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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 hereby consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

多点的影响的 《自然中的语言》	ACCIDENT STATEMENT
Date Of Report	27/04/2020 10:08
Date Of Accident	27/04/2020 08:30
Exact Location Of Accident	JUNC OF STILL RD & MARINE PARADE RD
Country/State of Loss	SINGAPORE
The second of the second of the second	DETAILS OF OWN VEHICLE

建筑设施设施	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT8027Z
Insured/Policyholder	
Name Of Registered Owner	ZIAUDEEN
NRIC No	SXXXX951D
Email Address	ZIAVOUDINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98581257
Alternative Phone No	OFFICE-98581257
Vehicle Particulars	

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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 5103241500-01

Cover Note Number

Driver

 Name of Driver
 ZIAUDEEN

 NRIC No
 SXXXX951D

 Date Of Birth
 10/06/1964

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/10/1996

Driving Experience 23 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98581257

Fax Number

Contact Number OFFICE-98581257

EMail Address ZIAVOUDINE@GMAIL.COM

Address BLK 932 TAMPINES ST 91 #03-403

Postcode 520932

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

2

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident? NO

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.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH9647H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - (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: 27/04/201

9.20 Am

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

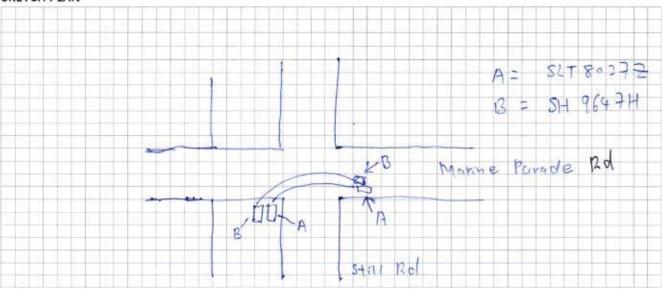
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TURNING FROM STILL ROAD TO MARINE PARADE ROAD I WAS ON THE
137 TRACK TO TURN RIGHT AND THE TAX! WAS ON THE SECOND
TRACK. ONCE THE TRAFFIC LIGHT ON I TURN TO RIGHT AND
THE TAXI ALSO TURNING BESIDE ME. ONCE WE GOT INTO MARINE
PARADE ROAD SUDDENLY HE TURN TO RIGHT AND BANGIME ON
THE REAR DOOR

DECLARATION

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

Policyholder's Signature
Date & Time: 27/04/2020
9.20 Am

Curuy

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

NRIC/FIN No.:

