

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	03/06/2019 17:52
Date Of Accident	03/06/2019 11:30
Exact Location Of Accident	WOODLANDS CROSSING TWDS JB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1861X
Insured/Policyholder	
Name Of Registered Owner	ZAHID AHMAD BIN MASAUOOD AHMAD
NRIC No	S8001897E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92989642
Alternative Phone No	OFFICE-92989642

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108223182
Cover Note Number	-

Driver

Name of Driver	ZAHID AHMAD BIN MASAUOOD AHMAD
NRIC No	S8001897E
Date Of Birth	16/01/1980
Occupation	INDOOR
Date Of Driving Pass	14/02/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92989642
Fax Number	
Contact Number	OFFICE-92989642
Email Address	NOEMAIL

Address	5 RIVERVALE CRES #07-09
Postcode	545084
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?	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)	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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG9870S
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	ZAHID AHMAD BIN MASAUOOD AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKN1861X
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:

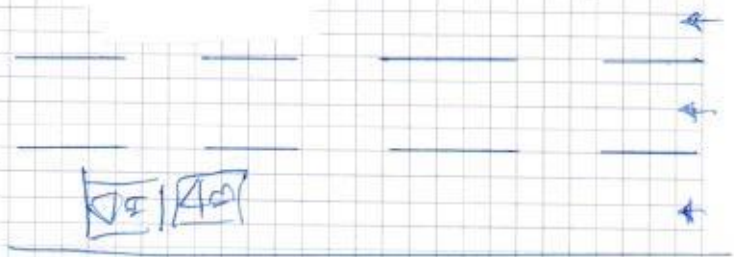

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A: SKN1861X
Vehicle B: SEG9870S

Woodland Crosswalk towards JB



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A' was
travelling along the stated venue. Due to some vehicle stopped
I followed suit. Moment later, vehicle 'B' ~~was~~ had only very
shortway vehicle rear portion.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8001897E**





Name
**ZAHID AHMAD BIN MASAUOOD
AHMAD**

Race
INDIAN

Date of birth
16-01-1980

Country/Place of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8001897E**

Name
**ZAHID AHMAD BIN MASAUOOD
AHMAD**

Birth Date: **16 Jan 1980**

Issue Date: **12 Mar 2004**



5926821



NRIC No: **S8001897E**




Date of issue
02-05-2018

Address
**5 RIVERVALE CRESCENT
#07-09
SINGAPORE 545084**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
14 Feb 2001



Licence No: **S8001897E**

NP 428A

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/06/2019 17:50"/>
Vehicle No.(For Motor)	<input type="text" value="SKN1861X"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108223182		ZAHID AHMAD BIN MASAUOOD AHMAD	S8001897E	GPC	drivo CLASSIC	SKN1861X	SKN1861X	18/03/2019	17/03/2020

Claim Handling

Accident MT/1047463

Policy No.	5108223182	Vehicle No.	SKN1861X	GST Registration No.	
Certificate No.					
Policyholder Name	ZAHID AHMAD BIN MASAUOOD AHMAD			Policyholder NRIC	S8001897E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92989642	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

▼ Accident Details

Report Date	04/06/2019 09:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	03/06/2019	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CROSSING TWDS JB				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	5 RIVERVALE CRESCENT	Address 2	#07-09 RIVERVALE CREST	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	S45084
Unit No.		Related Policy Number	5108223182		

▼ OI Driver Info

Driver Name	ZAHID AHMAD BIN MASAUOOD AHMAD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8001897E	Driver DOB	16/01/1980
Register Date of Driver License	14/02/2001	Driver Age	39	Driving Experience	18
Contact No.(Mobile)	92989642	Contact No.(Office)		Contact No.(Home)	
Address 1	5 RIVERVALE CRESCENT	Address 2	#07-09 RIVERVALE CREST	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	S45084
Unit No.					
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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	ZAHID AHMAD BIN MASAUOOD
	Contact No. (Home)	NIL
	Vehicle Number	SKN1861X

SKN1861X / SLG98705 ON 3 Jun 2019

04/06/2019 09:11	Claim Close Date	
LIEW SHAN HUI		

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1047463
☒ Yes ☐ No

Claim No.
Upload Date

001
04/06/2019 09:12

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

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 04 Jun 2019 09:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:12	SAS	Normal	SAS 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:12	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:12	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:12	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:12	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:11	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:11	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:11	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:11	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:11	Photos	Normal	Photos 2019-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2019 09:11	Photos	Normal	Photos 2019-6-4

Video List

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