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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.

By the lodgement of this report to the insurers, you hereby constroned.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/10/2020 13:54
Date Of Accident	20/10/2020 09:35
Exact Location Of Accident	KPE TUNNEL LANE 1 TWDS ECP
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC8203H
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NOORHAM BIN NOORDIN
NRIC No	SXXXX908Z
Email Address	M.NOORHAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98788405
Alternative Phone No	OFFICE-98788405
Vehicle Particulars	
Manufacturer	BMW
Model	X1 SDRIVE18I AT D/AB 2WD 5DR GAS/D SR
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	5107540666-01

Cover	Note	Number
-		

Driver MOHAMMAD NOORHAM BIN NOORDIN Name of Driver NRIC No SXXXX908Z Date Of Birth 12/06/1976 INDOOR Occupation Date Of Driving Pass 17/05/2001 **Driving Experience** 19 YEARS AND 5 MONTHS MALE Gender

(LOCAL) +65-98788405 Mobile Number

Fax Number

OFFICE-98788405 Contact Number

M.NOORHAM@GMAIL.COM EMail Address

Address 106 PUNGGOL WALK #07-14

Postcode 828793

Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

2

NO

NO

NO

YES

NO NO

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD2316K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

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.
- 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 insurers) 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:
 - 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 .:

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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.:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI	_800601						• Chang	e Languag	e • Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	٧٥.				Date	of Accident		20/10/2020	13:17	
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						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107540666- 01		MOHAMMAD NOORHAM BIN NOORDIN	S7616908Z	GPC	drivo CLASSIC	SKC8203H	SKC8203H	04/04/2020	03/04/2021
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ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 10 / 2020 (DD/MM/YYYY), TIME: 69: 35 (HH:MM LOCATION: KPE TUNNEL LANE) + twps ECP 1. DETAILS OF VEHICLE CIVENICLE NUMBER: 3KC 8208 H DINSURANCE COMPANY: CIPOLICY NUMBER: CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT B) MAKE & MODEL: (I) TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) (I) JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: MOHAMMAD NOCRHAM BIN NOCED IN A) NAME: MOHAMMAD NOCRHAM BIN NOCED IN (Including driver) (Including driver) CONTACT: CONTACT: C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: C) ADDRESS: **CONTACT: C) ADDRESS: **CONTACT: C) ADDRESS: **ONTACT: C) ADRESS: **ONTACT: C) ADRESS:
DINSURANCE COMPANY: C)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFT e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: MOPPHAMMAD NOCRHAM BIN MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: () ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER c) NAME: AS Above (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **d) DATE OF BIRTH: (/
b)INSURANCE COMPANY: c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEFT e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: f)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MOPAMMAD NOCRHAM BIN NOCED IN b)NRIC/FIN/PASSPORT: C)ADDRESS: CONTACT: Q878 & G CONTACT: Q878 & G CONTACT: C)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: As Above (MALE / FEMALE) b)NRIC/FIN/PASSPORT: C)ADDRESS: **d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / 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 1. THIRD PARTY VEHICLE 1. THERD PARTY VEHICLE 1. THIRD
b)INSURANCE COMPANY: c)POUCY NUMBER: d)POUCY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT e) MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: l) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: MOPHAMMAD NOCRHAM BIN MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: Q'ADDRESS: "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q'NAME: AS Above (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: "d) DATE OF BIRTH: (/
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEFT e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV // AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: f) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: MOHAMMAD NOCRHAM BIN NOCED IN C) ADDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER A) NAME: AS Above (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: "d) DATE OF BIRTH: (
e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: 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: MOTOMMAD NOCRHAM BIN MALE / FEMALE) b)NRIC/FIN/PASSPORT: C)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: As Above (MALE / FEMALE) b)NRIC/FIN/PASSPORT: C)ADDRESS: **d)DATE OF BIRTH: (/) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNET. 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 1 HIPD PARTY VEHICLE
f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: 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: MOTAMMAD NOCRHAM BIN MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: Q878 & G C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: As Above (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: *d) DATE OF BIRTH: (/) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 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:
g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) 1F NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MOHAMMAD NOCRHAM BIN MALE/ FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: Q878 & CONTAC
hipurpose of using at accident time: Private Use 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: MOPAMMAD NOCRHAM BIN N
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: MOPAMMAD NOCRHAM BIN NOCRDIA b) NRIC/FIN/PASSPORT: CONTACT: 9878 & 4 c) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: As Above (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: **d) DATE OF BIRTH: (
IF NO, PLEASE STATE [THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MOHAMMAD NOCRHAM BIN NOCED IN (MALE) FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 987889 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: As Above (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: *d)DATE OF BIRTH: (
2. INSURED / POLICY HOLDER A) NAME: MOHAMMAD NORHAM BIN MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 987889 c) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER A) NAME: As Above (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: **d) DATE OF BIRTH: (/) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNET. 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
c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d)NAME: As Above (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: *d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNET. 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
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8 THIRD PARTY VEHICLE
g. W. Hilliad Dalli Chelling and Special Company of the Park
to of passenger a) VEHICLE NUMBER: SHID 2316 K MODEL:
Including driver) b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:
7. Hills Fall Verice
No of passanger e) DRIVER'S NAME:MODEL:
Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
C) Majoritarios oni.
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