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Owner# Driver: (.	1-20		Tel:)	
Policy No: () Pe	riod: ()	Cover Type:	()	
Confirmed by ; (Dates .	Tin)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20	%; P: 21-79	%. F: 80-10	0%]	
Year of Registration: ()	Warranty: YES ()/NO()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

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1. 4 在 2 图 10 2 图 10 图 10 图 10 图 10 图 10 图 10	ACCIDENT STATEMENT
Date Of Report	11/06/2019 17:07
Date Of Accident	11/06/2019 13:15
Exact Location Of Accident	ALONG JALAN BUKIT MERAH NEAR ESSO STATION
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ7468T
Insured/Policyholder	
Name Of Registered Owner	QALAAMULLAH BIN MOHAMED FAHIM
NRIC No.	S8740100F
Email Address	QALAAM.MNM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98250149
Allemative Phone No	OTHERS-98250149
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	MUSSO SPORT AT 4X2
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY COMMERCIAL VEHICLE

NO

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD.

Type Of Coverage

Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number

5095121962-01

Cover Note Number

Driver

Name of Driver QALAAMULLAH BIN MOHAMED FAHIM

NRIC No S8740100F Date Of Birth 12/12/1987 Occupation INDOOR Date Of Driving Pass 11/12/2009

Driving Experience 9 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98250149

Fax Number

Contact Number OTHERS-98250149

EMail Address QALAAM,MNM@GMAIL,COM Address

BLK 52 LENGKOK BAHRU

#07-299

Postcode

150052

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

NO

Was any body injured in the Accident? 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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 .

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

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

SBX2U

Vehicle Make/Model/Colour

AUDI A4

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

96353564

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver) Passenger 1

2

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 a
 - (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.

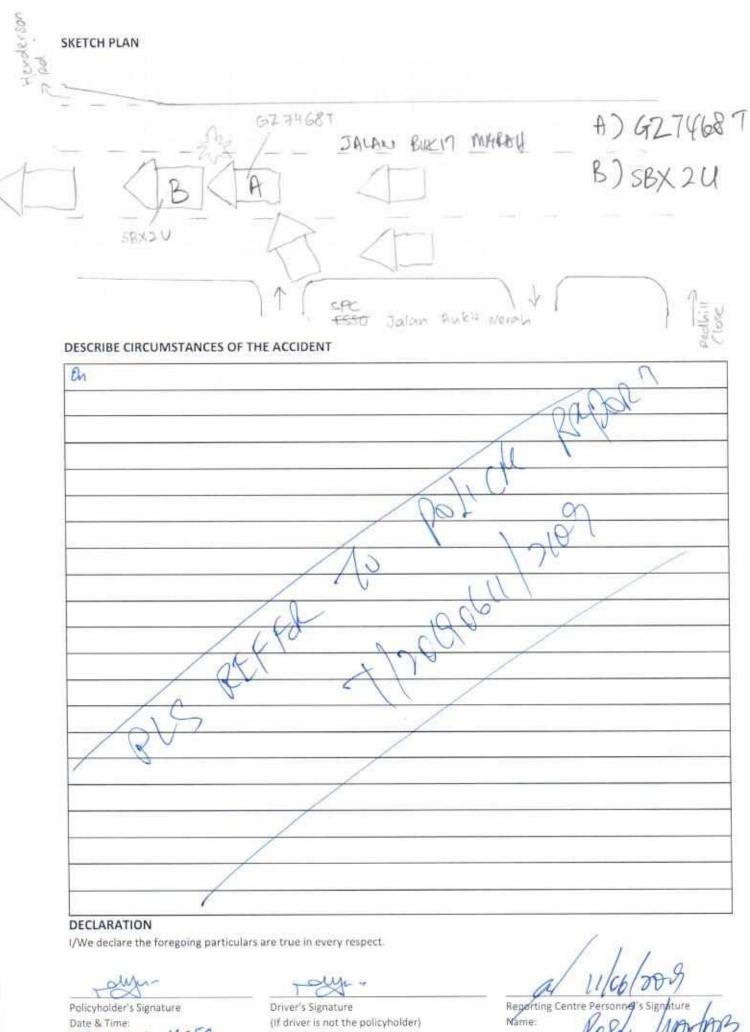
Policyholder's Sig

Date & Time:

11/06/2019

Driver's Signature (If driver is not the policyhalder)

Date & Time: 11 / 06 / 2019



11/06/2019

16:50

(If driver is not the policyholder)

