

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	01/06/2019 13:27
Date Of Accident	31/05/2019 16:30
Exact Location Of Accident	GEYLANG RD TWDS KALLANG DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9497M
Insured/Policyholder	
Name Of Registered Owner	SABRUDI BIN MAHDARI
NRIC No	S1249695H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98278694
Alternative Phone No	OFFICE-98278694

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	5080414183-02
Cover Note Number	-

Driver

Name of Driver	SABRUDI BIN MAHDARI
NRIC No	S1249695H
Date Of Birth	02/11/1957
Occupation	INDOOR
Date Of Driving Pass	29/01/1980
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98278694
Fax Number	
Contact Number	OFFICE-98278694
Email Address	NOEMAIL

Address	BLK 702 PASIR RIS DR 10 #02-123
Postcode	510702
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 - MAJOR/MINOR RD
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?	YES
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)	3
Passenger 1	NAME: : ZAITON BINTE SIRAT GENDER: : FEMALE
Passenger 2	NAME: : MAI SYA RIZQAA GENDER: : FEMALE

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	SJM3570P
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)

DETAILS OF INJURED PERSON 1

Name SABRUDI BIN MAHDARI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLB9497M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ZAITON BINTE SIRAT
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLB9497M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MAI SYA RIZQAA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLB9497M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

31/5/19

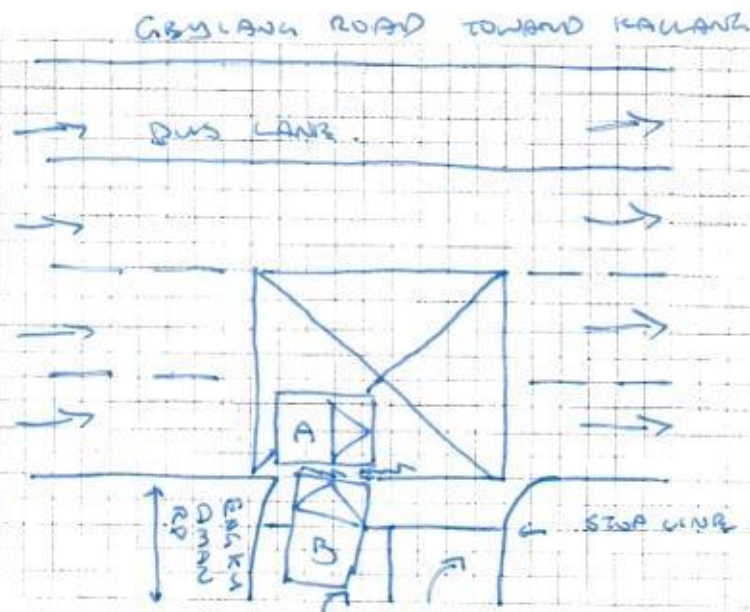
Driver's Signature
(If driver is not the policyholder)
Date & Time:

31/5/19

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

SKETCH PLAN

Vehicle A
- SLB 9497M
Vehicle B
- SJM 3570P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG GEYLANG ROAD TOWARD KALLANG DIRECTION. I WAS ON THE EXTREME RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, WHILE AT THE JUNCTION, (GEYLANG ROAD/ ENANG AMAN RD) SUDDENLY A VEHICLE CAME OUT AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE. AS IT WAS TOO SUDDEN, I GOT NO TIME TO REACT TO PREVENT THE ACCIDENT TO HAPPEN.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SJM 3570P) THAT IGNORE THE STOP LINE AND CAME OUT FROM THE ROAD AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE.

VEHICLE A - SLB 9497M

VEHICLE B - SJM 3570P

DECLARATION

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

Policyholder's Signature
Date & Time:
31/5/19

Driver's Signature
(If driver is not the policyholder)
Date & Time:
31/5/19

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

Vehicle No.	SLB 9497M	Model / Make	KIA CERATO PORTO
Date of Accident	31/05/19		
Time of Accident	1630	HRS	
Location of Accident	GEYLANG ROAD	TOWARD	KALLANG DIRECTION
Exact purpose use during accident	PRIVATE USE		
Name of Owner	SABRUDI BIN MAHDARI		
Telephone No.	H/P: 98278694	Home:	Office:
NRIC	51249695H		
Address	BLK 702 PASIR RIS DR 10	#02-123	S(510702)
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5080414193		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	2 (WIFE, GRANDDAUGHTER)
Date of birth	02 NOV 1957		
Occupation	Outdoor / Indoor		
Driving License Pass Date	29 JAN 1980		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	OWNER	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	SABRUDI BIN MAHDARI, 98278694		
Name And Contact No.	ZAITON BINTI SIRAT, 9155 2790	MAI SYAI RIZQAH (GRAND DAUGHTER)	
Police Report	No, If Yes, Where?		
Vehicle B No.	SJM 3570P	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	RIGHT SIDE OF VEHICLE		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	SAN		
FAX NO	6741 0510		
WORKSHOP E-MAIL ADDRESS	sales@nhi.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1249695H



Name
SABRUDI BIN MAHDARI

سبرودي بن مهدياري

Race
BOYANESE

Date of birth
02-11-1957

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1249695H

Name

SABRUDI BIN MAHDARI

Birth Date: 02 Nov 1957

Issue Date: 10 Jul 2017



002701817E

5774473



JRIC No. S1249695H



Date of issue
10-07-2017

Address

APT BLK 702 PASIR RIS DRIVE 10
#02-123
SINGAPORE 510702

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

EFFECTIVE DATE

Class 2B	Motorcycles \leq 200 cc	24 Feb 1978
Class 2A	Motorcycles between 201 cc and 400 cc	24 Feb 1978
Class 2	Motorcycles $>$ 400 cc	24 Feb 1978
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	29 Jan 1980
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	04 Aug 1988

NP 428A



Licence No: S1249695H

Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/05/2019 13:26"/>
Vehicle No.(For Motor)	<input type="text" value="SLB9497M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5080414183-02		SABRUDI BIN MAHDARI	S1249695H	GPC	drive CLASSIC	SLB9497M	SLB9497M	20/07/2018	19/07/2019

Claim Handling

Accident MT/1047193

Policy No.	5080414183-02	Vehicle No.	SLB9497M	GST Registration No.	
Certificate No.					
Policyholder Name	SABRUDI BIN MAHDARI			Policyholder NRIC	S12496
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98278694	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	01/06/2019 15:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	31/05/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD TWDS KALLANG DIRECTION				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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 702 #02-123	Address 2	PASIR RIS DRIVE 10	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510701
Unit No.	02-123	Related Policy Number	5080414183-02		
OI Driver Info					
Driver Name	SABRUDI BIN MAHDARI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1249695H	Driver DOB	02/11/1980
Register Date of Driver License	29/01/1980	Driver Age	61	Driving Experience	39
Contact No.(Mobile)	98278694	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 702 #02-123	Address 2	PASIR RIS DRIVE 10	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510701
Unit No.	02-123				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	SABRUDI BIN MAHDARI
Contact No.(Mobile)	98278694	Contact No. (Home)	65827453
Email Address		OI Vehicle Number	SLB9497M
Claim Description	SLB9497M / SJM3570P ON 31 May 2019		
Preferred Workshop	<input type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	01/06/2019 16:01
			LIEW SHAN HUI
<input type="checkbox"/> Print AK letter			
Save Submit			

Attachment

Accident No.	MT/1047193	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

01/06/2019 16:02

Path *

Choose File No file chosen

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Message Read

Category *	Confidential	Urgency *
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼
Clear Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	SAS	Normal	SAS 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 16:01	Photos	Normal	Photos 2019-6-1

Video List

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