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SN0820BU0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/12/2020 09:47 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/12/2020 09:47 (SGT))



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
- 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.
- 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.
- 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 Submission
Date of Accident
Exact Location of Accident
Additional Location Information

Country/State of Loss

02/12/2020 09:47 (SGT) 26/11/2020 18:38 (SGT) Singapore EU TONG SEN STREET Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBR7601B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address Mobile Phone No

Alternative Phone No

No

MOHAMAD SHAHRIZAN BIN SHAHRULRIZAN

SXXXX793I

shahackley95@gmail.com (Phone) +65-96365126 +65-96365126

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?
Vehicle Category

Private use

Aerox

Yamaha

No - Reporting only Motorcycle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

NTUC

ThirdParty

5119599544

-

DRIVER

Name of Driver NRIC No MOHAMAD SHAHRIZAN BIN SHAHRULRIZAN SXXXX793I

Date Of Driving Pass 17/03/2020 Driving experience 8 MONTHS Gender Male Mobile Number (Phone) +65-96365126 Alt. Phone Number Email Address shahackley95@gmail.com Address BLK 210 #02-385 Address complement JURONG EAST STREET 21 Postcode 600210 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver

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 the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDY7327H Vehicle Manufacturer Toyota Vehicle Model Camry Vehicle Variant Vehicle Colour Vehicle Category Private car JACOB TAN AH KUAN Name of Driver NRIC No SXXXX862D Contact Number (Phone) +65-91797327 Address NA Address complement

Insurance Company Name Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver) NA 1

REAR RIGHT

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 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:
 - 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: 17 11/2

1551 Pm

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

Name:

NRIC/FIN No .:

| Ve. | sterday | at about | @6.30 | pm, I | was | riding | along | Chinatow |
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DECLARATION

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

Policyholder's Signature Date & Time: 27 / 11 20 1551 pm

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

Reporting Centre Personnel's Signature

NRIC/FIN No .:

ACCIDENT STATEMENT

| ACC | IDENT DATE: 126 | 102 1.11.1 | DD/MM/YYY | (), TIME:(18 · | :38. | (MM:HH) |
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| | | IMBER: FBR | | | | 6.00 |
| N | b)INSURANCE | | ntuc Ing | WE | | |
| | c)POLICY NUM | ABER: | | | | |
| | d)POLICY TYPE | COMPREHEN | SIVE / THIRD PAR | TY / THÍRD PA | RTY FIRE | &THEFT) |
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| | bJNRIC/FIN/PA | | | CONTACT: | LE FEN | 65126 |
| | c)ADDRESS: | BK 210 70 | rona EAST | The second secon | 02-3 | |
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| 4. | WAS DRIVER A | N EMPLOYEE C | | | Y? (YES | (NO) |
| | IF NO, RELATIO | NSHIP OF THE | DRIVER WITH | INSURED:_ | | |
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| | b)ROAD SURFAC | | | · · · · · · · · · · · · · · · · · · · | - | |
| 6. \ | WAS ANYBODY I | NJURED (YES | VO) | | *33 | * |
| 7. 0 | REPORTED TO | | | * | | 4.00 |
| R T | IF YES, PLEASE S HIRD PARTY VEH | | DUCESTATION: | | | |
| No of passenger | | · · · | 7327H | MODEL: To | vota | Camry |
| Including driver | | The same of the sa | | KUAN) | - | |
| () | | SSPORT: 516 | | CONTACT:_ | 9179 | 7327 |
| 9. TI | HIRŌ PARTY VEH | ICLE | 4 | - CHARLES AND LINE | 17, | |
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| | ¥9 | VIDEO | | | | |

