

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	13/11/2019 12:53
Date Of Accident	12/11/2019 14:50
Exact Location Of Accident	ALONG RACE COURSE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ7280S
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAZAK BIN JONIT
NRIC No	S7205204H
Email Address	ALL_SAINTST@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81287179
Alternative Phone No	OTHERS-90040575

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA
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

REPORTING ONLY

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	5107817117
Cover Note Number	

Driver

Name of Driver	SITI SALIMAH BINTE SAIFUDDIN
NRIC No	S8020781F
Date Of Birth	14/07/1980
Occupation	INDOOR
Date Of Driving Pass	08/03/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81287179
Fax Number	
Contact Number	OTHERS-90040575
Email Address	ALL_SAINTST@HOTMAIL.COM

Address	BLK 1E CANTONMENT ROAD #14-49
Postcode	0855501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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 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	SH8896L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG NGHEE SONG
NRIC/Passport Number	S0231959D
Contact Number	94883650
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 12 NOV 2019
4.15 PM



Driver's Signature

(If driver is not the policyholder)

Date & Time: 12 NOV 2019
4.15 PM



18/11/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Race Course Road

A) SGZ 7280S

B) SH 8896L

REVERSE
OUT

SH 8896L
(B)

Taxi
(A)

Taxi
(B)

SGZ 7280S
Pick-up
C(A)
STATIONARY

Pick up
(D)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Tuesday, 12 NOV 2019, at 14.50 hrs, I was at pick-up point along Race Course Road. I was picking up my husband when taxi, SH 8896L, which is positioned as per sketch plan, seemed to be waiting for a vacant spot.

Minutes later, he reversed his vehicle and hit my car, the front right side.

DECLARATION

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

Policyholder's Signature

Date & Time: 12 NOV 2019
4.15 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12 NOV 2019
4.15 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/11/2019
Keshav

ACCIDENT STATEMENT

ACCIDENT DATE: (12/11/2019) (DD/MM/YYYY), TIME: (14:50) (HH:MM)

LOCATION: RACE COURSE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG2 7280S
 b) INSURANCE COMPANY: NTUC INCOME INSURANCE
 c) POLICY NUMBER: 5107817117
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA PREVIA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: ABUL RAZAK BIN JONIT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7245204H CONTACT: 81287179
 c) ADDRESS: BLK 1E CANTONMENT ROAD
 #14-49 SINGAPORE 085501

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Giti Salimah Binte Saifuddin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8020781E CONTACT: 90040575
 c) ADDRESS: BLK 1E Cantonment Road #14-49
 Singapore 085501

* d) DATE OF BIRTH: (14/07/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: 3H8896L MODEL: Hyundai
 b) DRIVER'S NAME: Ng Nghee Song
 c) NRIC/FIN/PASSPORT: S0231959D CONTACT: 94883650

9. THIRD PARTY VEHICLE

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

No. of passenger
 (including driver)
 (1)

No. of passenger
 (including driver)
 ()

No. of passenger
 (including driver)
 ()

email = all_saint_st@hotmail.com
 VIDEO

Claim Handling

Accident MT/1071175

Policy No.	5107817117	Vehicle No.	SGZ72805	GST Registrat
Certificate No.				
Policyholder Name	ABDUL RAZAK BIN JONTI			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading
Contact No.(Mobile)	81287179	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	13/11/2019 13:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/11/2019	Time of Accident hh:mm	14:50	Country of Acc
Reporting Centre		Orange Force		ICH No.
Accident Location	ALONG RACE COURSE ROAD			

▼ 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 1E #14-49	Address 2	CANTONMENT ROAD	Address 3
Address 4	SINGAPORE 085501	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5099764150-01	

▼ OI Driver Info

Driver Name	SITI SALIMAH BINTE SAIFUDDIN	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S8020781F	Driver DOB
Register Date of Driver License	17/03/2004	Driver Age	39	Driving Experi
Contact No.(Mobile)	90040575	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 type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SGZ72805	Driver Insurer

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	AB
Contact No.(Mobile)	81287179	Contact No. (Home)	67
Email Address	saint-r@hotmail.com	OI Vehicle Number	SG
Claim Description	SGZ72805 / SH8896L ON 12 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/11/2019 13:06	Claim Close Date	
Report Taken By	ROSLI WAHAB		

Print AK letter

Attachment

Accident No. MT/1071175 Claim No. 001
 Last Doc. Received: * Yes ☐ No ☐ Upload Date 13/11/2019 13:06

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

Path *

Category *

Confider

Clear

Please Select ▼

NO

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NO

Clear

Please Select ▼

NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 13:06	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 13:06	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 13:06	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 13:06	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 13:06	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 13:06	NRIC/ Driving License	Normal	NRIC/ Onv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 13:06	SAS	Normal	S

Video List

Uploaded By/Date

Folder Date

File Name





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: 5107817117

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SIV113372 SEIZ 72805

Chassis Number

: JTEGD54MX07112823

2. Name of Policyholder

: ABDUL RAZAK BIN JONIT

3. Effective Date of Insurance

: 27 Feb 2019

4. Expiry Date of Insurance

: 02 Apr 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 social 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)

: \$5000

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$5100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: ABDUL RAZAK BIN JONIT

NAMED DRIVER (1)

: SITI SALIMAH BINTE SAIFUDDIN

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: MAYBANK SINGAPORE LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE 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 : THIS MARKETING INSURANCE AGENCY (00000572208)

Date of Issue : 27 Feb 2019 09:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive