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 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.

ACCIDENT STATEMENT	
Date Of Report	16/09/2019 17:18
Date Of Accident	15/09/2019 11:15
Exact Location Of Accident	BLK 144 TAMPINES ST 12
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV4509R
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD SHAM BIN JAMIL
NRIC No	S7424837C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92996225
Alternative Phone No	OFFICE-92996225
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097007036
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD SHAM BIN JAMIL
NRIC No	S7424837C
Date Of Birth	19/07/1974
Occupation	INDOOR
Date Of Driving Pass	24/04/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92996225
Fax Number	
Contact Number	OFFICE-92996225
EMail Address	NOEMAIL

Address	BLK 274B PUNGGOL PLACE #08-824
Postcode	822274
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : NORHAZLINDA BTE MD SHAH GENDER: : FEMALE
Passenger 2	NAME: : ALESHA QURAISHA GENDER: : FEMALE
Passenger 3	NAME: : AYDEN FIKRI 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

VEHICLE B ENTERING THE CARPARK. AT THE BEND, I SAW VEHICLE B GETTING NEAR MY VEHICLE AND ENTERING MY LANE. I CAME TO A COMPLETE STOP AND HORN HIM. BUT VEHICLE B STILL HIT ONTO MY RIGHT SIDE.

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	SH6433C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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.

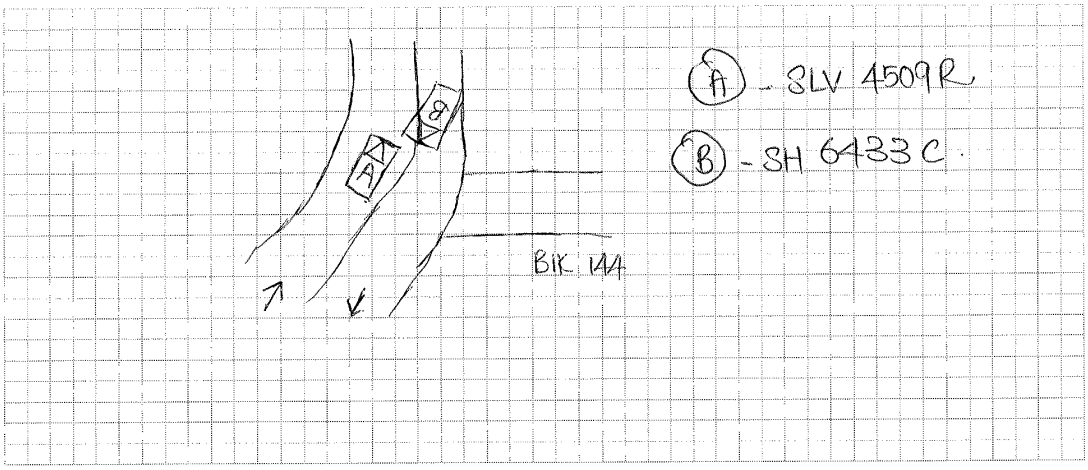
   (e) the information so collected under (d) above may be shared / disclosed:

   (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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE B WAS ENTERING THE CARPARK, AT THE BEND, I SAW VEHICLE B GETTING NEAR MY VEHICLE AND ENTERING MY LANE. I COME TO COMPLETE STOP AND HORN HIM. BUT ~~THE~~ VEHICLE B STILL HIT ONTO MY RIGHT SIDE.

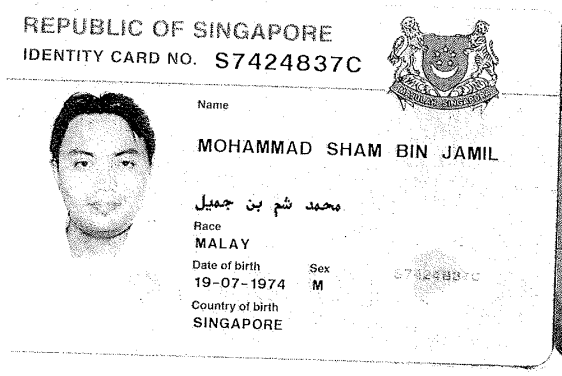
DECLARATION

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
IDENTITY CARD NO. S7424837C

