eunos. While waiting for on vehicles to clear, suddenly a vehicle (SLM4822H) hit onto the rear of my vehicle. The rear of my vehicle was damaged. The rear boot could not close properly and caused the alarm system to malfunction. I'm making a claim against third party.

A handwritten signature in blue ink, appearing to read 'Adam Bin Zuhri', is written over a horizontal line.

Name: Adam Bin Zuhri
I/C: S99030987C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9930987C**



Name

ADAM BIN ZUHRI

ادم بن زهري

Race

MALAY

Date of birth

29-09-1999

Sex

M

S9930987C



Country/Place of birth

SINGAPORE

6021647



NRIC No. **S9930987C**



Date of issue

27-08-2018

Address

APT BLK 23 HAIG ROAD
#18-24
SINGAPORE 430023



SINGAPORE POLICE FORCE

TRAFFIC POLICE - SINGAPORE

CLASS 3 AUTO DRIVING TEST REPORT

CANDIDATE ID NO : S9930987C
NAME OF CANDIDATE : ADAM BIN ZUHRI
TEST CENTRE : CDC
TEST DATE : 24/5/2019 11:45 AM
PASSING GRADE : Accumulation of less than 20 demerit points with no immediate failure mistake.

Dear Sir/Madam

Congratulations! You have performed well in your driving test. However, we still urge you to improve on the mistakes listed below and we require you to observe all traffic rules and be a safe and courteous driver on the road. A qualified CLASS 3 AUTO driving licence will be issued to you and we would like to extend a warm welcome to you to the motoring society.

If you do not have an existing Singapore Qualified Driving Licence (QDL), please apply for your QDL online via <https://www.police.gov.sg>. Before you apply for your QDL online, please ensure that you have taken a digital photograph at the driving centre where you had passed your practical test.

If you have an existing valid Singapore Qualified Driving Licence (QDL) for another class of licence, please request for the driving tester to paste the endorsement sticker of all the valid class(es) of your driving licence at the back of your photo card driving licence.

Remarks from the tester

NIL

Mistakes made during the test

Demerit Item Description	Location	Pts	Count	Free Count	Immediate Failure Count	Awarded Pts
Turn steering whilst vehicle is stationary	In Circuit - Parallel Parking	2	1	0	0	2
Change lane abruptly	Eunos Link	4	1	0	0	4
Fail to look out for traffic / pedestrians at junction	Ubi Ave 3 X Ubi Rd 3	4	1	0	0	4

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: 5099020671-01

Cover : drive CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SGT6999R |
| Chassis Number | : ZNE100362873 |
| 2. Name of Policyholder | : ZUHRI BIN WAHAB |
| 3. Effective Date of Insurance | : 20 Apr 2019 |
| 4. Expiry Date of Insurance | : 19 Apr 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ZUHRI BIN WAHAB
NAMED DRIVER (1)	: ZARINA BTE NAZARUDIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : SAFE HARBOUR ENSURANCE (00000573456)
Date of Issue : 25 Mar 2019 15:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1045972

Policy No.	5099020671-01	Vehicle No.	SGT6999R	GST Registration No.	
Certificate No.					
Policyholder Name	ZUHRI BIN WAHAB	Cover Type	drive CLASSIC	Policyholder NRIC	571296
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90041334	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	24/05/2019 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	24/05/2019	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE EXIT 9 FILTER LANE TOWARDS JLN EUNOS				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2,500.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	3,100.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 23 #18-24	Address 2	HAIG ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	430023
Unit No.		Related Policy Number	5099020671-01		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/09/1990
Unnamed driver Name	ADAM BIN ZUHRI	Driver NRIC	S9930987C	Driving Experience	0
Register Date of Driver License	24/05/2019	Driver Age	19	Contact No.(Home)	
Contact No.(Mobile)	96524747	Contact No.(Office)		Address 3	HAIG ROAD
Address 1	BLK 23 #18-24	Address 2	HAIG ROAD	Post Code	430023
Address 4	SINGAPORE 430023	Address Type	Singapore address		
Unit No.	18-24				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ZUHRI BIN WAHAB
Contact No.(Mobile)	90042606	Contact No. (Home)	68421154
Email Address		O1 Vehicle Number	SGT6999R
Claim Description	SGT6999R / SLM4822H ON 24 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	24/05/2019 17:31
			LIEW SHAN HUI

☒ Print AK letter.

Save Submit

Attachment

Accident No.	MT/1045972	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/05/2019 17:32
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 17:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 17:31	SAS	Normal	SAS 2019-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 17:31	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 17:31	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 17:31	Photos	Normal	Photos 2019-5-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 17:31	Photos	Normal	Photos 2019-5-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 May 2019 17:31	Photos	Normal	Photos 2019-5-24

Video List

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