

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 Submission	04/01/2021 17:19 (SGT)
Date of Accident	03/01/2021 18:30 (SGT)
Exact Location of Accident	Leonie Hill Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6851M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAATHWINDERJIT SINGH HARI SING
NRIC No	SXXXX670G
Email Address	saathwinxtreme@gmail.com
Mobile Phone No	(Phone) +65-85221747
Alternative Phone No	+65-85221747

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king t150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118446419
Cover Note Number	-

DRIVER

Name of Driver	SAATHWINDERJIT SINGH HARI SING
NRIC No	SXXXX670G

Date Of Driving Pass	02/02/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85221747
Alt. Phone Number	+65-85221747
Email Address	saathwinxtreme@gmail.com
Address	BLK 5 MARINE TERRACE #09-260
Address complement	-
Postcode	140005
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
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	SHD1871E
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHIU
Contact Number	(Phone) +65-81231179
Address	-
Address complement	-
Postcode	-

No. Of Passenger (Including Driver)


10

Describe Circumstances of the Accident

On 03/01/2021 AT ABOUT 1830 HRS, I WAS ON MY WAY DELIVERING MY FOOD ORDER TO ST THOMAS RD. WHILE TAKING THE JOURNEY VIA LEONHILL ROAD, A TAXI (SILVER CAR), REGISTRATION NO. SHD 1871E WAS IN FRONT OF ME. I SUDDENLY TURNED ON THE RED SIGNAL LIGHT AND STOP AT MIDDLE OF THE ROAD TO ALIGHT THE PASSENGER. I WAS ASSURED THAT I WAS IN SAFE DISTANCE WITH THE TAXI AND I IMMEDIATELY BRAKE MY VEHICLE BUT UNFORTUNATELY DUE TO RAINY DAY, THE BRAKE WAS NOT ABLE TO GRAB THE ROAD FULLY AS THE ROAD WAS SLIPPERY. DUE TO THE TAXI DRIVER ACTION OF BRAKING BUT UP SUDDEN, I ACCIDENTALLY HIT TO THE REAR OF THE TAXI BUMPED RIGHT BELOW OF IT. I TRY TO NEGOTIATE WITH MUTUAL SETTLEMENT BUT FAIL TO COME ON THE CONCLUSION. WITH THIS, I'M LODGING THE THIS REPORT TO ENSURE THAT THE TAXI DRIVER WAS A MINOR ONE, & AND THERE WERE NO ONE WAS HURTED INCLUDING MYSELF, THE TAXI DRIVER & THE PASSENGER. I HOPE IF HAPPEN TO BE A CLAIMANT OF MY INSURANCE, MAKE SURE THE ASSESSMENT IS DONE THOROUGHLY. AS ON THE ROAD DUMPER ONLY, THE BEST IS NOT APPLICABLE ON THIS ACCIDENT. THAT'S ALL.

Declaration

We declare the foregoing particulars are true in every respect.

 4/01/2021
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

 04/01/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (03/01/2021) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: LEONIE HILL Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 6851M
 b) INSURANCE COMPANY: NTUC INCOME INSURANCE
 c) POLICY NUMBER: 518446419
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / (THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA MX K15H 150cc
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Food DELIVERY
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SAATHWINDEEN JIYH HALLI JIYH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J85636706 CONTACT: 85221747
 c) ADDRESS: 5, MARINE TERRACE #09-260 (5440005)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (02/04/1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02/02/2018

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: SHD 1871E MODEL: KIA
 b) DRIVER'S NAME: CHIU
 c) NRIC/FIN/PASSPORT: CONTACT: 8123 1179

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = saathwinxtreme@gmail.com

VIDEO

Claim Handling

Accident MT/1115998

Policy No.	5118446419	Vehicle No.	FBP6851M	GST Registration No.
Certificate No.				
Policyholder Name	SAATHWINDERJIT SINGH HARI SINGH			
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC
Contact No.(Mobile)	93882263	Contact No.(Office)		Loading
Email Address		Special Remark		Contact No.(Home)
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason
				Private Hire

▼ Accident Details

Report Date	04/01/2021 17:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/01/2021	Time of Accident hh:mm	14:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LEONIE HILL ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 5 #09-260	Address 2	MARINE TERRACE	Address 3
Address 4	SINGAPORE 440005	Address Type	Singapore address	Post Code
Unit No.	09-260	Related Policy Number	5118446419	

▼ OI Driver Info

Driver Name	SAATHWINDERJIT SINGH HARI SINGH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8563670G	Driver DOB
Register Date of Driver License	02/03/2018	Driver Age	35	Driving Experience
Contact No.(Mobile)	93882263	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 5 #09-260	Address 2	MARINE TERRACE	Address 3
Address 4	SINGAPORE 440005	Address Type	Singapore address	Post Code
Unit No.	09-260			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBC6096T	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Fully at Fault

Contact No. Finalisation Repair Option Preferred Workshop, Name unknown GIA report Received

Date Registered

OD-MX Insured Name SAATHW

85221747 Contact No. (Home)

OI Vehicle Number FBP6851

FBP6851M / SHD1871E DN 3 Jan 2021

04/01/2021 17:22 Claim Close Date

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1115998	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2021 17:22
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22	SAS	Normal	SAS

Video List

Uploaded By/Date	Folder Date	File Name
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

SKETCH PLAN

IMPORTANT NOTICE

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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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

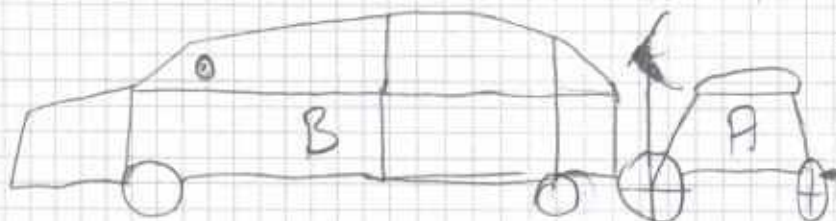
Policyholder's Signature / Date &
Time 09/01/2021 09:45 hrs.

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

Witnessed by Reporting Centre
Personnel 09/01/2021

Sketch Plan

WOOLIK HILL ROAD



A) FBP 6851 M

B) SHD 1871 E

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)[Change Language](#)[Change Password](#)[Log Out](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/01/2021 16:56"/>							
Vehicle No.(For Motor)	<input type="text" value="FBP6851M"/>	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"/>	5118446419		SAATHWINDERJIT SINGH HARI SINGH	S8563670G	GMC	Third Party, Fire & Theft	FBP6851M	FBP6851M	29/07/2020	22/11/2021
<input type="button" value="Continue"/>										