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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 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.
- 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/03/2020 16:01
Date Of Accident	14/03/2020 13:00
Exact Location Of Accident	504 YISHUN ST 51 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE
第四个部分中国中央共和国中	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY2012C
Insured/Policyholder	
Name Of Registered Owner	ZAKARIA BIN MOHAMED SHARIFF
NRIC No	SXXXX002J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92726753

Alternative Phone No Vehicle Particulars

MERCEDES-BENZ Manufacturer

Model C200 AUTO

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-92726753

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

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

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY Type Of Coverage

Fleet Policy NO

Policy Number 5046183863-08

Cover Note Number

Driver

ZAKARIA BIN MOHAMED SHARIFF Name of Driver

NRIC No SXXXX002J Date Of Birth 15/06/1958 INDOOR Occupation Date Of Driving Pass 03/04/1979

40 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-92726753

Fax Number

OFFICE-92726753 Contact Number

NOEMAIL **EMail Address**

BLK 577 HOUGANG AVENUE 4 Address

#05-658

530577 Postcode

NO Was driver an employee of the Insured's Company

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

2

NO

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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**

SMQ3080E

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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.
- 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)

Lunderstand, 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
- (t) 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

ignature

Name:

NRIC/FIN No .:

Vehicle A: 9JY>012C

Vehicle B: SIMR 3080E

BLK 504

YD hum

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I , vehicle A, SJY2012C,	
was vavelling along the stated venue. As there was a	f.
car before passing through, I assumed that there was)
no move cars). I proceeded to turn left, and as it	
was a sharp left turn, I went right a bit to	
complete the left turn. In the midst, I accidental	IV
grazed onto vehicle is, SMR3080E, right portion.	

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 Personnels Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDE	NT DATE: 14 / 03/ 202	O ((DD/MM/YYYY)	, TIME: (15 : 04)	(HH:MM)
LOCATIO	N: 504 YISHUM ST	51 Carpart	Envance.	
1. D a b c d e f) g	ETAILS OF VEHICLE VEHICLE NUMBER: INSURANCE COMPANY: POLICY NUMBER: POLICY TYPE: (COMPREHEN) MAKE & MODEL: TYPE:(SALOON / COUPE / MINUSPOSE OF USING AT ACC	STY 2012 C MILL USIVE / THIRD PART MEY CECES BEING PX /V AN / LORRY ATE / COMMERCIA CIDENT TIME:	/ MOTORCYCLE / OT	
J	ARE YOU CLAIMING UNDER F NO, PLEASE STATE (THIRD F SURED / POLICY HOLDER	ARTY CLAIM / REF	PORTING ONLY)	4.A.I.E.\
b)	NRIC/FIN/PASSPORT:	Bin Monamed 1310002J gang Avenue	CONTACT: 9273	(53057
6	CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOL	DER	Toronaut.
Clodeding driver) a)	NAME: NRIC/FIN/PASSPORT: ADDRESS:		(MALE / FEM	IALE)
e)(f)Y	DATE OF BIRTH: (OUTDOOR) NCE: OF THE INSURE	D'S COMPANY? (YES	(OD)
IF 5. a)V b)F	NO, RELATIONSHIP OF THE VEATHER CONDITION: (CLE COAD SURFACE: (DRY / WET AS ANYBODY INJURED (YES ANYBODY INJURED (YES ANYBODY INJURED (YES ANYBODY INJURED)	AR / RAINING / O	INSURED:	
7. a)R	PEPORTED TO POLICE (YES / YES, PLEASE STATE WHICH I	NO)		
8. THII	VEHICLE NUMBER:	SMK3080E	_MODEL:	
	DRIVER'S NAME: NRIC/FIN/PASSPORT: RD PARTY VEHICLE		_CONTACT:	
16 No of passenger 01	VEHICLE NUMBER:		_MODEL:	
(Including driver) 1)	NRIC/FIN/PASSPORT:		_CONTACT:	
	a			

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eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						· Change	Language	+ Chan	ge Password	· Log Out
Notice of Loss Po	Poli	cy Query									33
	Policy N	ło.	9			Date o	f Accident	5	4/03/2020 1	3:00	
	Vehicle	No.(For Motor)	SJY201	2C		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5046183863- 08		ZAKARIA BIN MOHAMED SHARIFF	S1310002)	GPC	Third Party	SJY2012C	SJY2012C	01/12/2018	31/05/2020
				300000	10	Continue					

Policy No.	5046183863-08	Policyholder Name	ZAKARIA	BIN MOHAMED SHARII	Policyholder NRIC	S1310002J			
Certificate No.									
Address	BLK 577 #05-658 HOUGANG A	VENUE 4 SING	APORE 530	577					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N			
Policy Issue Date	27/11/2018	Effective Date	01/12/201	18 00:00	Expiry Date	Expiry Date 31/05/2020 23:59			
Excess Type		All Claims Excess							
Third Party Excess	0	Own damage Excess	0		Windscreen Excess				
Additional Excess		OS Premium	0						
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess		
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y			
Co- insurance Flag	No								
Open Policy Info									
Certificate Info									
→ Policyh	older Mailing Address								
Address 1	BLK 577 #05-658	Addre	ss 2	HOUGANG AVENUE	4	Address 3	SINGAPORE 530577		
Address 4		Addre	ss Type	Singapore address		Post Code	530577		
Unit No.		Relate Numb	ed Policy	5116590656					
▶ Insure	d Object: SJY2012C	11. 3000000							
▶ Insure ▼ Endors			72						
11 -013 M (0.0)	ements		Endorsement		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 01 Dec 2018 TO 31 May 2020 In view of this amendment, an additional premium of \$288.97 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issu the cheque in favour of "NTUC Income" with your name and		

