

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	18/07/2020 16:57
Date Of Accident	11/07/2020 19:30
Exact Location Of Accident	IN FRONT OF WHITESANDS MALL OPPOSITE PASIR RIS MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9647C
Insured/Policyholder	
Name Of Registered Owner	SABIRIN BIN MARLIAN
NRIC No	SXXXX609F
Email Address	E1SYAZWANI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98575569
Alternative Phone No	OTHERS-82004294
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PICKING UP FAMILY MEMBERS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078608120-04
Cover Note Number	

Driver

Name of Driver	SITI SYAZWANI BINTE SABIRIN
NRIC No	SXXXX612Z
Date Of Birth	18/01/1986
Occupation	INDOOR
Date Of Driving Pass	11/05/2007
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98575569
Fax Number	
Contact Number	OTHERS-82004294
Email Address	E1SYAZWANI@GMAIL.COM

Address	BLK 254 TAMPINES STREET 21 #03-474
Postcode	521254
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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 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

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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG6752A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.
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. 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:



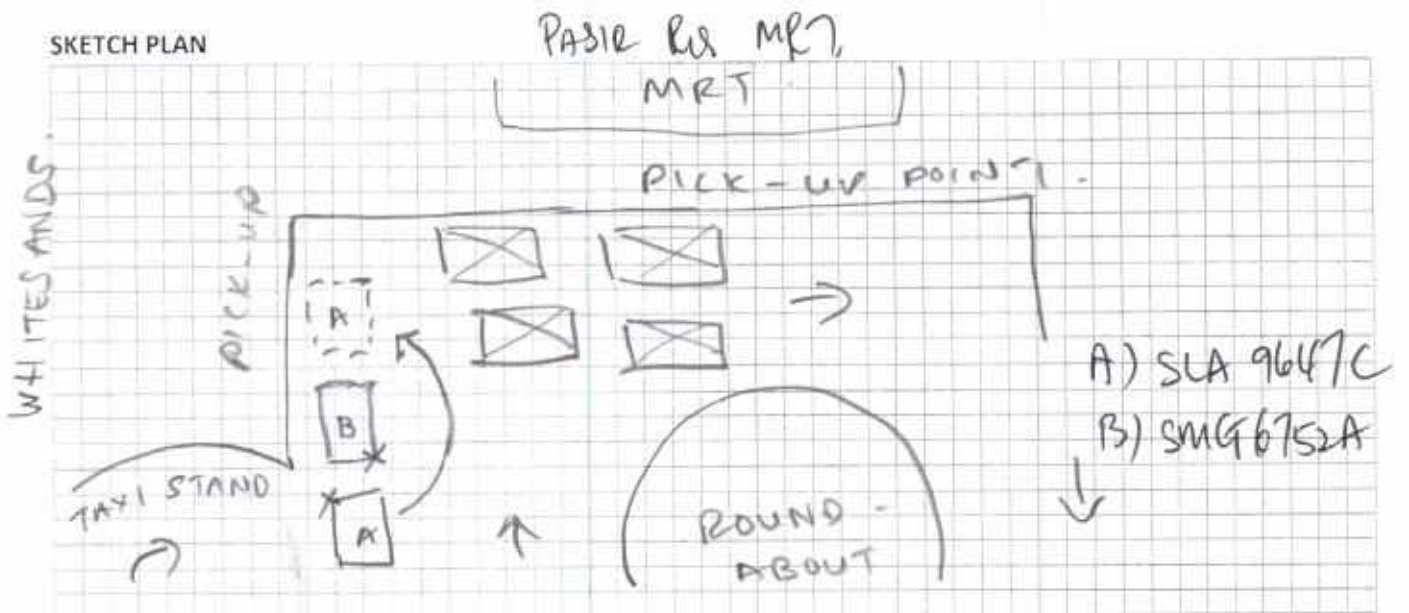
Driver's Signature
(If driver is not the policyholder)
Date & Time:



18/01/2020

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE (A) - FETCHING PASSENGERS IN FRONT OF WHITESANDS, HIT TO VEHICLE (B) WHO WAS STATIONARY (PARKED ON DOUBLE LINES) REFUSED TO MOVE. AFTER WHICH, I WENT FORWARD TO STOP IN FRONT OF HIS CAR, MY FRONT ~~RIGHT~~ LEFT BUMPER HIT (GRAZE) LIGHTLY ONTO HIS BACK RIGHT BUMPER (BX)

(NX)

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 07 / 20 (DD/MM/YYYY), TIME: 19 : 30 (HH:MM)

