

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	21/06/2019 17:20
Date Of Accident	21/06/2019 11:55
Exact Location Of Accident	BLK 504 WEST COAST DRIVE (CARPARK C29)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6005P
Insured/Policyholder	
Name Of Registered Owner	MUZZAFFIR SHAH B MAIDIN SHAH
NRIC No	S9346397H
Email Address	MUZZAFFIR13@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91053212
Alternative Phone No	OTHERS-91053212

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109912080
Cover Note Number	

Driver

Name of Driver	MUZZAFFIR SHAH B MAIDIN SHAH
NRIC No	S9346397H
Date Of Birth	13/12/1993
Occupation	INDOOR
Date Of Driving Pass	03/05/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91053212
Fax Number	
Contact Number	OTHERS-91053212
EMail Address	MUZZAFFIR13@YAHOO.COM.SG

Address	BLK 204 CLEMENTI AVENUE 6 #02-07
Postcode	120204
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 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	XE1528C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HASBAN
NRIC/Passport Number	
Contact Number	87792219
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 21/6/2019
1650

Driver's Signature

(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1050030

Policy No.	S109912081	Vehicle No.	FZ6005P	GST Registration No.	
Certificate No.				Policyholder NRIC	S3346197H
Policyholder Name	MUZZAFFIR SHAH B MAIDIN SHAH	Cover Type	Third Party	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91053212	Special Remarks		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KPI	No Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	21/06/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	21/06/2019	Time of Accident (h:mm)	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		IDN No.	
Accident Location	BLK 504 WEST COAST DRIVE (CARPARK C29)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

Driver is Covered? **Not Covered**

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 204 #02-07	Address 2	CLEMENTI AVENUE 5	Address 3	CLEMENTI VIEW
Address 4	SINGAPORE 120204	Address Type	Singapore address	Post Code	120204
Unit No.	#02-07	Related Policy Number	S109912080		

OT Driver Info

Driver Name	Muzzaffir Shah Bin Maidin Shah	Driver Type	Main Driver	Driver DOB	17/12/1993
Unnamed Driver Name		Driver AICC	SK146107H	Driving Experience	2
Register Date of Driver License	01/01/2017	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	91053212	Contact No.(Office)		Address 1	CLEMENTI VIEW
Address 1	BLK 204 #02-07	Address 2	CLEMENTI AVENUE 5	Post Code	120204
Address 4	SINGAPORE 120204	Address Type	Singapore address		
Unit No.	#02-07			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FZ6005P		

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 New

Claim Type	OD-PA	Insured Name	MUZZAFFIR SHAH B MAIDIN SH	Insured NRIC	S3346197H
Contact No.(Mobile)		Contact No.(Home)	Nil	Contact No.(Office)	
Email Address		OT		TP	
Claim Description	FZ6005P / 4E1328C ON 21 Jun 2019			Vehicle Number	DE1328C
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Report No.	Yes	Preferred Repair Centre	Preferred Workshop, Name unknown	GA report	Received
Date Registered				Claim Time Date	21/06/2019 17:30
Report Taken By				Date Received	

Print 66 letter

Save Submit

Attachment

Accident No.	MT/1050030	Claim No.	001
Last Doc. Resolved	Yes No	Upload Date	21/06/2019 17:35

Category	Confidential	Urgency	Description
Choose File	No	Normal	
Choose File	No	Normal	
Choose File	No	Normal	
Choose File	No	Normal	
Choose File	No	Normal	
Choose File	No	Normal	
Choose File	No	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 17:35		SAS	Normal	SAS 2019-6-21	
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 17:35		Photo	Normal	Photos 2019-6-21	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 17:31	Photos	Normal	Photos 2019-6-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 17:31	Photos	Normal	Photos 2019-6-21
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 17:30	Photos	Normal	Photos 2019-6-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 17:30	Photos	Normal	Photos 2019-6-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 17:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-21

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 06 / 2019) (DD/MM/YYYY), TIME: (11 : 55) (HH:MM)

LOCATION: 504 West Coast Drive (Lanark 29)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FZ600SP
b) INSURANCE COMPANY: NTAC
c) POLICY NUMBER: 5109912080
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha X1
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parked vehicle
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: Muzaffir Shih (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9246397H CONTACT: 91253212
c) ADDRESS: Block 204, Clementi Avenue 6, #02-07

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: - As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (13 / 12 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12/7/19

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: XE 1528C MODEL: _____
b) DRIVER'S NAME: H95 Dgn
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8979 2219

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = muzaffir13@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9346397H



Name
MUZZAFFIR SHAH BIN MAIDIN SHAH
 முஸாபீர் ஷா
 Race
INDIAN
 Date of birth 13-12-1993 Sex **M**
 Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. of **S9346397H**
 Name
MUZZAFFIR SHAH BIN MAIDIN SHAH
 Born Date: 13 Dec 1993
 Issue Date: 12 Jul 2017

002702700A

4362050



NRIC No. S9346397H



Date of issue
 15-12-2008

Address
 APT BLK 204 CLEMENTI AVENUE 6
 #02-07
 SINGAPORE 120204

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	03 May 2016
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	12 Feb 2016

NP 428A

Licence No: S9346397H



Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text" value="S109912080"/>	Date of Accident	<input type="text" value="21/06/2019 17:17"/>
Vehicle No.(For Motor)	<input type="text" value="FZ6005P"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S109912080		MUZZAFFIR SHAH B MAIDIN SHAH	S9346397H	GMC	Third Party	FZ6005P	FZ6005P	27/05/2019	26/05/2020

Continue