

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	09/03/2020 16:18
Date Of Accident	05/03/2020 16:45
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6653U
Insured/Policyholder	
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No	2XXXXX430G
Email Address	MTHAMCE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97430334
Alternative Phone No	OFFICE-97430334

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	REPORTING ONLY
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	5101761134-01
Cover Note Number	

Driver

Name of Driver	ABDOL SALAM BIN T A RAHMAN @ ABDUL BIN ABDURRAHMAN
NRIC No	SXXXX748J
Date Of Birth	08/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1979
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97430334
Fax Number	
Contact Number	OFFICE-97430334
Email Address	MTHAMCE@GMAIL.COM

Address	BLK 251 BANGKIT ROAD #05-368
Postcode	670251
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	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	SMS4184Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NATALIE VERONIQUE BINKIN
NRIC/Passport Number	
Contact Number	88236030
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.



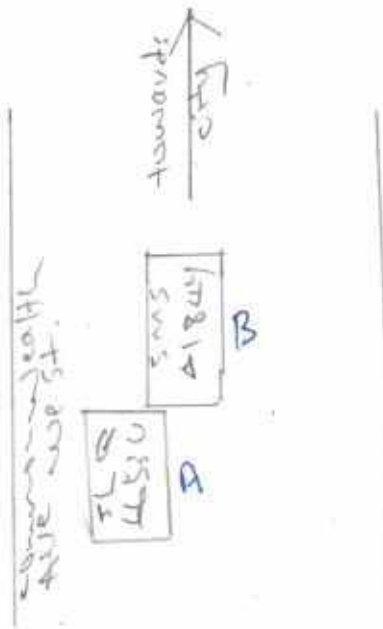
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Rishi Chatterjee*
NRIC/FIN No.:

SKETCH PLAN

Along
Commonwealth Avenue
West



A) SLQ 6653U

B) SMB 4184Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1645 hrs on 5/3/20 whilst driving on Commonwealth Ave. west towards city, car no SMB 4184Y stops in front of me. I could not stop in time, my car hit the left side of the bumper. There is slight damage. My car was also slightly damaged on the right bumper. Nobody was injured.

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.:

09/03/2020

Red [Signature]

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6434 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05 / 03 / 2020 (dd/mm/yy) Time of Accident: 16:45 (24-HR-FORMAT)
Vehicle No.: SLQ6653U Vehicle Make & Model: Mazda 3
Exact location of Accident: Commonwealth Avenue West
Policyholder's Name / IC No.: Tm Pammun
Driver's Name / IC No.: S1006748J (As Above) ☐
Driver's Contact No.: 97430334 Company Contact No.: _____
Driver's Address: Blk 251 Bangkit Rd #05-368
Email address (if any): mthgmct@gmail.com Insurance Company: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hired or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job): ☐ Indoor / ☐ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Natalie Veronique Binkin Vehicle No.: SM54184Y

Driver's Contact No.: 88236030 Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



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rsbm

From: ODsupport <ODsupport@income.com.sg>
Sent: Tuesday, 10 March, 2020 7:48 AM
To: rsbm
Cc: ODsupport
Subject: RE: MT/1087390 SLQ6653U

Dear Rosli,

Thank you for your email.

Please quote the claim no : MT/1087390-001 when billing.

Warmest Regards

Hazalya Bte Ibrahim
Admin Assistant
Operations, Motor & Personal Lines (PL)
T +65 6430 7902
www.income.com.sg



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Innovation and Impact. These attributes reflect w
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PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Monday, 9 March 2020 4:58 PM
To: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Cc: ODsupport <ODsupport@income.com.sg>
Subject: MT/1087390 SLQ6653U

Hi the above mention claim cannot create ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/03/2020 12:26"/>
Vehicle No.(For Motor)	<input type="text" value="SLQ6653U"/>	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="checkbox"/>	5101761134-01		TW PREMIUM AUTOMOBILE PTE LTD	201320430G	GPC	drive CLASSIC	SLQ6653U	SLQ6653U	26/06/2019	18/07/2020