

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	04/11/2019 14:41
Date Of Accident	02/11/2019 08:50
Exact Location Of Accident	ALONG TURUT TRACK GOING TO KRANJI MARSHES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7020J
Insured/Policyholder	
Name Of Registered Owner	AHMAD SYALABI BIN ADI SUNARYO
NRIC No	S8733669G
Email Address	NUR_SYATHIRAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96581700
Alternative Phone No	OFFICE-67831815

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA ELITE AD 1.6GLS AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5110446417
Cover Note Number	

Driver

Name of Driver	NUR SYATHIRAH BINTE ADI SUNARYO
NRIC No	S9402829I
Date Of Birth	25/01/1994
Occupation	INDOOR
Date Of Driving Pass	21/11/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96745442
Fax Number	
Contact Number	OTHERS-96745442
EMail Address	NUR_SYATHIRAH@HOTMAIL.COM

Address	BLK 815 TAMPINES AVENUE 4 #09-243
Postcode	520815
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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)	3
Passenger 1	NAME: : MUAFAH BINTE AMRAN GENDER: : FEMALE
Passenger 2	NAME: : MUSYAFFAH BIN AMRAN 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

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	YN6490J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA BUCK TING
NRIC/Passport Number	S1725719F
Contact Number	83049113
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Veh A: SLR 7020J

Veh B: YN 6440J

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. The 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 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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 2/11/19 11am.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/11/19 11am.

Reporting Centre Personnel's Signature

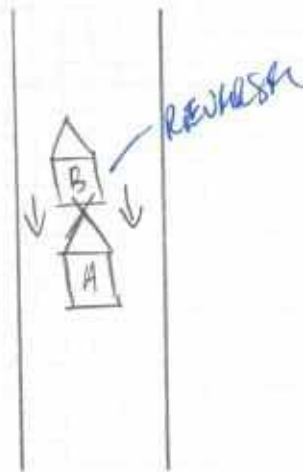
Name:

NRIC/FIN No.:

SKETCH PLAN

Veh A: SLR 7020J

Veh B: YN 6490J



Turnet Track

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the road, heading forward. There was the lorry in front of me. I noted that the lorry stopped, and hence, I stopped a distance behind him. He then immediately reversed the lorry quickly despite me honking the horn. I attempted to reverse, however, he reverse too quickly and hit the bumper of my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 21/11/19 11am.

Driver's Signature
(If driver is not the policyholder)

Date & Time: 21/11/19 11am

04/11/2019
Name: Rishi Dattaraj
NRIC/FIN No.:

Google Maps 2 Turut Track



Image capture: Apr 2018 © 2019 Google

Singapore

Google

Street View - Apr 2018



Can
see/1/2018
Rashid

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

* Date of Accident: 2/11/19. * Time of Accident: 8.50am.
* Accident Location: road going to Kranji Market. (Turret Track)

Vehicle Details

* Vehicle Number: PLR7020 J * Make & Model: Hyundai Elantra elite.

Ad 1.6 GLS AT

Insured / Policyholder

* Owner Name: Ahmad Syalabi Bin ^{Bin} Adi Sunaryo * NRIC: J8733669G.

* Address: Blk 813 Tampines Avenue 4 #09-243

* Email: _____ * HP: 96581700.

* Occupation: Teacher. (Indoor / Outdoor) * Tel / H / Other: 67831815

Driver () same as above

* Driver Name: Nur Syathirah Binte Adi Sunaryo. * NRIC: J9402829F.

* Address: Blk 813 Tampines Avenue 4 #09-243

* Date of Birth: 25/01/94. * Driving Pass Date: 21/11/2013. * HP: 96745442.

* Email: nur-syathirah@hotmail.com. * Gender: Male / Female

* Occupation: Physiotherapist. (Indoor / Outdoor) * Tel / H / Other: 96745442.

* Driver an employee: Yes / No (* If no, what is relationship with the policyholder: Brother)

Passengers Details

* P/Name: Muafah Binte Amran (Male/Female) * P/Name: _____ (Male/Female)

* P/Name: Musyaffa' Bin Amran. (Male/Female) * P/Name: _____ (Male/Female)

Insurance Company

* Insurer: NTUC * Coverage: C / TPFT / TPO * Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: YN 6490J

Make & Model: _____

Vehicle Category: _____

Name of Driver: Chua Buck Ting.

NRIC : J1725719F.

HP : 8304 9113.

No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

* Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

* Type of accident: Head-Rear / Side swipe / others: TP Reverse Hit Front

* Weather conditions: Clear / Raining / others: _____ * Any video cam: Yes / No

* Road Surface: Dry / Wet / others: _____

* Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)

* Accident reported to police: Yes / No * Summon against whom: _____

* Injured party: Yes / No * No. of passengers (include driver): _____

-I/Name: _____ * Fasten seat belt: Yes / No * Conveyed by Ambulance: Yes / No

-I/Name: _____ * Fasten seat belt: Yes / No * Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1069828

Policy No.	5110446417	Vehicle No.	SLR70201	GST Registrati
Certificate No.				
Policyholder Name	AHMAD SYALABI BIN ADI SUNARYO			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96581700	Contact No.(Office)	67831815	Contact No.(Hi
Email Address		Special Remark		eCode
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	04/11/2019 15:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/11/2019	Time of Accident hh:mm	08:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG TURUT TRACK GOING TO KRANJI MARSHES			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ 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 515 #09-243	Address 2	TAMPINES AVENUE 4	Address 3
Address 4	SINGAPORE 520815	Address Type	Singapore address	Post Code
Unit No.	09-243	Related Policy Number	5110446417	

▼ OI Driver Info

Driver Name	Nur Syathirah Bte Adi Sunaryo	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S94028291	Driver DOB
Register Date of Driver License	01/01/2014	Driver Age	25	Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLR70201	Driver Insurer

Declaration

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

Modification History

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received	Insured Name	AH
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			Contact No. (Home)	
Date Registered						DI Vehicle Number	SL
Report Taken By						SLR70201 / YN64901 ON 2 Nov 2019	
						04/11/2019 15:14	Claim Close Date
						ROS LI WAHAB	

Print AK letter

Save Submit

Attachment

Accident No. MT/1069828 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 04/11/2019 15:14

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

Message Read

Clear

Category *

Confider

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼













NO

Clear

Please Select ▼

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Nov 2019 15:14	SAS		Normal	S

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110446417

Cover : drive CLASSIC

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLR7020J |
| Chassis Number | : KMHD841CMJU527382 |
| 2. Name of Policyholder | : AHMAD SYALABI BIN ADI SUNARYO |
| 3. Effective Date of Insurance | : 25 Aug 2019 |
| 4. Expiry Date of Insurance | : 24 Aug 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for serial domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: AHMAD SYALABI BIN ADI SUNARYO
NAMED DRIVER (1)	: ADI SUNARYO BIN SOEDARTO
NAMED DRIVER (2)	: NUR SYATHIRAH BTE ADI SUNARYO
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 20 Jun 2019 17:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive