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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 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	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?	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	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
EEmail Address	NOEMAIL

Address	BLK 139 TAMPINES STREET 11 #04-64
Postcode	521139
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	- - -

#### 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?	NO

#### 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)	



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5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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

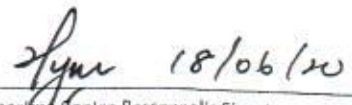
Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A: SGB 8664M

B: GBB9398J

HARBOURFRONT  
CENTRE



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/6/2020 at 0945am, I just drop off a passenger at Harbourfront Centre drop off point. I was stationary, when suddenly I felt an impact on my rear. I slighted and realise vehicle B (GBB9398J) has collided onto my vehicle rear portion. As he did not want to exchange particulars, traffic police was called in. We took photos and proceed with insurance claims. I wish 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 policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Rosinda

Date of Accident : 18/6/2020 Accident Time: 0945am (24-HR-Format)  
Accident Place : Habourfront Centre drop off point  
Vehicle Reg. No. (Car Plate No.) : SGB 866 # M  
Vehicle Make/Model : NISSAN LATIO  
Insurance Company : NTUC Policy No. 5099832831-01  
Owner or Company Name / IC No. : MUHAMAD RAHIM BIN SOED  
Owner or Company Contact No. : 9720 9491 Owner's Hp \_\_\_\_\_ Company 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 TAMPINE 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@mycar.sg  
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>G88 9398J</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Mercedes Vito</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/06/2020 11:15"/>
Vehicle No.(For Motor)	<input type="text" value="SGB8664M"/>	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="radio"/>	5099832831-01		MUHAMAD RAHIM BIN SOED	S6901332E	GPC	Third Party	SGB8664M	SGB8664M	30/06/2019	29/06/2020

Claim Handling

Accident MT/1094735

LOS

SAL

SUB

Policy No.5099832831-01

Certificate No.

Policyholder NameMUHAMAD RAHIM BIN SOED

Product CodePRIVATE CAR INSURANCE

Contact No.(Mobile)97209491

Email Address

KPK☐ No ☒ Yes

MCD ProtectionNo

Vehicle No.SGB8664M

Cover TypeThird Party

Contact No.(Office)0

Special Remark

TCA☐ No ☒ Yes

NCD Entitlement(%)0

GST Registration No.

Policyholder NRIC56901332E

Loading0

Contact No.(Home)0

eCode

eCode Reason

Private HireYes

Accident Details

Report Date18/06/2020 16:30

Date of Accident18/06/2020

Reporting CentreNATIONAL ASSESSMENT CENTR

Accident LocationHARBOURFRONT CENTRE DROP OFF POINT

Accident Report Within 24 hrsYes

Time of Accident hh:mm09:45

Orange ForceNo

Accident TypeCollision - Head to Rear

Country of AccidentSingapore

ICM No.

Total Excess Applicable

Excess TypePer Accident

Windscreen Excess0.00

OD Standard Excess0.00

TP Standard Excess1,500.00

YIED OD Excess0.00

YIED TP Excess0.00

Additional Excess

Driver Is Covered?Covered

Total OD Excess Applicable0.00

Total TP Excess Applicable1,500.00

Benefits

GST Registered Information

GST RegisteredNo

GST Registration No.

Modification History

GST Registration Date

GST Status VerifiedYes

Policyholder Mailing Address

Address 1BLK 139 #04-64

Address 2TAMPINES STREET 11

Address 3SINGAPORE 521139

Address 4

Address TypeSingapore address

Post Code521139

Unit No.

Related Policy Number5099832831-01

OI Driver Info

Driver NameMuhamad Rahim Bin Soed

Unnamed driver Name

Register Date of Driver License24/09/2009

Contact No.(Mobile)97209491

Address 1BLK 139

Address 4

Unit No.#04-64

Does he own a Singapore Registered car?☒ Yes ☐ No

Driver TypeMain Driver

Driver NRIC56901332E

Driver Age51

Contact No.(Office)0

Address 2TAMPINES STREET 11

Address TypeSingapore address

Driver Vehicle No.

Driver DOB08/01/1969

Driving Experience10

Contact No.(Home)0

Address 3SINGAPORE 521139

Post Code521139

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?0 mg

Any injury?☐ Yes ☒ No

Modification History

Investigation

Claim 001 OD-MX

New

Claim Case Officer

LOS

SAL

Claim TypeOD-MX

Contact No.(Mobile)97209491

Email AddressAJIMBOYAN0801@GMAIL.COM

Claim DescriptionSGB8664M / GBB9398J ON 18 Jun 2020

Preferred Workshop☒ Yes ☐ No

Preferred Repair Option

Preferred Workshop Nameunknown

Insured Workshop report☒ Yes ☐ No

Not at fault report☒ Yes ☐ No

Date Registered18/06/2020 16:34

Report Taken ByROSINDA

Print AK letter

Modification History

Insured NameMUHAMAD RAHIM BIN SOED

Contact No.(Home)NIL

OI Vehicle NumberSGB8664M

Insured NRIC56901332E

Contact No.(Office)

TP Vehicle NumberGBB9398J

Name of Preferred Workshop

Claim Close Date

Workshop Repairer

Date Received18/06/2020 00:00

Total Loss but Repaired

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment

Accident No.MT/1094735

Claim No.001

Last Doc. Received☒ Yes ☐ No

Upload Date18/06/2020 00:00

Path \*

Category \*

Confidential

Urgency \*

Description \*

Choose FileNo file chosen

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Please Select

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Choose FileNo file chosen

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Message Board

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☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 18 Jun 2020 16:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 18 Jun 2020 16:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 18 Jun 2020 16:34	SAS		Normal	SAS 2020-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 18 Jun 2020 16:33	Photos		Normal	Photos 2020-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 18 Jun 2020 16:33	Photos		Normal	Photos 2020-6-18		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 18 Jun 2020 16:33	Photos		Normal	Photos 2020-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 18 Jun 2020 16:33	Photos		Normal	Photos 2020-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 18 Jun 2020 16:33	Photos		Normal	Photos 2020-6-18		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		