

: MMA 119110348

[illegible]

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 | 22/08/2019 10:35 |
| Date Of Accident | 20/08/2019 17:45 |
| Exact Location Of Accident | MCE TWDS ECP |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|--|
| Vehicle Registration Number | GBG6062X |
| Insured/Policyholder | |
| Name Of Registered Owner | S&R SVC EXPRESS |
| Co Reg No | 53207663W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-82437703 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | GO BACK HOME |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5103627395 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | MOHD AMIN BIN BAKAR |
| NRIC No | S1638614F |
| Date Of Birth | 16/11/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/01/2000 |
| Driving Experience | 19 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82437703 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 39 CHAI CHEE AVE #05-225 |
| Postcode | 461039 |
| 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 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 | SGW9231L |
| 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

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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

A = GGG 6062X
B = SGW 9231L

MCE twds ECP

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:

[Signature]

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

[Signature]

I WAS TRAVELLING ALONG MCE TWDS ECP, ALL OF A SUDDEN, I FELT AN STRONG IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (20/ 8/ 19) (DD/MM/YYYY), TIME: (17 : 45) (HH:MM)

LOCATION: MCG + wds ECP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8G 6062 X
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: walk to go back home
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: S & N Svc Express (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Mohd Amin Bin Bakar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 8243 7703
c) ADDRESS:

- *d) DATE OF BIRTH: (/ /) (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: 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: SGW 9231 L MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email : Pand

video : No

waiting chop.

no of passenger

include driver

(1)

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: **S1638614F**

MOHD AMIN BIN BAKAR

Birth Date: 16 Nov 1964
Issue Date: 28 Mar 2018

002787513C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1638614F**

MOHD AMIN BIN BAKAR

Race: **MALAY**
Date of birth: **16-11-1964**
Country of birth: **SINGAPORE**

Sex: **M**

4072401

For LKK/NAC Use Only

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

| | EFFECTIVE DATE |
|---|----------------|
| Class 2B Motorcycles =< 200 cc | 27 Aug 1998 |
| Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg | 06 Jan 2000 |
| Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg or Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg | 07 Mar 2002 |

Licence No: S1638614F

NP 428A

For LKK/NAC Use Only

4072401

NRIC No. **S1638614F**

Date of issue: **28-06-2007**

APT BLK 39 CHAI CHEE AVENUE #05-225
SINGAPORE 461039

No: **S1638614F** Date: **31/01/2017**

For LKK/NAC Use Only

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"/> | 5103627395 | | S&R SVC EXPRESS | 53207663W | GCV | Comprehensive | GBG6062X | GBG6062X | 08/09/2018 | 07/09/2019 |

Claim Handling

Accident MT/1058921

| | | | | | |
|---|---|-------------------------------|----------------------------|------------------------|--------------------------|
| Policy No. | 5103627395 | Vehicle No. | GBG6062X | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | S&R SVC EXPRESS | | | Policyholder NRIC | 53207663W |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 82437703 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 22/08/2019 13:27 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 20/08/2019 | Time of Accident hh:mm | 17:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | MCE TWDS ECP | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed 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 | Yes |
| GST Registration No. | | | | | |
| Modification History | 22/08/2019 13:30:33 System changed GST Status Verified from No to Yes | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | 113 EUNOS AVENUE 3 | Address 2 | #07-09 GORDON INDUSTRIAL E | Address 3 | SINGAPORE 409838 |
| Address 4 | | Address Type | Singapore address | Post Code | 409838 |
| Unit No. | 07-09 | Related Policy Number | 5103627395 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 16/11/1964 |
| Unnamed driver Name | MOHD AMIN BIN BAKAR | Driver NRIC | S1638614F | Driving Experience | 19 |
| Register Date of Driver License | 06/01/2000 | Driver Age | 54 | Contact No.(Home) | |
| Contact No.(Mobile) | 82437703 | Contact No.(Office) | | Address 3 | SINGAPORE 461039 |
| Address 1 | BLK 39 #05-225 | Address 2 | CHAI CHEE AVENUE | Post Code | 461039 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 05-225 | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | | |

Modification History

Claim 001 New


| | | | | | |
|----------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | S&R SVC EXPRESS | Insured NRIC | 53207663W |
| Contact No.(Mobile) | 90990266 | Contact No. (Home) | | Contact No. (Office) | 98788168 |
| Email Address | | OI Vehicle Number | GBG6062X | TP Vehicle Number | SGW9231L |
| Claim Description | GBG6062X / SGW9231L ON 20 Aug 2019 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop | 0 | Insured Liability | Not at Fault | | |
| Preferred No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | | | | Claim Close Date | 22/08/2019 13:32 |
| Report Taken By | | | | | LIOW SHAN HUI |
| Print AK letter | | | | | |
| Save Submit | | | | | |

| | | | | | |
|---|----------------|-------------|------------------|--|--|
| Attachment | | | | | |
| ▼ | | | | | |
| Accident No. | MT/1058921 | Claim No. | 001 | | |
| Last Doc. Received | Yes No | Upload Date | 22/08/2019 13:33 | | |
| 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 | | | | |
| Category * Confidential Urgency * Description | | | | | |
| 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 | | |
| Clear | Please Select | NO | Normal | | |

Message Read

Send M

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent (CO) |
|---|--|-----------------------|---------|---------------------------------|---------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2019 13:33 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-8-22 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2019 13:33 | SAS | Normal | SAS 2019-8-22 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2019 13:33 | Photos | Normal | Photos 2019-8-22 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2019 13:33 | Photos | Normal | Photos 2019-8-22 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2019 13:33 | Photos | Normal | Photos 2019-8-22 | |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2019 13:32 | Photos | Normal | Photos 2019-8-22 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Aug 2019 13:32 | Photos | Normal | Photos 2019-8-22 | |

Video List

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