

MMA 120064228

Ass't Report by Fax / Hndd to Owner/VYK312

Invoice dated	Fee Charged	RECEIVED
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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	30/07/2020 10:59
Date Of Accident	29/07/2020 14:40
Exact Location Of Accident	PIE TWDS JURONG EXIT JURONG TOWN HALL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA7019D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NAZIR BIN HAJI JAMALUDIN
NRIC No	SXXXX152C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90064606
Alternative Phone No	OFFICE-90064606
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108447306-01
Cover Note Number	
Driver	
Name of Driver	MOHAMED NAZIR BIN HAJI JAMALUDIN
NRIC No	SXXXX152C
Date Of Birth	14/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1975
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90064606
Fax Number	
Contact Number	OFFICE-90064606
Email Address	NOEMAIL

Address	BLK 307B ANCHORVALE RD #02-50
Postcode	542307
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	RAINING
Road Surface	WET

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?	
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)	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?	NO
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

Vehicle Registration Number	SHA2796Z
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

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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.:

I was travelling along PIE towards Jurong Exit Jurong Town Hall, the weather is Raining and road surface is wet, the taxi in front of me stop, I manage my brake to stop but due to wet surface, my veh skidded and touch onto Veh B rear portion

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.:

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="30/07/2020 09:52"/>
Vehicle No.(For Motor)	<input type="text" value="SLA7019D"/>	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"/>	5108447306-01		MOHAMED NAZIR BIN HAJI JAMALUDIN	S1251152C	GPC	drive CLASSIC	SLA7019D	SLA7019D	27/03/2020	26/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 7 / 20) (DD/MM/YYYY), TIME: (14 : 40) (HH:MM)

LOCATION: PLE twds Jurong EZ4 Jurong town hall

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 7019 D
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hazel
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work / driving
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90064606
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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: SHA 2796Z 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 =

fax =

VIDEO = No.

Claim Handling

Accident MT/1098380

Policy No.	5108447306-01	Vehicle No.	SLA7019D	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NAZIR BIN HAJI JAMALUDIN	Cover Type	drive CLASSIC	Policyholder NRIC	S1251152C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90064606	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details Report Date: 30/07/2020 11:24 Date of Accident: 29/07/2020 Reporting Centre: Accident Location: PIE TWO'S JURING EXIT AIRONG TOWN HALL		Accident Report Within 24 hrs: Yes Time of Accident hh:mm: 14:40 Orange Force:		Accident Type: Collision - He Country of Accident: Singapore ICM No.:	
Total Excess Applicable Excess Type: Per Accident OD Standard Excess: 2,000.00 YIED OD Excess: 0.00 Additional Excess: 0 Total OD Excess Applicable: 2000.00		Windscreen Excess: 100.00 TP Standard Excess: 1,500.00 YIED TP Excess: 0.00 Total TP Excess Applicable: 1,500.00		Driver is Covered?: Covered	
Benefits GST Registered Information GST Registered: No GST Registration No.: Modification History:		GST Registration Date: GST Status Verified: Yes			
Policyholder Mailing Address Address 1: BLK 307B #02-50 Address 4: SINGAPORE 542307 Unit No.: 02-50		Address 2: ANCHORVALE ROAD Address Type: Singapore address Related Policy Number: 5108447306-01		Address 3: ANCHORVALE Post Code: 542307	
OI Driver Info Driver Name: MUHAMMAD NAZIR BIN HAJI JAMALUDIN Unnamed driver Name: Register Date of Driver License: 05/11/1975 Contact No.(Mobile): 90064606 Address 1: BLK 307B #02-50 Address 4: SINGAPORE 542307 Unit No.: 02-50 Does he own a Singapore Registered car? Yes No		Driver Type: Main Driver Driver NRIC: S1251152C Driver Age: 61 Contact No.(Office): Address 2: ANCHORVALE ROAD Address Type: Singapore address Driver Vehicle No.:		Driver DOB: 14/06/1957 Driving Experience: 44 Contact No.(Home): Address 3: ANCHORVALE Post Code: 542307 Driver Insurer Company:	
Declaration Breathalyser or Blood Test Reading? 0 mg		Any injury? Yes No			
Modification History					
Claim 001 New					
Claim Type * OD-MX Insured Name MUHAMMAD NAZIR BIN HAJI JAMALUDIN Insured NRIC S1251152C Contact No.(Mobile) 90064606 Contact No. (Home) 65871975 Contact No. (Office) Email Address MUHAMMADNAZIR@GMAIL.COM DI Vehicle Number SLA7019D Veli NRIC Claim Description SLA7019D / SHA2796Z ON 29 Jul 2020 Nam Prefi Worl Preferred Workshop No. Insured Liability Fully at Fault Preferred Repair Option Preferred Workshop, Name unknown GIA report Received Date Registered 30/07/2020 11:26 Claim Close Date Date Recd Report Taken By SHAN HUI					
Print AK letter					
Save Submit					
Attachment					
Accident No. MT/1098380 Claim No. 001 Last Doc. Received Yes No Upload Date 30/07/2020 11:27 Path + Choose File No file chosen Choose File No file chosen Choose File No file chosen Clear Please Select No Normal Clear Please Select No Normal Clear Please Select No Normal					

Choose File No file chosen

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	SAS	Normal	SAS 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:27	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:26	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:26	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:26	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:26	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:26	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:26	Photos	Normal	Photos 2020-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jul 2020 11:26	Photos	Normal	Photos 2020-7-30

Video List

Uploaded By/Date	Folder Date	File Name	Source
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