

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	18/02/2020 16:06
Date Of Accident	18/02/2020 10:20
Exact Location Of Accident	PANDAN FLYOVER SLIP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1461R
Insured/Policyholder	
Name Of Registered Owner	CRUISE COMMUNICATION NETWORK SERVICES
Co Reg No	5XXXX677K
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96873601
Alternative Phone No	OFFICE-96873601

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103626156-01
Cover Note Number	

Driver

Name of Driver	RAYHAN
NRIC No	GXXXX069K
Date Of Birth	01/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96873601
Fax Number	
Contact Number	OTHERS-96873601
Email Address	HANCARREPAIRS@GMAIL.COM

Address -
 Postcode -
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured -
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 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: JAMAL
 GENDER: MALE
 Passenger 2
 NAME: AMAZLD
 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 SMA5702R
 Vehicle Make/Model/Colour -
 Details Of Properties -
 Vehicle Category PRIVATE CAR
 Name of Driver IZZAH NADIA BINTI ABDUL HAMID
 NRIC/Passport Number GXXXX477P
 Contact Number -
 Address -
 Postcode -

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.



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

Pandan Flyover Sliproad



Vehicle A: GBF1461R

Vehicle B: SMA5702R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling AYE approaching the sliproad of Pandan Flyover
on 18/02/20 at about 1020Hrs.

As I drove along the sliproad, Vehicle B exit out from the
sliproad and hit onto my vehicle A.

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.:

PERSONAL PARTICULARS

Including driver
(3) Jamal
Amjad
Amazld

Date of Accident: 18 / 02 / 2020

Time of Accident: 10 : 20 (24Hrs)

Vehicle No: GBF1461R

Vehicle Make/Model: NV350 / 2488cc

Exact Location of Accident: Pandan Flyover Sliproad

Owner's Name/NRIC: Cruise Communication Network Services / 52950677K

Driver's Name/NRIC: Rayhan / G7805069K

Driver's Contact: 9687 3601

Insurance Co & Policy No: NTUC Income

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Employer/Employee

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details (G3445477P)

Driver's Name/IC: Izzah Nadia Binti Abdul
Hamid

Vehicle No: SMA5702R

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (if Any): _____ Contact: _____

Preferred Workshop (if Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

Claim Handling

Accident MT/1084868

Policy No.	5103626156-01	Vehicle No.	GBF1461R	GST Registration No.
Certificate No.				
Policyholder Name	CRUISE COMMUNICATION NETWORK SERVICES			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96673601	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	18/02/2020 16:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/02/2020	Time of Accident hh:mm	18:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PANDAN FLYOVER SLIP 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 Covered?
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration Ref.		GST Status Verified	Yes
Modification History	18/02/2020 16:22:59 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	3 SOUTH BUONA VISTA ROAD	Address 2	#B1-50 VIVA VISTA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	B1-50	Related Policy Number	5110902492	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	RATHAN	Driver NRIC	GXXXX059K	Driver DOB
Register Date of Driver License	11/03/2014	Driver Age	34	Driving Experience
Contact No.(Mobile)	96673601	Contact No.(Office)		Contact No.(Home)
Address 1	3 SOUTH BUONA VISTA ROAD	Address 2	#B1-50 VIVA VISTA	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	B1-50			
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	GBF1461R	Driver Insurer Company

Declaration

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

Modification History

Claim 001

New

Claim Type *	GD-MX	Insured Name	CRUISE COMMUNICATION
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GBF1461R
Claim Description	GBF1461R / SMA5702R ON 18 Feb 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Revised No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1084868	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/02/2020 16:24

Path *

Category *

Confidential

Urgency *

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

Clear

Clear

Clear

[illegible]

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	Photos	Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Feb 2020 16:24	SAS	Normal	SAS 2020-2-18

 Video List

Uploaded By/Date	Folder Date	File Name	?	Sort
		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 : 5103626156-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **G8F1461R**
Chassis Number : **JN1MC2E26Z0006330**
2. Name of Policyholder : **CRUISE COMMUNICATION NETWORK SERVICES**
3. Effective Date of Insurance : **11 Jul 2019**
4. Expiry Date of Insurance : **10 Jul 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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
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 : ABWIN PTE LTD (00000614234)
Date of Issue : 02 Jul 2019 10:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

ABWIN PTE LTD

8 Kaki Bukit Road 2 #01-13

Ruby Warehouse Complex


Singapore 417941

Tel : 6842 3332 Fax : 6743 8750

Countersigned By:



Authorised Officer



Chief Executive