ACCIDENT STATEMENT

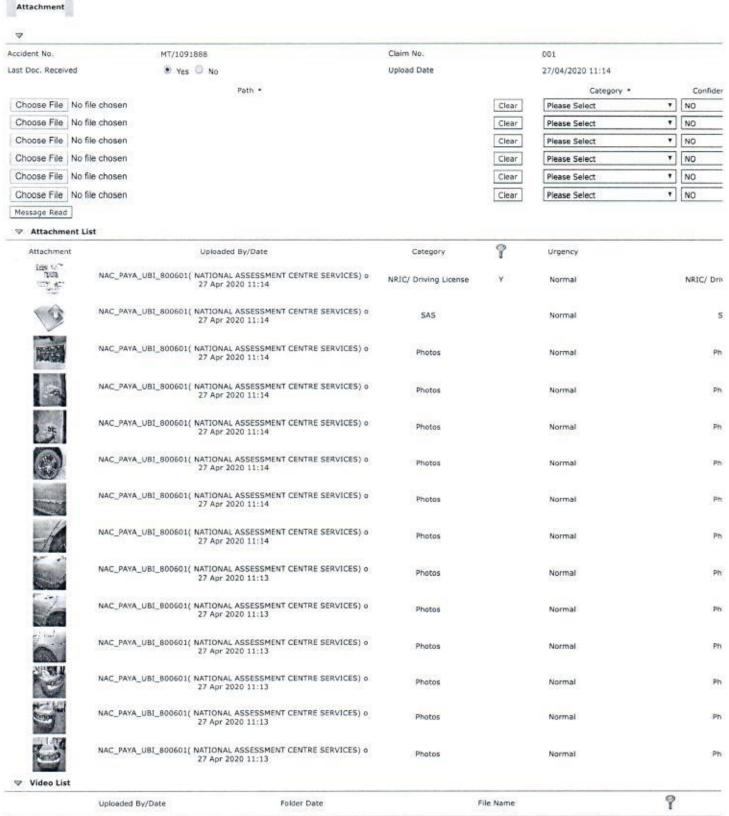
	ACCIDENT DATE: (27, 04, 2020) (DD/MM/YYYY)	, TIME:(8 :30)(HH:MM
	LOCATION: MARINE PARADE ROAD	
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: 3LT 8027 Z	- No. 1
	DINSURANCE COMPANY: NTUC	
	CIPOLICY NUMBER: 5103241500	111.53.53
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PART e)MAKE & MODEL: TOYOTA ALTIS	TY / THÍRD PARTY FIRE &THEFT)
	f)TYPE: (SALOON) / COUPE / MPV / VAN / LORRY g) VEHICLE CATEGORY: (PRIVATE) COMMERCIA h) PURPOSE OF USING AT ACCIDENT TIME: SEA	AL / MOTORCYCLE)
	i) ARE YOU CLAIMING UNDER YOUR OWN INSUR	
1	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REF	
(2)	2. INSURED / POLICY HOLDER	
(-)	A)NAME: ZIAUDEEN	(MALE) / FEMALE)
NUMBER OF	b)NRIC/FIN/PASSPORT: 3 27229510	CONTACT: 9858 125
PACSANGER	CIADDRESS: BLK 932, TAMPINES ST	91 #03-403
INCLUDING DELVER	. 3'PORE 520932	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
hacentral Delatic	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	LDER
	3. DRIVER	
	aNAME: ZIAUDEEN	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: 8 2722951 D	CONTACT: 9858125
	6/11001	91 #03-403
	3 PORE 520 932	
	*d)DATE OF BIRTH: (10) 06/ 1964)(DD/M	IM/YYYY)
9	e)OCCUPATION: (INDOOR) OUTDOOR)	
	FIDATE OF DRIVING PASS :01-007 19	76
	4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED:
	5. a) WEATHER CONDITION: (CLEAR) RAINING / O	THERS
	b)ROAD SURFACE: (DRY) WET / OTHERS	
1911	6. WAS ANYBODY INJURED (YES /NO)	e de la companya de l
	7. a) REPORTED TO POLICE (YES (NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:_	
(= 1)	8. THIRD PARTY VEHICLE	
(21)	a) VEHICLE NUMBER: SH 9647 H	_MODEL:
HUMBER OF	b) DRIVER'S NAME:	
	c) NRIC/FIN/PASSPORT:	_CONTACT:
PASSANGHE NCLUDING DEWAR	9. THIRD PARTY VEHICLE	
MCLUINIUM ILLIONIC	d) VEHICLE NUMBER:	_MODEL:
()	e) DRIVER'S NAME:	
NUMBER OF PASSONIGHT	f) NRIC/FIN/PASSPORT:	_CONTACT:
INCLUDING DRIVER		
INCLUDING DELOCIC		•
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<u> </u>		WE @ GMAIL . COM
	1) EMAIL : ZIAVOUDE	A NO.
+	100000	
	>) VINED ! YES.	

eBao Tech					MC 20	No.				Genera	lClaim
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My Desktop	Poli	cy Query									
Notice of Loss Policy No Vehicle N Select	io.				Date o	of Accident	2	27/04/2020 0	9:13		
	Vehicle	No.(For Motor)	SLT802	72		Certifi	cate Number]			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103241500- 01		ZIAUDEEN	S2722951D	GPC	drivo CLASSIC	SLT80272	SLT8027Z	13/12/2019	12/12/2020
						Continue					

