

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 | 11/06/2019 16:00 |
| Date Of Accident | 10/06/2019 15:30 |
| Exact Location Of Accident | UPPER PAYA LEBAR RD B4 PEREIRA RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJF9904H |
| Insured/Policyholder | |
| Name Of Registered Owner | WAH KUM HON |
| NRIC No | S7518055A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81114101 |
| Alternative Phone No | OFFICE-81114101 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | STREAM |
| 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 | 5083940420-01 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | SHARIF MAHADI HASAN |
| NRIC No | G8431599R |
| Date Of Birth | 03/06/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/06/2015 |
| Driving Experience | 4 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84434956 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------|
| Address | 15 JOO SENG RD #06-81 |
| Postcode | 360015 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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) | 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLJ8111R |
| 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

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. 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.
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:



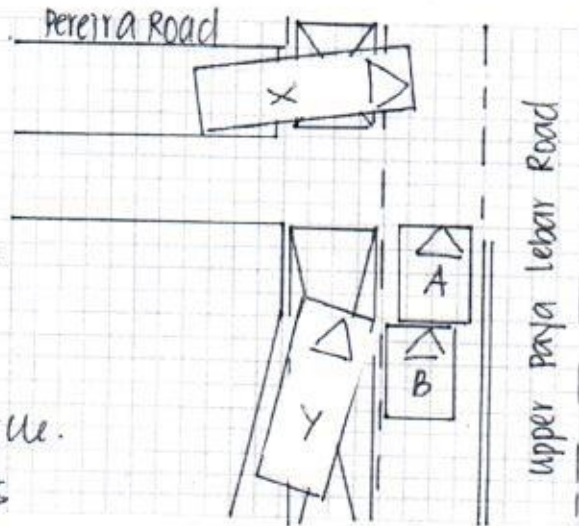
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Vehicle A: 8JF 9904H
 Vehicle B: 8LJ 8111R.
 Vehicle X: Big Vehicle.
 Vehicle Y: SBS Bus



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, 8JF 9904H, was travelling straight along the stated venue. As there was a big vehicle: who signal his intention to turn out, I slowed down and stopped. Meanwhile, the SBS bus beside me stopped as well. Suddenly, vehicle B, 8LJ 8111R, hit onto my stationary vehicle's rear portion. I wish to state that prior to the collision, the bus came out of the busstop, thus I kept to the right of the lane.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 06 / 2019 (DD/MM/YYYY), TIME: 15 : 30 (HH:MM)

LOCATION: Upper Paya Lebar Road, before Pereira Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF9904H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda stream
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Wah Kum Hon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7518055A CONTACT: 81114 101
 c) ADDRESS: 15 Joo Seng Road #06-B1 S(360015)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Manadi Hasan Shahid Md A (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88451522K CONTACT: 8443 4956
 c) ADDRESS: _____

* d) DATE OF BIRTH: 03 / 06 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Worker

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJ8111R MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

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

No of passenger
 (Including driver)
(01)

No of passenger
 (Including driver)
(01) male

No of passenger
 (Including driver)
()

Email =

fax =



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
HMS CONSTRUCTION PTE. LTD.



Name
SHARIF MAHADI HASAN

Work Permit No.
O 63038709

Sector:
CONSTRUCTION



O 63038709



K0329661

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G8431599R**
Name:

**MAHADI HASAN SHARIF MD
ABDUL MANNAN**

Birth Date: **03 Jun 1988**

Issue Date: **10 Jun 2015**

Valid Till: **09 Jun 2018**



002437575K

VISIT PASS
Immigration Regulations

30-01-2015

Name
SHARIF MAHADI HASAN

FIN
G8431599R

Date of Birth Sex
03-06-1988 M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status



**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



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

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg; EFFECTIVE DATE 10 Jun 2015

NP 428A



Hello, NAC_PAYA_UBI_800601

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

Policy No.

Date of Accident

10/06/2019 15:59

Vehicle No.(For Motor)

SJF9904H

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"/> | 5083940420-01 | | WAH KUM HON | S7518055A | GPC | drivo CLASSIC | SJF9904H | SJF9904H | 18/06/2018 | 17/06/2019 |

REPUBLIC OF SINGAPORE DRIVING

License Number: **S7518055A**

Holder

WAH KUM HON (HUA JINHAN)

Birth Date: **18 Jun 1975**

Issue Date: **17 Jan 2003**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7518055A**



Name

**WAH KUM HON
(HUA JINHAN)**

华 锦 汉

Race

CHINESE

Date of birth

18-06-1975

Sex

M

Country of birth

SINGAPORE

YOU ARE

VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

23 Jan 1995
21 May 1996
22 Aug 1997

200 cc
1 cc and 2 cc
factor weight of
kilograms

NP 428A

No: S7518055



3732413



NRIC No. S7518055A



Date of Issue
23-06-2005

Address
APT BLK 15 JOO SENG ROAD
#06-81
SINGAPORE 360015

Claim Handling

Accident MT/1048599

| | | | | | |
|---------------------|--|---------------------|--|----------------------|--------|
| Policy No. | 5083940420-01 | Vehicle No. | SJF9904H | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | WAH KUM HON | | | Policyholder NRIC | 575181 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 81114101 | 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 | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-----------------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 11/06/2019 17:10 | Accident Report Within 24 hrs | Yes | Accident Type | Collision |
| Date of Accident | 10/06/2019 | Time of Accident hh:mm | 15:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | UPPER PAYA LEBAR RD 84 PEREIRA RD | | | | |

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 500.00 | 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 15 #06-81 | Address 2 | JOO SENG ROAD | Address 3 | JOO SENG ROAD |
| Address 4 | SINGAPORE 360015 | Address Type | Singapore address | Post Code | 360015 |
| Unit No. | 06-81 | Related Policy Number | 5083940420-01 | | |

OI Driver Info

| | | | | | |
|---|--|---------------------|-------------------|------------------------|---------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | SHARIF MAHADI HASAN | Driver NRIC | G8431599R | Driver DOB | 03/06/1984 |
| Register Date of Driver License | 10/06/2015 | Driver Age | 31 | Driving Experience | 4 |
| Contact No.(Mobile) | 84434956 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 15 #06-81 | Address 2 | JOO SENG ROAD | Address 3 | JOO SENG ROAD |
| Address 4 | SINGAPORE 360015 | Address Type | Singapore address | Post Code | 360015 |
| Unit No. | 06-81 | | | | |
| 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 002 New

| | | | |
|---------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | WAH KUM HON |
| Contact No.(Mobile) | 81114101 | Contact No.(Home) | |
| Email Address | | Vehicle Number | SJF9904H |
| Claim Description | SJF9904H / SJ8111R ON 10 Jun 2019 | | |
| Preferred Workshop | 0 | Insured Liability | Not at Fault |
| Repair No. | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Finalisation | | GIA report | Received |
| Date Registered | 11/06/2019 18:02 | Claim Close Date | |
| Report Taken By | LIEW SHAN HUI | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1048599 | Claim No. | 002 |
|--------------|------------|-----------|-----|

Last Doc: Received

Yes No

Upload Date

11/06/2019 18:04

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

| | 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 11 Jun 2019 18:04 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:04 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:04 | SAS | Normal | SAS 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:04 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:04 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:04 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:04 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:02 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:02 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:02 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:02 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:02 | Photos | Normal | Photos 2019-6-11 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 18:02 | Photos | Normal | Photos 2019-6-11 |

Video List

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