Claim Handling Accident MT/1111730

| ceident M1/1111/30 | | | | | | |
|---|--|---|-------------------|--|---|--|
| falley No. | 5119599544 | Vehicle No. | FBR76018. | | GST Regis | tration No. |
| Certificate No. | | | | | | |
| olicyholder Name | MOHAMAD SHAHRIZAN | | | | Palicyholde | er NRIC |
| roduct Code | MOTORCYCLE INSURANCE | Cover Type | Third Party | | Loading | |
| Contact No.(Mobile) | PUA | Contact No.(Office) | | | Contact No | a.(Home) |
| Email Address | | Special Remark | | | eCode | |
| KEIK : | No Yes | TCA | No Yes | | eCode Rea | ison) |
| NCD Protection | No | NCD Entitlement(%) | D | | Private Hir | ne |
| | | | | | | |
| Report Date | 30/11/2020 15:22 | Accident Report Within 24 hrs. | Yes | | Accident T | Vpe |
| Date of Accident | 26/11/2020 | Time of Accident hhomm | 18:30 | | Country of | |
| Reporting Centre | (ACCOUNTS 2475 PM) | Drange Force | TANDER. | | ICM No. | |
| Accident Location | EU TONG SEN STREET TOWARDS CTE | | | | 1-340113000 | |
| Total Excess Applicable | The comment of the co | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | | | |
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| OD Standard Excess | 0.00 | TP Standard Excess | | 0.00 | Distance in the | diament I |
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| Additional Excess | 419271 | THE CONTRACT BOOKS IN THE STATE OF THE CONTRACT | | 40.490 | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | | 0.00 | | |
| ⇒ Benefits | | | | | | |
| GST Registered Informat | | | | SHEET LAND | | |
| SST Registered | No | | GST Registr | | | 0.00 |
| 3ST Registration No. | | | GST Status | VERTICAL. | | Yes |
| Modification History | | | | | | |
| Policyholder Mailing Add | Iress | | | | | |
| Address 1 | BLX 210 #02-385 | Address 2 | JURONG EAST STRE | ET 21 | Address 3 | |
| Address 4 | | Address Type | Singapore address | | Post Cone | |
| Unit No. | | Related Policy Number | 5119599544 | | | |
| ⇒ OI Driver Info | | | | | | |
| Driver Name | | Driver Type | | | | |
| Unnamed driver Name | | Driver NRIC | | | Driver DO | В |
| Register Date of Driver License | | Driver Age | | | Driving Ex | perence |
| Contact No.(Mobile) | | Contact No.(Office) | | | Contact N | o.(Home) |
| Address 1 | | Address 2 | | | Address 3 | |
| Address 4 | | Address Type | Foreign address | | Post Code | |
| Linit No. | | | | | | |
| Does he own a Singapore Registered car7 | Yes No | Driver Vehicle No. | | | Driver ins | urer Comp |
| National Control | | | | | | |
| | | | | | | |
| Modification History | | | | | | |
| Claim 002 New | | | | | | |
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| Claim Type + | | | | OD-MX | | The state of the s |
| | | | | The state of the s | Name Contact | Nachtalisa |
| Claim Type * Contact No (Mobile) | | | | OD-MX 96365126 | Name | Management |
| Contact No.(Mobile) | | | | The state of the s | Contact No. (Home) | FBR760 |
| | | | | 95365125 SHAHACKLEY95@GMAIL.CO | Contact No. (Home) OI M Vehicle Number | FBR760 |
| Contact No (Mobile) Email Address Claim Description | | | | 96365126 | Contact No. (Home) OI M Vehicle Number | FBR760 |
| Contact No (Mobile) Email Address Claim Destription Preferred | Insured Liability Not at Fau | × • | | 95365125 SHAHACKLEY95@GMAIL.CO | Contact No. (Home) OI M Vehicle Number | FBR760 |
| Contact No.(Mobile) Email Address Claim Description Preferred | Preferred Workshop, I | T GIA | d × | 95363126 SHAHACKLEY95@GMAIL.CO FBR76018 / SDY7327H ON 1 | Contact No. (Home) OI M Vehicle Number | FBR760 |
| Contact No. (Mobile) Email Address Claim Destription Preferred Workshop Boatset No. Year | Preference Not at Fau | Variation GIA Garatio | d v | 95363126 SHAHACKLEY95@GMAIL.CO FBR76018 / SDY7327H ON 1 | Contact Contact No. (Home) Ol Wehicle Number 26 Nov 2020 | FBR7601 |
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Video List

Uploaded By/Date

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