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IP Particulars: Veli No: Pes	lestrian.	. INC(	)/Non-INC( )		
Owner/Driver: (			Tel:		
Policy No: ( ) Perio	pd: (	- )	Cover Type: (		
Confirmed by : (		Date:	Tline:		
Insured/Driver Liability: ( %) [No	ote-Est Status (V	VO): N: 0-20	9%; P: 21-79%. P: 80	-100%]	1.0
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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.
- Any false reporting may be referred to the Police for investigation.
- 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.

<b>对学校的关系来源于</b>	ACCIDENT STATEMENT
Date Of Report	18/09/2020 09:20
Date Of Accident	17/09/2020 07:50
Exact Location Of Accident	TAMPINES ST 83 L/P 4
Country/State of Loss	SINGAPORE
desemble of the state of the con-	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK992A
Insured/Policyholder	
Name Of Registered Owner	DZAFIRAH BINTE RAZI
NRIC No	SXXXX740G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91793687
Alternative Phone No	OTHERS-96384420
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5108389014-01
Cover Note Number	
Driver	
N	ALCER AND COURT OF THE

Name of Driver RAZI BIN MOHAMED

 NRIC No
 SXXXX595B

 Date Of Birth
 02/04/1954

 Occupation
 INDOOR

 Date Of Driving Pass
 14/09/2009

Driving Experience 11 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96384420

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 847 TAMPINES ST 83 #04-176

Postcode

520847

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PEDESTRIAN

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

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?

If Yes, Please state which Police Station

YES

Police Station Name

TAMPINES N.P.C

Police Station Address

ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200917/2014

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SD CARD WITH TP

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

PEDESTRIAN

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 24

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF INJURED PERSON 1

PEDESTRIAN

Name

Approximate Age

Injuries Sustain UNKNOWN

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### SKETCH PLAN

### **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 <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:
  - 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.

Cuzi

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

H PLAN		
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<b>→</b>	AD	
	- =	
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Tampines S	. 63	
IBE CIRCUMSTANCES OF	THE ACCIDENT	
	CONTRACTOR CONTRACTOR AND CONTRACTOR CONTRAC	
10		
Refer to	Police Report T/	20200917/2014
	•	

### DECLARATION

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

Cyal

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



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

Policyholder's Signature Date & Time:





Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3 Report No. T/20200917/2014

## REPORT OF A TRAFFIC ACCIDENT

	ne Report I 020 10:02	Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
RAZI BI	f Informant: N MOHAMI		Address: APT BLK 847 TAMPIN 520847	ES STREET 83 #04-176 SINGAPORE			
ID Type / ID No.: NRIC NO / S0008595B			Contact No.: Home/Office: Mobile: 96384420				
Nationality: SINGAPORE CITIZEN		Email:					
Sex: Male	Age: 66	Date of Birth: 02/04/1954	Type of Informant:				
Race: Boyanese Occupation: UNEMPLOYED		Language: Institution / School Name					
		Driving Licence Information: Class: 3 Date of Expiry:					

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/09/2020 07:50	Type of Location Straight Road
TAMPINES S			10	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
	ion:			Anyone conveyed by

Details of V	ehicle Invo	lved				
	Туре	Make	Model	Color	Condition	No of Passenger
SMK992A	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Used





T/20200917/2014

2 of 3

Report No. T/20200917/2014

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver						
Name	RAZI BIN MOHAMED			ID No.		S0008595B
Related Vehicle	NIL		Contact No.		96384420	
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Date Discharge Degree of Injury		NIL	

#### Brief Details.

On 17/09/2020 at about 0750hrs, I was driving my car(SMK992A) along Tampines street 83 towards Tampines Ave 5. Suddenly a boy wearing school uniform from ST Hildas Secondary School dash out of the road from the left side and I could not stop my car in time and collided into him. I then stopped my car to assess the situation and the boy managed to get up to the road side to rest. My car's left side mirror was broken with my front left windscreen suffered slight crack and my front left of the car sustained scratches. After the arrival of Traffic Police and Ambulance, he was conveyed to CGH for medical attention. I do not have any visible injuries after the accident.

I am lodging this report for my insurance claims purpose.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20200917/2014

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The RG / Sgt 3 MUHAMMAD DANIYAL BIN BAHARUDDIN 4/4 T20474 591 2 WONG GING JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2020 10:02
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt NOOR HIDAYAH BINTE ABDULLAH Contact No.: 65476251	
Authentication Stamp	yly !
	SIGNATURE

<b>eBao</b> Tech										Gener	alClaim
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My Desktop	Poli	cy Query									9
Notice of Loss Policy No.					Date	of Accident		17/09/2020	16:01		
	Vehicle	No.(For Motor)	SMK99:	2A		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	5108389014- 01		DZAFIRAH BINTE RAZI	S8601740G	GPC	drivo CLASSIC	SMK992A		28/03/2020	27/03/2021
					(	continue					

# ACCIDENT STATEMENT

ACC	CIDENT DATE: 17 9 / 2 4	)(DD/MM/YYYY)	TIME:( 7 : 50	_)(HH:MM)	19 <u>2</u> 0
	ATION: Tampines St				
	DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY:  c) POLICY NUMBER:			20	8
	d)POLICY TYPE: (COMPREHE	NSIVE / THIRD PART	Y / THÎRD PARTY FIF	RE &THEFT)	
	e)MAKE & MODEL: Ho f)TYPE:(SALOON / COUPE / N g) VEHICLE CATEGORY:(PRIV. h)PURPOSE OF USING AT ACC i) ARE YOU CLAIMING UNDER IF NO, PLEASE STATE (THIRD I	APV /V AN / LORRY ATE / COMMERCIA CIDENT TIME: YOUR OWN INSUR	Private USE - ANCE (YES/NO)	OTHERS)	8
2.	INSURED / POLICY HOLDER A) NAME: D29 5179 6 81 b) NRIC/FIN/PASSPORT: c) ADDRESS:	nte Razi	(MALE / FI _CONTACT:_ 963	EMALE) 84420 / 91	793687
4 No of passenger (Including driver)	* CONTINUE TO 3.d IF DRIVER DRIVER a) NAME: 18 92; 18:50 b) NRIC/FIN/PASSPORT:	Mohamed	(MALE / FE		s <sup>Kl</sup>
	c)ADDRESS:		7)	- W	
•	*d)DATE OF BIRTH: (/_ e)OCCUPATION: (INDOOR / C f)YEARS OF DRIVING EXPRERIE	UTDOOR)	M/YYYY)		8
	WAS DRIVER AN EMPLOYEE IF NO, RELATIONSHIP OF THE GIWEATHER CONDITION: (CLE.)	OF THE INSURED	INSURED: Pare	S / NO)	
6.	b)ROAD SURFACE: (DRY / WET WAS ANYBODY INJURED (YES)	/ OTHERS			
	a)REPORTED TO POLICE (YES / IF YES, PLEASE STATE WHICH F THIRD PARTY VEHICLE	POLICE STATION:	Tampines	MPC	
Cinducting activery	o) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:				d.
6 No of passenger	THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  e) DRIVER'S NAME:				32
(_)	f) NRIC/FIN/PASSPORT:		CONTACT:		
2	W III		i		

Cinail = Irah\_burns@ hitmail.com

fax =

VIDEO = Yes. Card with TP.