

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 14:18
Date Of Accident	11/06/2019 07:20
Exact Location Of Accident	SLIP ROAD OF SENJA WAY INTO WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD3611Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ZULHAIRI BIN MOHAMED YATIM
NRIC No	S8003847Z
Email Address	ZULHAIRIYATIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98571077
Alternative Phone No	OTHERS-98571077
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5083642741-02
Cover Note Number	
Driver	
Name of Driver	MOHAMED ZULHAIRI BIN MOHAMED YATIM
NRIC No	S8003847Z
Date Of Birth	18/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98571077
Fax Number	
Contact Number	OTHERS-98571077
Email Address	ZULHAIRIYATIM@GMAIL.COM

Address:	BLK 636C SENJA ROAD #10-343
Postcode:	673636
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?	NO
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 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	SLB5937L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM HIEW SOON
NRIC/Passport Number	
Contact Number	97891204
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm stoping at the filter lane to ~~go~~ give way to a bus
suddenly the car ^B behind me hit me from the back.

DECLARATION

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

h
Policyholder's Signature
Date & Time:

11/6/19 - 12pm

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

11/6/19 - 12pm

12/06/2019
Reporting Centre Personnel's Signature
Name:
NR/C/FIN No.:

Rishi Wadhwa

Claim Handling

*Accident NT/1048647

Policy No.	0006A2741-02	Vehicle No.	FD036111	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD ZULHAIRI BIN MUHAMMAD YATIN	Driver Type	Third Party, Fire & Theft	Policyholder NRIC	S80339472
Insured Code	WOT/RCY/CL3 INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	98571077	Special Remark		Contact No.(Home)	
Email Address				eCode	No *
ETB	Yes	TCA	No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Provide Hot	No
Accident Details					
Report Date	12/06/2019 09:54	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/06/2019	Time of Accident (hr:min)	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLIP ROAD OF SENJA WAY INTO WOODLANDS ROAD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLA 53AC #10-04	Address 2	SENJA ROAD	Address 3	SENJA PARK VIEW
Address 4	SINGAPORE 571636	Address Type	Singapore address	Post Code	671636
Unit No.		Related Policy Number	0003470160-07		
OT Driver Info					
Driver Name	MUHAMMAD ZULHAIRI BIN MUHAMMAD YATIN	Driver Type	Main Driver	Driver DOB	19/02/1988
Uninsured Driver Name		Driver NRIC	S80339472	Driving Experience	20
Register Date of Driver License	07/02/1988	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	98571077	Contact No.(Office)		Address 3	SENJA PARK VIEW
Address 1	BLA 53AC #10-04	Address 2	SENJA ROAD	Post Code	671636
Address 4	SINGAPORE 571636	Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FD036111	Driver Insurer Company	NTUC
Declaration					
Smoker/Non-Smoker or Good Test Reading?	0.0mg	Any Injury?	Yes	No	

Modification History

Claim 001 **Back**

Claim Type *	OD-PK	Insured Name	MUHAMMAD ZULHAIRI BIN MUHAMMAD YATIN	Insured NRIC	S80339472
Contact No.(Mobile)	98571077	Contact No.	67564258	Contact No.(Office)	NIL
Email Address	ZULHAIRIYATIN@GMAIL.COM	Vehicle No.	FD036111	Vehicle Number	SUR5337L
Claim Description	FD036111 / SUR5337L ON 11 Jun 2019				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Repair	Preferred Workshop Name	uninsured	Claim Close Date	12/06/2019 09:58
Date Registered	12/06/2019 09:58	Report Taken By	ROSLI WAHAB	Date Received	12/06/2019 09:58

Print All Letter

Save **Submit**

Attachment

Accident No.	NT/1048647	Claim No.	001
Last Doc. Received	Yes	Upload Date	12/06/2019 09:58
Join *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CC)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:58	Photos	Normal	Photos 2019-6-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:58	Photos	Normal	Photos 2019-6-12	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:58	Photos	Normal	Photos 2019-6-12	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:18	Photos	Normal	Photos 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:18	Photos	Normal	Photos 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:18	Photos	Normal	Photos 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:18	Photos	Normal	Photos 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:18	Photos	Normal	Photos 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:18	SAS	Normal	SAS 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 09:18	NAC/ Driving License	Normal	NAC/ Driving License 2019-6-12

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
Display in New Window Stop and uploading				

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 6 / 2019) (DD/MM/YYYY), TIME: (07 : 20) (HH:MM)

LOCATION: Senja way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FDD 3611 Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA RX2
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TO work
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: MOHD ZULHAZRI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 580078472 CONTACT: 98571077
c) ADDRESS: BLK 636C SENJA RD #10-343
677636

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHD ZULHAZRI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 580078472 CONTACT: 98571077
c) ADDRESS: BLK 636C SENJA RD #10-343
677636

* d) DATE OF BIRTH: (18 / 02 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1999

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

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: SLB 5937 L MODEL: E 200
b) DRIVER'S NAME: LAM HIEW SOON
c) NRIC/FIN/PASSPORT: 577004852 CONTACT: 97891204

9. THIRD PARTY VEHICLE

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

email = Zulhairi yatin @ gmail . com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8003847Z



Name
MOHAMED ZULHAIRI BIN
MOHAMED YATIM



Race
MALAY

Date of birth
18-02-1980

Country of birth
SINGAPORE

Sex
M

SI598

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8003847Z

Name
MOHAMED ZULHAIRI BIN
MOHAMED YATIM

Birth Date 18 Feb 1980

Issue Date 11 Jul 2009

900649724Q



For LKK/NAC Use Only

4730288



NRIC No. S8003847Z



Date of issue
04-06-2011

APT BLK 838C SENJA ROAD #10-343
SINGAPORE 873638


NRIC No. S8003847Z Date: 17/12/2015

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

CLASS	VEHICLE CLASSIFICATION	EXPIRY DATE
Class 2B	Motorcycles <= 200 CC	07 Jun 1999
Class 2A	Motorcycles between 201 CC and 400 CC	23 Jan 2001
Class 2	Motorcycles > 400 CC	12 Apr 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 May 1999
Class 4	Heavy motor cars and motor tractors > 2500 kg	28 Mar 2019
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	14 Sep 2009

S / No. 9000109109

S8003847Z



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5083642741-02		MOHAMED ZULHAIRI BIN MOHAMED YATIM	S8003847Z	GMC	Third Party, Fire & Theft	FBD3611Y	FBD3611Y	06/02/2019	05/02/2020