

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	16/07/2019 10:31
Date Of Accident	15/07/2019 22:25
Exact Location Of Accident	LOR 6 TOA PAYOH ENTER PIE(CHANGI) TWDS AMK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDU1283K
Insured/Policyholder	
Name Of Registered Owner	ZAINURIBAH BINTE ABDUL MOIS
NRIC No	S1583552D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91179774
Alternative Phone No	OFFICE-91179774
Vehicle Particulars	
Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE
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	5108504360
Cover Note Number	-
Driver	
Name of Driver	AMALI AKMAL BIN ZAINAL
NRIC No	S8606961Z
Date Of Birth	08/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86144107
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 132 PASIR RIS ST 11 #02-277
Postcode	510132
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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)	2
Passenger 1	NAME: : VELU GENDER: : MALE

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

I WAS DRIVING ALONG LOR 6 TOA PAYOH ENTERING TO PIE (CHANGI) AT THE SLIP RD, AFTER EXIT FROM THE SLIP RD, VEH B COME FROM BEHIND TRY TO SQUEEZE THRU MY VEH FROM THE RIGHT, BUT I NEVER FELT ANY COLLISION, THEN WE STOP AT THE ROAD SHOULDER INFRONT AND MAKE A CHECK ON OUT BOTH VEH, VEH B DRIVER MENTIONED TO ME NOTHING DAMAGE ON HIS VEH AND GO OFF, THIS MORNING THE DRIVER TEXTED ME THAT THERE WERE DAMAGES FOUND ON HIS VEH.

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	SJR6183C
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

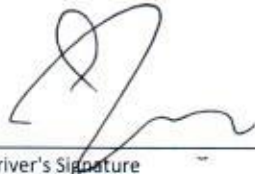
IMPORTANT NOTICE


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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

PIE Changi



A = SDU 1283K
B = SJR 6183C

for 6 Toa Payoh

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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 DRIVING LICENCE

License No: S8606961Z

Name: AMALI AKMAL BIN ZAINAL

Birth Date: 08 Mar 1986

Issue Date: 18 Oct 2004

001293607K

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8606961Z

Name: AMALI AKMAL BIN ZAINAL

امالي اكمل بن زايئل

Race: MALAY

Date of Birth: 08-03-1986

Sex: M

Country of Birth: SINGAPORE

S8606961Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2000 kg

PASS DATE: 18 Oct 2004

NP 428A

Licence No: S8606961Z

For LKK/NAC Use Only

A9001195

S8606961Z

APR 16 2010

0+ 16-03-2001

APT BLK 132 PASIR RIS STREET 11 #02-277

SINGAPORE 510132

NRIC No: S8606961Z

Date: 26/03/2010

No: 6471408

Hello, NAC_PAYA_UBI_800601

• 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="radio"/>	5108504360		ZAINURIBAH BINTE ABDUL MOIS	S1583552D	GPC	Third Party, Fire & Theft	SDU1283K	SDU1283K	01/04/2019	31/03/2020

Claim Handling

Accident MT/1053667

Policy No.	5108504360	Vehicle No.	SDU1283K	GST Registration No.
Certificate No.				
Policyholder Name	ZAINURIBAH BINTE ABDUL MOIS			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91179774	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	16/07/2019 15:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/07/2019	Time of Accident hh:mm	22:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LOR 6 TOA PAYOH ENTER PIE(CHANGI) TWDS AMK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	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	BLK 132 #02-277	Address 2	PASIR RIS STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108504360	

▼ OI Driver Info

Driver Name	AMALI AKMAL BIN ZAINAL	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S86069612	Driver DOB
Register Date of Driver License	18/10/2004	Driver Age	33	Driving Experience
Contact No.(Mobile)	86144107	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 132 #02-277	Address 2	PASIR RIS STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-277			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ZAINURIBAH
Contact No.(Mobile)	91179774	Contact No. (Home)	67854601
Email Address	zainunibah@gmail.com	OI Vehicle Number	SDU1283
Claim Description	SDU1283K / SJR6183C ON 15 Jul 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	16/07/2019 15:36	GIA report	Received
		Claim Close Date	

Report Taken By

LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1053667	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2019 15:38
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="NO"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/> <input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:38	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:38	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:38	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:38	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:38	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:38	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:37	Photos	Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:37	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:36	Photos	Normal	Photos 2
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16 Jul 2019 15:36

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Video List

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Folder Date

File Name



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