Section Sect	Claim Handling								
Control No.	Accident MT/1088248		202200	V PROCESS			10020		
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Designed Designed Designed Simpapore TP Excess D.00					0.00	Windscreen t	xcess	0.00	
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ST Registration No. ST Registration Date Yes		ou =							
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### Policyhalder Malling Address ### Address 1		NO				Yes			
## Address 1									
Address 1	WOOD WINDS OF STREET								
Address 1	Policyholder Mailing Ad	dress							
Mailable Pulso Number St16500666	Address 1	BLK 577 #05-658	Address 2	HOUGANG	AVENUE 4	Address 3		SINGAPOR	E 530577
One Content Name	Address 4		Address Type	Singapore i	eddress	Post Code		530577	
Driver Name	Unit No.		Related Policy Number	511659065	6				
Direct Mattic Direct Mattic S131000022 Direct DOB S1506/1988 Register Dots of Ormer Licens Direct Age S1	♥ OI Driver Info								
Register Date of Driver Lesinis 03/04/1979 Oriver Age 61 Oriving Experience 40 Contact No (Mode) 92736/93 Contact No (Oriver) 0 Contact No (Oriver) 0 Contact No (Mode) 92736/93 Contact No (Oriver) 0 Contact No (Oriver) 0 Address 1 BLK 577 Address 2 HOUGANG AICHNUE 4 Address 3 SINGAPCRE STORY Address 4 Address 7 Post Code STORY Registered car?	Driver Name	ZAKARIA BIN MOHAMED SHARIFF	Oriver Type	Main Driver		enonesen		0.0000000000000000000000000000000000000	00
Contact No. (Mode)e \$2726793	Unnamed driver Name		Driver NRIC	\$13100023		Driver DOB		15/06/195	8
Address 1 BLK 577 Address 2 HOUGANG AVENUE 4 Address 3 SINGAPCRE 53057 Address 4 Address Type Singapore address Past Code \$30577 Details 1, 100 Address 1,	Register Date of Driver License	03/04/1979	Driver Age	61		Driving Exper	rience	40	
Address Type Singapore address On-658 Desire for own a Singapore Registered car? Ores he own a Singapore Registered car? Ores May No Driver Make No Driver Vehicle No. Desire for own a Singapore Registered car? Ores May No No Driver Instance Company Desire for own a Singapore Registered car? Ores May No No Realing? Claim Type * Ores May No No Realing? Claim Type * Ores May No No Realing? Claim Type * Ores May No Realing? Claim Address Ores May No Realing? Claim Type Realing May No Realing? Claim Type Realing May No Realing May No Realing May No Realing? Claim Type Realing May No Realing May	Contact No.(Mobile)	92726753	Contact No.(Office)	0		Contact No.(nome)	0	
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Decision Singapore Page	Address 4		Address Type	Singapore a	eddress	Post Code		530577	
Decision	Unit No.	05-658							
Decisionation Breathalyser or Blood Test Reading? Any Injury? Claim 601 New Claim 719e * 00-MK ✓ Insured Name ZAKARIA BIN MCHAMED SHARE Insured NRIC S19100029 Cordact No. (Home) 63658.89 Contact No. (Office) Emal Address IJZAKARIASHARIFE@MAILCO OI Verlick Number ST/2012C TO Verlick Number SM/2008E Claimart Type Claimart Type * Peass Select ✓ Type of Senente: * Selec		○ Yes No	Driver Vehicle No.			Driver Insure	r Company		
Breathalyser or Blood Test Reading? Modification 11story Claim 601 New Claim 71pe * Condact No.(Mobile) 92226753									
Modification History Claim 601 Nam	Declaration								
Claim Type * OO-MK V Insured Name ZAKARIA BIN MCHAMED SHARE Insured NRIC \$13100022 Contact No.(Mobile) \$2726753 Contact No.(Home) \$3855189 Contact No.(Cffice) Claimant Type * Pease Select V Type of Benefit * Pease Select Type of Benefit * Pease S	Breathalyser or Blood Test Reading?	0 mg	Any injury?	O Yes ® f	90				
Claim Type *	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.								
Claim Type *	Modification History								
Claim Type * OD-MK Insured Name									
Contact No. (Mobile)	Claim 001 New								
Contact No. (Mobile)									
Confact No. (Mobile)	Claim Type •	00-MX	Insured Name	ZAKARIA B	IN MOHAMED SHART	Insured NR10		\$1310002	
Claimant Type Claimant Type * Please Select				63858189	[* - * * * * * * * * * * * * * * * * *	Contact No.(Office)	Walter Street	ACTUAL COMPA
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