Claim Handling

Policy No.	5103241500-01	Vehicle No.	SLT8027Z		GST Regi	istrat
Certificate No.						
Policyholder Name	ZIAUDEEN				Policyholo	der l
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	
Contact No.(Mobile)	98581257	Contact No.(Office)			Contact N	No.(t
Email Address		Special Remark			eCode	
KFK	• No Yes	TCA	No Yes		eCode Re	easor
NCD Protection	No	NCD Entitlement(%)	10		Private H	lire
□ Accident Details	多 表		852			1000
Report Date	27/04/2020 11:11	Accident Report Within 24 hrs	Yes		Accident	Type
Date of Accident		Time of Accident hh:mm				
Reporting Centre	27/04/2020		08:30		Country	OT AC
Accident Location	JUNC OF STILL RD & MARINE PARADE RD	Orange Force			ICM No.	
▼ Total Excess Applicable	JUNE OF STILL RD & MARINE PARADE RD					
Excess Type	Per Accident	Windscreen Excess		100.00		
				100.00		
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00		
YIED OD Excess	0.00	Y1ED TP Excess		0.00	Driver is	Cove
Additional Excess	0					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00		
▽ Benefits	magnet, for quiddig	CONTRACTOR OF THE STATE OF THE				
	tion					
GST Registered	No		GST Regist	ration Date		
GST Registration No.			GST Status	Verified		Yes
Modification History						
Policyholder Mailing Add	iress					
Address 1	BLK 932 ±03-403	Address 2	TAMPINES STREET	91	Address 3	3
Address 4	200 200 300	Address Type	Singapore address		Post Code	
Unit No.	21-535	Related Policy Number	5103241500-01			
♥ OI Driver Info	21-333	Nelated Folicy Hamber	3103241300-01			
Driver Name	ZIAUDEEN	Driver Type	Main Driver			
Unnamed driver Name	ZIAUDEEN	Driver NRIC	S2722951D		Driver DC	O.P.
	Tenantica e e e					
Register Date of Driver License	01/10/1996	Driver Age Contact No.(Office)	55		Driving E	
Contact No.(Mobile)	98581257	Address 2	TAMPINES STREET		Contact N Address 3	
Address 1	BLK 932 #03-403			91		
		Address Type	Singapore address		Post Code	е
Address 4	0.79					
Address 4 Unit No.	21-535	(2) (C)(120(1))				
Address 4 Unit No. Does he own a Singapore	21-535 Yes No	Driver Vehicle No.			Driver Ins	surer
Address 4 Unit No. Does he own a Singapore Registered car?		Driver Vehicle No.			Driver Ins	surer
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test		Driver Vehicle No. Any injury?	⊌ Yes ⊛ No		Driver Ins	surer
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	⊕ Yes No		⊜ Yes ⊛ No		Driver Ins	surer
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	⊕ Yes No		⊜ Yes ⊛ No		Driver Ins	surer
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	⊕ Yes No		⊜ Yes ⊛ No		Driver Ins	surer
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	⊕ Yes No		⊜ Yes (e) No		Driver Ins	surer
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	⊕ Yes No		⊌ Yes • No	OD-MX	■] Insured	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	⊕ Yes No		⊌ Yes ⊛ No		▼ Insured Name Contact	21/21/
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	⊕ Yes No		Yes • No	OD-MX 98581257	Insured Name Contact No. (Home)	21/2
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile)	⊕ Yes No		⊜ Yes ● No		Insured Name Contact No. (Home) OI Vehicle	677
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile)	⊕ Yes No		Yes • No	98581257	Insured Name Contact No. (Home) OI Vehicle Number	677
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address	⊕ Yes No		Yes • No		Insured Name Contact No. (Home) OI Vehicle Number	677 SL
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred	O mg	Any injury?	Yes • No	98581257	Insured Name Contact No. (Home) OI Vehicle Number	67 SL
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Beautiful No. (Voc.)	O mg Insured Liability Not at Fault Preferred Workshop, Name T Repair Preferred Workshop, Name	Any injury?		98581257	Insured Name Contact No. (Home) OI Vehicle Number 2020	Z1 67
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Beautier No. Finalisation Yes	O mg Insured Liability Not at Fault	Any injury?		98581257	Insured Name Contact No. (Home) OI Vehicle Number Apr 2020 Claim Close	67 SL
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Beauker No. Yes Date Registered	O mg Insured Liability Not at Fault Preferred Workshop, Name T Repair Preferred Workshop, Name	Any injury?		98581257 SLT8027Z / SH9647H ON 27 of 27/04/2020 11:13	V Insured Name Contact No. (Home) Of Vehicle Number	67:
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Beautier No. Finalisation Yes	O mg Insured Liability Not at Fault Preferred Workshop, Name T Repair Preferred Workshop, Name	Any injury?		98581257 SLT8027Z / SH9647H ON 27	Insured Name Contact No. (Home) OI Vehicle Number Apr 2020 Claim Close	677

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