Name
MOHAMMAD SHAM BIN JAMIL

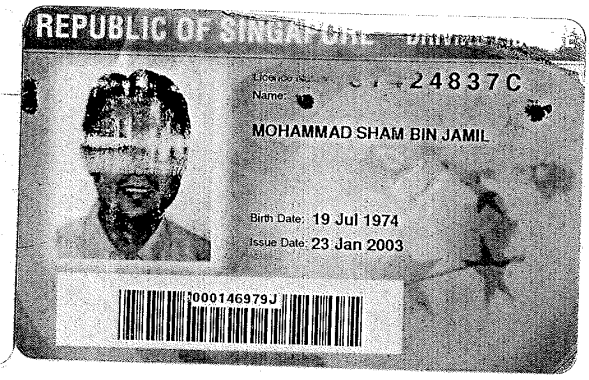
محمد شم بن جميل

Race
MALAY

Date of birth
19-07-1974

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE

Licence No: S7424837C

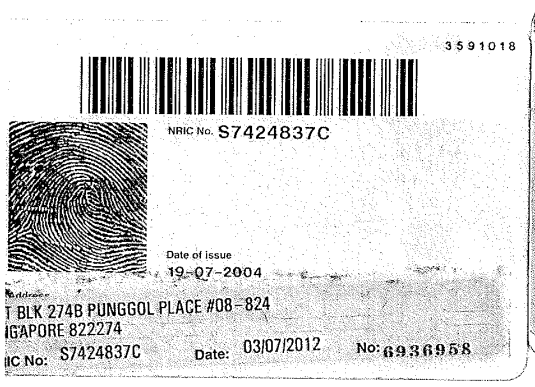
Name:

MOHAMMAD SHAM BIN JAMIL

Birth Date: 19 Jul 1974

Issue Date: 23 Jan 2003

0001469791



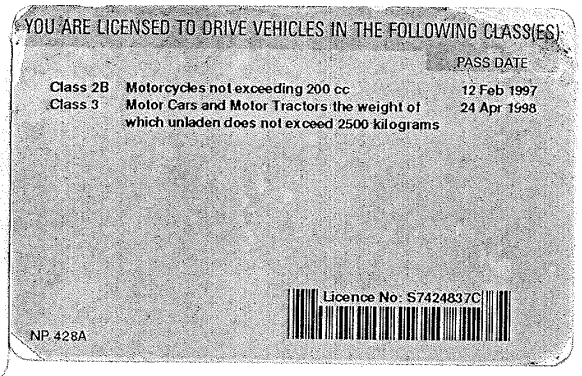
3591018

NRIC No. S7424837C

Date of issue
19-07-2004

T BLK 274B PUNGGOL PLACE #08-824
IGAPORE 822274

IC No: S7424837C Date: 03/07/2012 No: 6936958



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	12 Feb 1997
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Apr 1998

Licence No: S7424837C

NP 428A

income
made different

6187178125400097477

MT/RB/PNLOCL/002

GST Reg No: M4-0003030-8

08 November 2018

0003040

MOHAMMAD SHAM BIN JAMIL
BLK 274B #08-824
PUNGGOL PLACE
SINGAPORE 822274

Dear Policyholder

RENEWAL NOTICE FOR PRIVATE CAR INSURANCE
POLICY NUMBER: 5097007036

Thank you for giving us the opportunity to serve you.

We are pleased to offer you renewal of your policy based on the renewal details below. For your convenience, you can also pay and renew your policy online at www.income.com.sg.

If you have any queries, please call your agent or our hotline at 6788 6616. We would be most happy to assist you.

Yours sincerely

Peh Chee Keong
Vice President & Head
Motor Insurance

Renewal Details :

Period of Insurance	: 29/12/2018 to 28/12/2019
Policy Coverage	: Drivo Classic
Transport Allowance	: No
Excess Waiver	: No
Vehicle Model	: HONDA VEZEL
Vehicle Number	: SLV4509R
Windscreen excess	: $100
Excess (Sect i)	: $600
Main Driver	: MOHAMMAD SHAM BIN JAMIL
Named Driver (1)	: NORHAZLINDA BINTE MD SHAH
Named Driver (2)	: NIL
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPO

Premium	: $911.00
GST 7%	: $63.77
Total Premium Payable	: $974.77^

Agency : S & M ALLIANCE PTE LTD (614373)
Contact Number : 65431191

^The Total Premium Payable is after 30% No Claim Discount.

mtpcpnl_08112018 / 003040 - 1 OF 2 / 6079 1000

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo