## 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	son to the distriving of the report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/09/2019 12:31
Date Of Accident	03/09/2019 19:50
Exact Location Of Accident	ALONG UPPER CIRCULAR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFG6822Y
Insured/Policyholder	
Name Of Registered Owner	NAGORE MURUKKU
Co Reg No	53343791A
Email Address	FMRASHEED@YAHOO.COM
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106798079
Cover Note Number	
Driver	

Name of Driver MOHAMED RASHEED S/O FAKEER MOHAMED

NRIC No S7470599E
Date Of Birth 14/09/1974
Occupation OUTDOOR
Date Of Driving Pass 18/04/1998

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-99999999

Fax Number

Contact Number OTHERS-99999999

EMail Address FMRASHEED@YAHOO.COM

**BLK 27 MARSILING DRIVE** Address

#06-237 730027

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

2

**General Information of the Accident** 

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** 

Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Passenger 1 NAME: : PASSENGER

> GENDER: : MALE

Passenger 2 NAME: : PASSENGER

> GENDER: : FEMALE

Passenger 3 NAME: : PASSENGER

> GENDER: : FEMALE

Passenger 4 NAME: : PASSENGER

> GENDER: : FEMALE

**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 **GBA1307E** Vehicle Make/Model/Colour **TOYOTA** 

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# COMMERCIAL VEHICLE ABDULLAH BIN ABDUL WAHEED

#### **Accident Sketch Plan**

## SKETCH PLAN

## IMPORTANT NOTICE

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 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:
  - 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)

Amsalmi

Date & Time:

Reporting Centre Personi

NRIC/FIN No.:

## **Accident Sketch Plan**

SKETCH PLAN				\ \	A 1 SFG 6800Y
	Blows	uppha	CIRCULAR	ROAD	B) GBA 1307E
>				$\rightarrow$	
TOTAL A	- 1837	MA		<del></del>	
81	//	/,	///	// .	////
DESCRIBE CIRCUMSTANC	ES OF THE AC	CIDENT			
I WAS TRAVELL	ING ALON	IC UPPER	CIRCULAR	ROAD TO	DROP OFF A
	and the state of t				IG FROM THE LOT.
					WAY WHEN HE
					WAS AGAINST THE
ROAD THATS		-			7,0
TI VIII	1110				
DECLARATION					
I/We declare the foregoing pa	articulars are tru	e in every respec	ct.		/ / .
	1	miasti	Gerne!	4	py/09/2013
Policyholder's Signature		r's Signature		Reporting Cent	tre Persogner's Signature
Date & Time:	(If dri	ver is not the poli	icyholder)	Name:	KOSL WOTHER

## **ACRA**





## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

#### Business Profile (Business) of NAGORE MURUKKU (53343791A) Date: 12/08/2016 The Following Are The Brief Particulars of : Name of Business NAGORE MURUKKU Former Name(s) if any Date of Change of Name Registration No. 53343791A Registration Date 12/08/2016 Commencement Date 12/08/2016 Status of Business Live Status Date 12/08/2016 Renewal Date Expiry Date 12/08/2017 Renewal via GIRO NO Constitution of Business Sole-Proprietor Principal Place of Business 17 BEACH ROAD GOLDEN BEACH VISTA SINGAPORE (190017) Date of Change of Address Principal Activities Activities (I) RETAIL SALE OF FOOD NEC (47219) Description RETAIL SALES OF SWEETS, SNACKS AND SAVOURIES Activities (II) PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR) (49219)Description Particulars of Authorised Representative(s) Name ID Nationality Address Address Date of Appointment Source Existing Sole-Proprietor(s) / Partner(s) Name ID Nationality/Place of Address Address Date of Entry incorporation/Origin Source

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Position

## **ACRA**

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)



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# Business Profile (Business) of NAGORE MURUKKU (53343791A)

Date: 12/08/2016

Existing Sole-Proprietor(s)	Partner(s)					
Name	ID	Nationality/Place of incorporation/Origin	Address	Address	Date of Entry	
				Source	Position	
MOHAMED RASHEED S/O FAKEER MOHAMED	S7470599E	SINGAPORE CITIZEN	104 WHAMPOA DRIVE	ACRA	12/08/2016	
PAREER MUNAMED			#05-54 SINGAPORE (323104)		Owner	

Withdrawn Partn	er(s)					
Name ID	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Date of Withdo	
			Source	Position	THE ALL OWNER	

## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA160812004879

DATE

: 12/08/2016

This is computer generated. Hence no signature required.

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