LOCATION: OPPOSITE PASIR RIS MRT, IN FRONT OF WHITESANDS MALL.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 9647 C
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5078608120-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA VIZEL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PICK-UP FAMILY MEMBERS
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SABIRIN BIN MARLIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0475609F CONTACT: 98575569
c) ADDRESS: 1 ELIAS GREEN #08-03
S(519959)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SITI SYAZWANI BINTE SABIRIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S80006127 CONTACT: 82004294
c) ADDRESS: 1 ELIAS GREEN #08-03
S(519959)

* d) DATE OF BIRTH: 18 / 01 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12+

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CL)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMG 6752 A MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = elsyazwani@gmail.com

fax =

video =



江氏修理汽車私人有限公司
KANG CAR REPAIRERS PTE LTD

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883
TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg
Co. Reg. No. 201300201N GST Reg. No. 201300201N

Our ref : KCR0720209647NTUC

16 July 2020

MR SABIRIN BIN MARLIAN
1 ELIAS GREEN #08-03
SINGAPORE 519959

Dear Sir/Madam,

Accident Involving SMG6752A and SLA9647C on 11.07.2020 along Whitesands Pasir Ris.

We refer to the above accident and repair for the owner of motor vehicle SMG6752A.

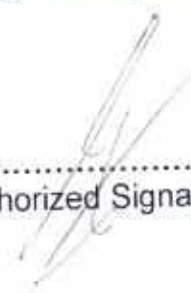
As a result of the above accident, which was caused by your negligent driving and /or management of your motor vehicle SLA9647C, owned by you at the material time. Our client's said motor-vehicle, SMG6752A was damaged.

Please note that **all** accidents should be reported to the insurance companies within 24 hours or by the next working day.

If you have not reported the accident to your insurance company, please do so immediately.

Yours faithfully,
Kang Car Repairers Pte Ltd

.....
Authorized Signature



Claim Handling

Accident MT/1097055

Policy No:	MT1097055	Vehicle No:	SLA9647C	GST Registration No:	
Certificate No:					
Policyholder Name:	SABIRIN BIN MARLIAN	Cover Type:	Basic CLASSIC	Policyholder NRIC	084784007
Product Code:	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address:		TCA	NA Yes	eCode	NA NA
KFE	NA Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available
Accident Details					
Report Date:	26/07/2020 17:38	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident:	11/07/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre:		Orange Force		ICM No:	
Accident Location:	WHITESANDS PARK RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YED OD Excess		YED TP Excess		Driver is Covered?	Not Applicable
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

Benefits

Coverage		Sum Insured:	RM100000.00
Excess Waiver			
GST Registered Information			
GST Registered:	Yes	GST Registration Date	
GST Registration No:		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	11, JALAN GREEN	Address 2	#08-02	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	219558
Unit No.		Related Policy Number	007606120-04		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type	OD-MX	Insured Name	SABIRIN BIN MARLIAN	IRSU NRIC	084784007
Contact No.(Mobile)	98575569	Contact No.(Home)	67428917	Car No.(OD)	
Email Address	sabirinm@gmail.com	OI Vehicle Number	SLA9647C	TP Vehicle Num	
Claim Description	SLA9647C / SR06752A ON 11 Jul 2020				
Preferred Workshop Finalization	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered	18/07/2020 17:28	Preferred Workshop Name unknown		Claim Close Date	
Report Taken By	ROSLI WAHAJ			Date Recd	

Print AK Letter

Save Submit

Attachment

Accident No.	MT1097055	Claim No.	002
Last Doc. Received	Yes No	Upload Date	18/07/2020 17:27
Path		Category	Confidential Urgency
Choose File No file chosen		Clear Please Select	Yes Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal

Choose File No file chosen

Clear

Please Select

1/0

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:21	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:20	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:20	Photos	Normal	Photos 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:20	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:20	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:20	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 18 Jul 2020 17:20	SAS	Normal	SAS 2020-7-18

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5078608120-04

Cover : drive CLASSIC

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SLA9647C |
| Chassis Number | : RUI-1110992 |
| 2. Name of Policyholder | : SABIRIN BIN MARLIAN |
| 3. Effective Date of Insurance | : 23 Mar 2020 |
| 4. Expiry Date of Insurance | : 22 Mar 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: SABIRIN BIN MARLIAN
NAMED DRIVER (1)	: SITI SYAZWANI BINTE SABIRIN
NAMED DRIVER (2)	: IWAN KASWANI BIN SURANI
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : MUSTAPHA MOHD YUSOF (00000518864)
Date of Issue : 16 Mar 2020 15:34 hrs
Reprint : 16 Mar 2020 15:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive