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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

10年前10年2月2日 10年1	ACCIDENT STATEMENT				
Date Of Report	13/03/2020 14:46				
Date Of Accident	13/03/2020 07:30				
Exact Location Of Accident	ALONG FARRER TOWARDS QUEENSWAY				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				

Couling from the Control	
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB2961K
Insured/Policyholder	
Name Of Registered Owner	INDRA AHMAD BIN MUMTAZ AHMAD
NRIC No	SXXXX884J
Email Address	INDRA_AHMAD@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90211741
Alternative Phone No	OTHERS-90211741
Vehicle Particulars	

Vehicle Particulars	
Manufacturer	MAZDA
Modei	5
Exact Purpose for which vehicle was being used at	PRIVATE USE

time of accident Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage NO Fleet Policy

5111906396 Policy Number

Cover Note Number

Driver

INDRA AHMAD BIN MUMTAZ AHMAD Name of Driver

SXXXX884J NRIC No 16/01/1977 Date Of Birth INDOOR. Occupation 08/03/2001 Date Of Driving Pass

19 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90211741 Mobile Number

Fax Number

OTHERS-90211741 Contact Number

INDRA AHMAD@HOTMAIL.COM EMail Address

Address

BLK 610 JURONG WEST STREET 65

#14-534

Postcode

640610

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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

NO

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

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGT8382G

Vehicle Make/Model/Colour

KIA CERATO FORTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE WEI THAI EDWIN

NRIC/Passport Number

SXXXX476B

Contact Number

98634042

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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: 15 3 20

@1445 Hrs

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Farrer Rd towards Queersway

- A) SLB 2961K
- B) SGT 8382 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 131	osposo, at abou	it 0730415	unite du	vina ale	no.
torrer Kood 1	owards aucens	way traffic	was ha	wi and	120
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in time 1 but it did	not. No one	was injui	ed. The	CHECK VI	hicle
SGT 8380 G C	awage are	as follows:			-
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2) Light scratch	on bumpe	Υ			
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ECLARATION				-	

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

Policyholder's Signature

Date & Time: 13/03/2020 -

@ 1450hrs .

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnens Signature MARS, Name:

ACCIDENT STATEMENT

	ACCIDENT DATE: (13) 03 / 2020 (DD/MM/	YYYY), TIME: (07 : 30) (HH:MM
		ueinsway.
	1. DETAILS OF VEHICLE	
	· a) VEHICLE NUMBER: SLB 2961 K.	nti sa nas
	DINSURANCE COMPANY: NTUC INC	Count E
	CIPOLICY NUMBER: 5111906396	Carrie
	dIPOLICY TYPE: (COMPREHENSIVE / THIRD	DA DEV CON NO.
	B)MAKE & MODEL: Mazda 5	PARTY / THIRD PARTY FIRE &THEFT)
	FITYPE: (SALOON / COUPE / MPV /VAN / LO	DDDV / MOTOR OWNER & PRINTER
	g) VEHICLE CATEGORY: (PRIVATE / COMME	DOLL (LICENS)
	hJPURPOSE OF USING AT ACCIDENT TIME:	RCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	AND AND TOTAL
	" NO, I LEASE STATE (THIRD PARTY CLAIM)	PEPOPTING ONLY
	- WSOKED / POLICY HOLDER	
	AINAME: INDEA AHMAD BIN MUNTA	2 Attanto (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: 97761884-3	COLITA OF CIRCUITY
	CIADDRESS: BUC GID Jureay wifet	Stract 65 #14-534
	DIMMPORE 640610	
₩HO of passa	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER .
Charles In	AS ARE:	
Claduding dri	bINRIC/FIN/PASSPORT:	(MALE / FEMALE)
(1)	CIADDRESS:	CONTACT:
	NATURE HONORING	*
	*d)DATE OF BIRTH: [16] 01] 1977](DE	O/MANA OVVVVI
	EJOCCUPATION: INDOOR / OUTDOOR	2/mm//1111)
	DOTTE OF DRIVING DACE 08/03/2	
	4. WAS DRIVER AN EMPLOYEE OF THE INCH	RED'S COMPANY? (YES / NO)
	INCOMINATION OF THE DRIVED WA	THE INCLUDED.
	OWENTHER CONDITION: (CLEAR / RAINING /	OTHERS
10	6. WAS ANYBODY INJURED (YES / NO)	· · ·
	7. DIREPORTED TO POLICE (YES / NO)	18 De
	IF YES, PLEASE STATE WHICH POLICE STATION	20 F
al	8. THIRD PARTY VEHICLE	(:
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6	9. THIRD PARTY VEHICLE	
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email = indra_ahmad @ hotmail.com.

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Claim Handling(accident reporting Claim Task)

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THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder 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

5111906396

The Policyholder

INDRA AHMAD BIN MUMTAZ AHMAD

BLK 610 #14-534

JURONG WEST STREET 65 SINGAPORE 640610

Period of Insurance

: 01 Oct 2019 To 30 Sep 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: 5\$746.60

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

: INDRA AHMAD BIN MUMTAZ AHMAD

Named Driver (1)

I N/A

Named Driver (2)

: N/A

Capacity

: 2000cc

Make/Model

: MAZDA/5

Registration Number

: SLBZ961K

Registration Year ; 2016

Chassis Number

: JM6CW1071G0123039

Off-peak Car : No

Repair at Owner's Preferred Workshop : No.

Insure with COE

: Yes

Excess (Section 1) Excess (Section 2)

1 N/A NA

NCD Entitlement : 50% NCD Protection

: Yes(Free)

Windscreen Excess

Additional Excess

55100

N/A : Please refer to Terms and Conditions

Unnamed Driver Excess Hire Purchase Company

DBS BANK LTD

Optional Cover

Transport Allowance

: Yes

Excess Waiver

: Yes

Memo A: N/A

Endorsement Operative: M4, M8, M9

Agency

: SGP BUSINESS CONSULTANCY PTE, LTD. (00000573828)

Date of Issue

: 28 Aug 2019 12:04 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





Issued On: 13 Nov 2019

VEP Registration Confirmation Slip

Thank you for registering the following vehicle.

Vehicle Details

Vehicle Type (JPJ)

Motorcar

Registration Origin

Singapore

Ownership Category

Private (Individual)

Registration Type

I am registering for my own vehicle

Vehicle No.

SLB2961K

Chassis No.

JM6CW1071G0123039

Engine No.

PE10290917

Vehicle Type

PASSENGER STATION WAGON/JEEP/LAND ROVER

Make

MAZDA

Model

MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF

Year of Manufacture

2015

Propelient

Petrol

Number of Axies

8

Number of Tyres

4

Person With Disability

NO

PWD Card No.

N/A

Primary Colour

BLACK

Road Tax Explry Date

Vehicle Registration Date

N/A

Ownership Date

02-11-2018

OWNERSHIP DER

31-03-2016

ICP Number

NJA

ICP Explry Date

N/A

Malaysian Registered Insurance

N/A

COE Number

2016040107000355C

COE Category

E - OPEN CATEGORY

COE Expiry Date

30-03-2026

Insurance Company Name

NTUC INCOME

Insurance Policy No.

5111906396