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TP Particulars: Veh No:	GBB 9398						
Owner / Driver: (400 /3/	,	Tel:)			
Policy No: ()	Period: ()	Cover Type: ()			
Confirmed by : (Date:	Time:	<u> </u>			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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

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Date Of Report 18/06/2020 12:51
Date Of Accident 18/06/2020 09:45

Exact Location Of Accident HARBOURFRONT CENTRE DROP OFF POINT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGB8664M

Insured/Policyholder

Name Of Registered Owner MUHAMAD RAHIM BIN SOED

NRIC No SXXXX332E Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97209491

 Alternative Phone No
 OTHERS-97209491

Vehicle Particulars

Manufacturer NISSAN Model LATIO

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

. . .

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 THIRD PARTY

Fleet Policy NO

Policy Number 5099832831-01

Cover Note Number

Driver

Name of Driver MUHAMAD RAHIM BIN SOED

 NRIC No
 SXXXX332E

 Date Of Birth
 08/01/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/12/2004

Driving Experience 15 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97209491

Fax Number

Contact Number OTHERS-97209491

EMail Address NOEMAIL

Address

BLK 139 TAMPINES STREET 11

#04-64

Postcode

521139

OWNER

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

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

1

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB9398J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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:
 - 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:

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Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reported Centre Personnel's Signature

Name:

NRIC/FIN Ha.

A: SGB 8664M

B: GBB9398J

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/6/2020 at 0945 am, I Just drop off a passenger
at Harbourfront centra drapoff point. I. was stationary,
when suddenly I fet an impact on my rear. I shighted
and realise vehicle B (GBB 9398D) has collided onto my
venicle rear partion. As he did not want to exchange
particulars, traffic police was called in we tok photos
nd proceed with insurouse claims. I wan to state that
I have a in car camera to prove.

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 policyhalder)

Date & Time:

Reporting denire Personnel's Signature

Name:

NRIC/FIN No.:

actions of addition to our site.

Roslinda

Date of Accident	: 18/6/2020 Accident Time: 0945 0M (24-FIR-Format)
Accident Place	: Habourfort Centro drop off point.
Vehicle Reg. No. (Car Plate No.)	: S6B 866 # M
Vehicle Make/Model	NISSAN LATIO
bisurance Company	Policy No. 5099832831-01
Owner or Company Name /IC No.	: MUHAMAN RAHIM BIN SOEB
Owner or Company Contact No.	9720 9491 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: MUHAMAD RAHIM BIN SOED
DRIVER'S Date Of Birth	: 08 01 1969 DRIVER'S License Pass Date 17/12/2004
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 139 TAMPINES STREET 11 \$ 04-64.
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	: admin @my car. sg
Weather & Road Surface	CLEAR & DRY YRAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle was	r cameral YES NO s being used at the time of accident; Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: GBB 9 3 98	Vehicle Reg. No:
Vehicle Make Model: Mercelles	Vi+o Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

· eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 18/06/2020 11:15 Vehicle No.(For Motor) SGB8664M Certificate Number Search Certificate Number Policyholder Name MUHAMAD RAHIM BIN SOED Policyholder Product Cover Type
NRIC Select Policy No. 5099832831-01 0 S6901332E GPC Third Party SGB8664M SGB8664M 30/06/2019 29/06/2020 Continue

· Task Transfer · Exit Claim Handling LOS SAE SUB Accident MT/1094735 GST Registration No. Vehicle No. SG88664M 5099832831-01 Certificate No. 569013325 Policyholder Name MUHAMAD RAHIM BIN SOED Loading Product Code PRIVATE CAR INSURANCE Cover Type Third Party Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 97209491 No V eCode Email Address Special Remark eCode Reason n No Yes KEK No Yes TCA Private Hire Yes: NCD Protection No NCD Entitlement(%) 0 Accident Details Accident Report Within 24 hrs Collision - Head to Rear Yes Accident Type Report Date 18/06/2020 16:30 Country of Accident Singapore Time of Accident hh:mm 09:45 Date of Accident 18/05/2020 Reporting Centre NATIONAL ASSESSMENT CENTF Orange Force No Accident Location HARBOURFRONT CENTRE DROP OFF POINT ▼ Total Excess Applicable Windscreen Excess 0.00 Excess Type TP Standard Excess 1,500.00 OD Standard Excess 0.00 Driver is Covered? Covered YIED TP Excess YIED OD Excess 0.00 Additional Excess 1,500.00 Total OD Excess Applicable 0.00 Benefits GST Registered Information GST Registration Date GST Registered GST Status Verified GST Registration No. Modification History Policyholder Mailing Address Address 3 SINGAPORE 521139 Address 2 TAMPINES STREET 11 Address 1 BLK 139 #04-64 Singapore address Post Code 521139 Address Type Address 4 Related Policy Number 5099832831-01 Unit No. OI Driver Info Driver Type Muhamad Rahim Bin Soed Oriver Name Driver DOB 08/01/1969 \$6901332E Unnamed driver Name Register Date of Driver Driving Experience 10 Driver Age 51 24/09/2009 Contact No.(Office) Contact No.(Home) Contact No.(Mobile) 97209491 SINGAPORE S21139 BLK 139 Address 2 TAMPINES STREET 11 Address 3 521139 Address Type Singapore address Post Code Address 4 #04-64 Unit No. Does he own a Singapore Registered car? Driver Insurer Company Driver Vehicle No. Yes & No → Declaration Breathalyser or Blood Test 0 mg Reading? Yes No Any injury? Modification History **▽** Investigation Claim 001 OD-MX New LOS SAL ✓ Claim Case Officer Insured NRIC MUHAMAD RAHIM BIN SOED \$6901332E Insured Name Claim Type DD-MX Contact No.(Office) Contact No.(Home) Contact No.(Mobile) 97209491 NIL TP Vehicle Number Of Vehicle Number 5G88664M AIMBOYAN0801@GMAIL.COM Email Address Name of Preferred Workshop SG88664M / GBB939B) ON 18 Jun 2020 Claim Description Preferred Segund RHIGHNE Yes Phalisation Date Registered Claim Close Date Date Received 18/06/2020 00:00 18/06/2020 15:34 Total Loss but Repaired Workshop Repairer ROSLINDA Report Taken By Print AK letter Modification History ▼ Special Claim Creation Approval Reason Remarks Attachment Accident No. MT/1094735 18/06/2020 00:00 Upload Date Yes ○ No Last Doc. Received Confidential Urgency *

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