

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	05/12/2019 17:45
Date Of Accident	03/12/2019 20:30
Exact Location Of Accident	BLK 3 GHIM MOH ROAD LOADING/UNLOADING CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5694D
Insured/Policyholder	
Name Of Registered Owner	ISMAIL HISHAM BIN SAMSUDIN
NRIC No	S8322838E
Email Address	STROKEZ19@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82220453
Alternative Phone No	OTHERS-82220453

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111608171
Cover Note Number	

Driver

Name of Driver	ISMAIL HISHAM BIN SAMSUDIN
NRIC No	S8322838E
Date Of Birth	27/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82220453
Fax Number	
Contact Number	OTHERS-82220453
EMail Address	STROKEZ19@HOTMAIL.COM

Address	BLK 367 BUKIT BATOK STREET 31 #09-231
Postcode	650367
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	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)	0

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	GBF9949Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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: 05/12/2019



Driver's Signature

(If driver is not the policyholder)
Date & Time: 05/12/2019



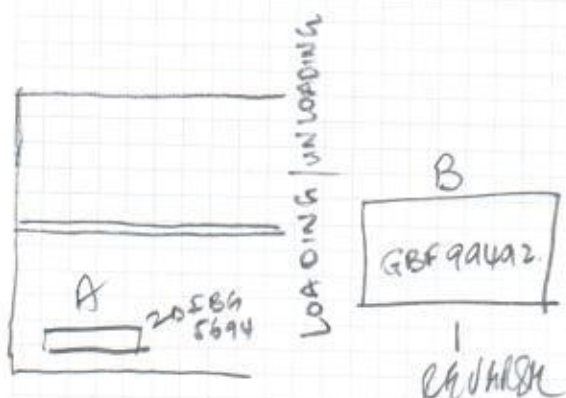
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BLK 3 GITHIM MOH ROAD.



A) FBG 5694D

B) GBF 99492

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 3RD DEC 2019, I PARKED MY MOTORBIKE AT THE LOADING AREA FOR A WHILE AND WHEN FOR MY PRAYER AT THE VOID DECK OF BLK 3 GITHIM MOH ROAD.

AFTER MY PRAYERS, THE SON OF DRIVER OF GBF99492 APPROACHED ME AND SAID THAT HIS MOTHER HAD REVERSED THE SAID VAN & BANGED INTO MY MOTORBIKE

DECLARATION

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

Policyholder's Signature

Date & Time: 05/12/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 05/12/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (03/12/19) (DD/MM/YYYY), TIME: (20:30) (HH:MM)
 LOCATION: BIK 3 Glim' mdt ROAD LOADING/UNLOADING CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB65694D
 b) INSURANCE COMPANY: XTC
 c) POLICY NUMBER: 511608171
 d) POLICY TYPE: (COMPREHENSIVE) (THIRD PARTY) (THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA FZ 16.5T
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE))
 h) PURPOSE OF USING AT ACCIDENT TIME: DELI RIDING
 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: ISMAIL HISHAM BIN AMSUDIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8322838E CONTACT: 8333 0453
 c) ADDRESS: 367 BUKIT BATOK ST 31 #09-231
 SINGAPORE 650367.

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (27/07/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) (OUTDOOR)

f) DATE OF DRIVING PASS: 11/05/2017

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: 98F9949Z 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:

No of passengers
 (including driver)
 (1)

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

Email: strokez19@hotmail.com

VIDEO

Claim Handling

Accident MT/1074534

Policy No.	5111608171	Vehicle No.	FBG5694D	GST Registrati
Certificate No.				
Policyholder Name	ISMAIL HISHAM BIN SAMSUDIN			
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Policyholder Ni
Contact No.(Mobile)	82220453	Contact No.(Office)		Loading
Email Address		Special Remark		Contact No.(H
KFK	No Yes	TCA	No Yes	eCode
NCD Protection	No	NCD Entitlement(%)	15	eCode Reason
				Private Hire

▼ Accident Details

Report Date	05/12/2019 17:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2019	Time of Accident hh:mm	20:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 3 GHIM MOH ROAD LOADING/UNLOADING CARPARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	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 367 #09-231	Address 2	BUKIT BATOK STREET 31	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-231	Related Policy Number	5111902683	

▼ OI Driver Info

Driver Name	ISMAIL HISHAM BIN SAMSUDIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8322838E	Driver DOB
Register Date of Driver License	01/01/2017	Driver Age	36	Driving Experi
Contact No.(Mobile)	82220453	Contact No.(Office)		Contact No.(H
Address 1	BLK 367 #09-231	Address 2	BUKIT BATOK STREET 31	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-231			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBG5694D	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	ISH
82220453	Contact No. (Home)	678
strokez19@hotmail.com	OI Vehicle Number	FBG
FBG5694D / GBF9949Z ON 3 Dec 2019		
05/12/2019 18:00	Claim Close Date	
ROS LI WAHAB		

Save Submit

Attachment

Accident No. MT/1074534

Last Doc. Received ☒ Yes ☐ No

Claim No. 001

Upload Date 05/12/2019 18:00

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

NO

NO

NO













NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 18:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 18:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 18:00	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 18:00	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 18:00	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 18:00	SAS	Normal	S

Video List

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

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5111608171
The Policyholder	: ISMAIL HISHAM BIN SAMSUDIN BLK 367 #09-231 BUKIT BATOK STREET 31 SINGAPORE 650367

Period of Insurance	: 28 Aug 2019 To 27 Aug 2020
Sum Insured	: N/A
Premium (inclusive GST)	: S\$181.54

Interest Insured

Cover Type	: Third Party	
Named Driver (1)	: ISMAIL HISHAM BIN SAMSUDIN	
Named Driver (2)	: ISNUR HASHIM BIN SAMSUDIN	
Make/Model	: YAMAHA/FZ 16	
Capacity	: 160cc	Number of Seater : 2
Registration Number	: FBG5694D	Registration Year : 2012
Chassis Number	: ME145S096C2011486	Insure with COE : N/A
Excess (Section 1)	: N/A	NCD Entitlement : 15%
Excess (Section 2)	: N/A	
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative: M1

Agency	: TELESales-DIRECT MARKETING (00000601661)
Date of Issue	: 03 Aug 2019 14:04 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

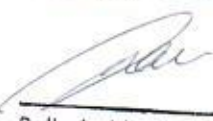
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MA419160690 Vehicle Registration No: FBG 5694D
Name (as shown in NRIC) : ISMAIL HUSAM BIN JAMUDIN NRIC/FIN/Passport No : S8322838e
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 367 BUKIT BATOK ST 31 #09-231 Singapore 680367
Contact (Tel) : 6897 5934 Mobile No.: 8222 0453
Email Address : strokez19@hotmail.com
Date of Accident : 03/12/2019 Time of Accident: 20:30 hrs
Place of Accident : BLK 3 GELIM MOTH ROAD LOADING / UNLOADING CARPARK
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CHANGE FROM REPORTING TO THIRD PARTY CLAIM.


Policyholder / Driver's Signature
Date: 06/12/19


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