

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	09/01/2020 09:47
Date Of Accident	08/01/2020 15:20
Exact Location Of Accident	LENG KEE RD B4 TURNING INTO EUROKARS PRE-OWNER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1183P
Insured/Policyholder	
Name Of Registered Owner	FEROSE MEERA FASAL MOHAMED
NRIC No	SXXXX781J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94752529
Alternative Phone No	OFFICE-94752529

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5100712271-01
Cover Note Number	

Driver

Name of Driver	FEROSE MEERA FASAL MOHAMED
NRIC No	SXXXX781J
Date Of Birth	24/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2005
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94752529
Fax Number	
Contact Number	OFFICE-94752529
Email Address	NOEMAIL

Address	BLK 310 CENBERRA RD #10-141
Postcode	750310
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	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?	
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

I GOING TO PICKING UP MY PASSENGER AT THE EUROKARS PRE-OWNED ALONG LENG KEE RD, I STOP MY VEH TO CHECK ON COMING TRAFFIC CLEAR BEFORE TURNING INTO EUROKARS PRE-OWNED. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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	SMH8302E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUSTIN TEO ZHIWEI
NRIC/Passport Number	SXXXX691J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

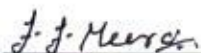
SKETCH PLAN

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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:

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

Refer to statement

DECLARATION

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

J. J. Mero

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.:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/01/2020 09:40"/>
Vehicle No.(For Motor)	<input type="text" value="SV1183P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100712271-01		FEROSE MEERA FASAL MOHAMED	S7861781J	GPC	drivo CLASSIC	SV1183P	SV1183P	12/07/2019	11/07/2020

Claim Handling

Accident MT/1079255

Policy No.	5100712271-01	Vehicle No.	SJV1183P	GST Registration No.	
Certificate No.					
Policyholder Name	FEROSE MEERA FASAL MOHAMED			Policyholder NRIC	S7861781J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94752529	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	Yes
Accident Details					
Report Date	09/01/2020 10:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/01/2020	Time of Accident hh:mm	15:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LENG KEE RD B4 TURNING INTO EUROKARS PRE-OWNER				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
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 310 #10-141	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750310
Address 4		Address Type	Singapore address	Post Code	750310
Unit No.		Related Policy Number	5100712271-01		
01 Driver Info					
Driver Name	FEROSE MEERA FASAL MOHAMED	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7861781J	Driver DOB	24/11/1978
Register Date of Driver License	03/03/2005	Driver Age	41	Driving Experience	1+
Contact No.(Mobile)	94752529	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 310 #10-141	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750310
Address 4		Address Type	Singapore address	Post Code	750310
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	FEROSE MEERA FASAL MOHAMED	Insured NRIC	S7861781J
Contact No.(Mobile)	94752529	Contact No.(Home)	62572070	Contact No.(Office)	
Email Address	ferosemeera@hotmail.com	Vehicle Number	SJV1183P	TP Vehicle Number	SMH83
Claim Description	SJV1183P / SMH8302E CN 8 Jan 2020			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault		
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	09/01/2020 10:20
Report Taken By				Date Received	09/01/2020
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1079255	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2020 10:22
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			

Category *	Confidential	Urgency *	Desc
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:22	SAS	Normal	SAS 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:22	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:22	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:22	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:21	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:21	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:21	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:21	Photos	Normal	Photos 2020-1-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:21	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:21	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:21	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:21	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:20	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:20	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:20	Photos	Normal	Photos 2020-1-9
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:20	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:20	Photos	Normal	Photos 2020-1-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jan 2020 10:20	Photos	Normal	Photos 2020-1-9

Video List

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