16:50





1 of 3

Report No. T/20190611/2109

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 16:21	lade:	Vide Report No.: Station Diary N		
Informa	nt's Partice	ulars		EQUATE OF PARTY WATER	
	Informant: MULLAH BI	N MOHAMED	Address: APT BLK 52 LENGKOK BAHI	RU #07-299 SINGAPORE 150052	
ID Type	/ ID No.: D / S874010	00F	Contact No.: Home/Office: Mobile: 98250149		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 12/12/1987	Type of Informant:		
Race: Indian			Language: English	Institution / School Name:	
Occupat SCDF C	tion: FFICER		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:	

General Inform	mation of the Accide	ent			
Type of Accident:	Non-Injury	Drink Drive No		Date/Time of Accident: 11/06/2019 13:15	Type of Location: Straight Road
and continued the property of the property of the party o					If the second se
Weather: Clear		Road Surfac Dry	e:	R	load Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Contr Traffic Light		VII.	raffic Volume: leavy
Type of Collis Between Mov	sion: ving Vehicles - Head 1	To Rear		а	inyone conveyed by imbulance:

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger	
GZ7468T	Pick-up truck	SSANGYONG	MUSSO 4X2 AT	Silver	No Damage	0	
SBX2U	Car		111111		No Damage	1	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
GZ7468T	NTUC Income Insurance Co-Operative Limited	5095121962-01	25/02/2019	24/02/2020		





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

2 of 3 Report No. T/20190611/2109

Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On 11/06/2019 at about 1315hrs, I was driving my vehicle bearing registration no. GZ7468T (V1) and exiting Jalan Bukit Merah ESSO petrol klosk. I then came to a stopped at lane 2 nearby Jalan Bukit Merah ESSO petrol klosk as there was heavy traffic. Vehicle bearing registration no. SBX2U(V2) was in front of mine. I realized there was another vehicle exiting the ESSO petrol klosk and going the far most right lane.

I wanted to give way for the vehicle to make its way thus I honked at V2 and V2 then inch forward. As V2 was moving forward, it suddenly jammed brake, causing our vehicles to tapped onto each other. We then got out of the vehicle and made a check and there wasn't any damage to both vehicle. We did not exchange particulars as I did not wanted to hold up the traffic. I managed to get V2's driver no. HP:

I wish to state no one was injured, no government property damage. I wish to also state that V2 has an incar carnera and I do not have any.





3 of 3

Report No. T/20190611/2109

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

EI NO: 1000-377 9999

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: D / Sgt 2 SHARIFAH HANISAH BINTE SAMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2019 16:21
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	SN 45

Actidum MT/1048806					
Paticy No. Certificate No.	5099121862-03	Service No.	G27448P	GGT Registration No.	
Policyholder Name	QALARMOLLAN BOX MOHANESS FAHON				
Promiet Code	COMMUNICIAL UNITED PROJEM	1227-12311		Policy frykter Natur	SEPHDIONE
Contact No.(Mobile)	WEIGHTAG	Cover Type	Third Farty, Fire & Their.	Linesting	5,000
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KTK.	No. tes	Street Remark		ethics	No Y
NCD Flutecher	War 1	1cs	- has true	eCody Negron	Politica de la constante de la
W Accident Details		ACD Entitlement(%)	700	Private risk	: No
Report Date	11/06/2019 17:42				
Date of Accident	11/06/2019	Actident Report William 24 les	Ves	Accident Yape:	Collision - Head to Rear
Separting Centre	***************************************	Time of Accelerations	13/10	Country of Accident	Singapine
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splater Date of Driver License	44/12/2009	Otiver Age	36	Orwing Experience	12/12/1907
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ACCIDENT STATEMENT

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	a) VEHICLE NUMBER: 6774	GET.	0.30
	DINSURANCE COMPANY: NTU	C. INCOME	
	c)POLICY NUMBER: 5095121	963 -01	
2			-
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	FITYPE: (SALOON / COUPE / MPV)	VAN / LORRY / MOTORCYC	TE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE AND PURPOSE OF USING AT ACCIDE	COMMERCIAL / MOTORCY	(CLE)
	I) ARE YOU CLAIMING UNDER YOU		01
9.	IF NO. PLEASE STATE (THIRD PARE	CI AIM / PEPOPTING ONLY	V)
2.	INSURED / POLICY HOLDER		
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email = salaam.mnm@gmail.com

REPUBLIC OF SINGAPORE DENTITY CARD 40 S8740100F



QALAAMULLAH BIN MOHAMED FAHIM

كلملله بن محمد قاهيم

INDIAN

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SINGAPORE



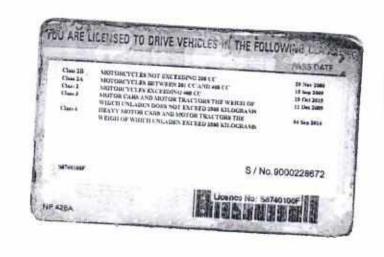
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