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SN082114000B / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/01/2021 17:19 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/01/2021 17:19 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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.

6. This report will be forwarded by the insurers of the GIA Records Massagement Centre established by the General Insurence 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

04/01/2021 17:19 (SGT) 03/01/2021 18:30 (SGT) Leonie Hill Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBP6851M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

No

SAATHWINDERJIT SINGH HARI SING

SXXXX670G

saathwinxtreme@gmail.com

(Phone) +65-85221747

+65-85221747

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

Yamaha

Mx king t150

Employment

No - Reporting only

Motorcycle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

ThirdPartyFireTheft

No

5118446419

DRIVER

Name of Driver

NRIC No

SAATHWINDERJIT SINGH HARI SING

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	BLK 5 MARINE TERRAGE #09-200		
Postcode	440005		
Is the driver the policyholder?	140005		
	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		
	1194		
OTHER INFORMATION			
Was any foreign vehicle involved in the accident?	W_		
Number of vehicles involved in the accident	No		
	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)	tota.		
soliciting/offering accident claims assistance?	No		
DETAILS OF POLICE ACTION			
Was the accident reported to the police?	Wei		
Was notice of intended Prosecution given?	No		
	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		
The all the state of the state	110		
DETAILS OF OTHER	R VEHICLE PROPERTY 1		
Vahiola Dagietration Number	ALICA 40747		
Vehicle Registration Number	SHD1871E		
Vehicle Manufacturer	Kia		
Vehicle Model	*		
Vehicle Variant	9		
Vehicle Colour	§		
Vehicle Category	Taxi		
Name of Driver	CHIU		
Contact Number	(Phone) +65-81231179		
Address	20 (1275) 276 (1275) (1		
Address complement			
Dostooda			

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Describe Circumstances of the Accident

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Declaration

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCI	DENT DATE: (03/01/2021)(DD	MM/YYY), TIME:(/ 9	30)(HH:MM)
LOCA	TION: LEONIE HILL ROL	AP .	
1.	C) VEHICLE HOMELING	,851M L INCOME INSOL	AUTE-
177	CIPOLICY NUMBER: 5/18 44	16419	1
	OJPOLICY TYPE: (COMPREHENSIVE)	MX KINN DOCC	72 10
	I)TYPE:(SALOON / GOUPE / MPY/V g)VEHICLE CATEGORY:(PRIVATE / C	ANY LORRY (MOTOR)	CYCLE/ OTHERS
*	h)PURPOSE OF USING AT ACCIDENT I) ARE YOU CLAIMING UNDER YOUR	TTIME: TOOP PE	- LIVELY
Ψi Δ	IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REP.ORTING C	DULY)
2.,	INSURED / POLICY HOLDER	JIHGH HALI SHIM	MALE / FEMALEY
	DINRIC/FIN/PASSPORT: 185636 CIADDRESS: 5 MARKE TE	PACE 4 09-260	(5440005)
	CONTINUE TO 3.d IF DRIVER ALSO	POUCY HOLDER	· · · · · · ·
Allo of passanger	DRIVER		MALE / FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT: AS	ABOVE CONTAC	CTI
(2002)	*d)DATE OF BIRTH: (12 / 4 / 11	(CDD/MM/YYY)	: ;
V	e)OCCUPATION: (HNDOOR / OUTDO	02 02 2018	
4.	WAS DRIVER AN EMPLOYEE OF T IF NO, RELATIONSHIP OF THE DI	HE INSURED'S COMP RIVER WITH INSUREI	OF ON HEAD
5.	DIROAD SURFACE: (DRY/WET/OF	RAINING / GIHERS	
· 6. 7.	WAS ANYBODY INJURED (YES / NO)	<u></u>	8 9 xx
	IF YES, PLEASE STATE WHICH POUC	CESTATION:	
tho of passenger	C) VEHICLE HOMOCH	BALE MODELL	A STATE OF THE PARTY OF THE PAR
(Including dviver).	c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTAC	CT: 8/23 1/49
4 No of passanger	d) VEHICLE NUMBER:	MODEL:	
(Including driver)	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	CONTAC	CT::-
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email = saathuin xtrene@gmail.com VIDEO

Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1115998 Policy No. 5118446419 Vehicle No. FBP685IM Certificate No. GST Registration No. Policyholder Name SAATHWINDERJIT SINGH HARI SINGH Product Code Policyholder NRIC MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Theft Contact No. (Mobile) 93882263 Loading Contact No.(Office) Email Address Contact No. (Home) Special Remark KFK eCode No Yes No Yes NCD Protection eCode Reason NCD Entitlement(%) 0 Accident Details Private Hire Report Date 04/01/2021 17:13 Accident Report Within 24 hra Date of Accident Yes. Accident Type 03/01/2021 Tin a or Accident hhomm 14:10 Reporting Centre Country of Accident Orange Force Accident Location ICM No. LEONIE HILL ROAD ▼ Total Excess Applicable Excess Type Per Accident Windscreen Excess OD Standard Excess 0.00 TP Standard Excess YIED OD Excess 0.00 0.00 YIED TP Excess Additional Excess 0.00 Driver is Covered? Total OD Excess Applicable 0:00 Total TP Excess Applicable → Benefits 0.00 GST Registered Information GST Registered No GST Registration No. GST Registration Date GST Status Verified Modification History Yes Policyholder Mailing Address Address 1 BLK 5 #09-260 Alldress 2 MARINE TERRACE Address 4 5INGAPORE 440005 Address 3 Adriress Type Singapore address Unit No. Post Code 09-265 Related Policy Number 5118446419 OI Driver Info Driver Name SAATHWINDERJIT SINGH HARI SINGH Driver Type Main Driver Unnamed driver Name Driver NRIC S8563670G Register Date of Driver License. Driver DOB 02/02/2018 Driver Age Contact No.(Mobile) Driving Experience 93882263 Contact No.(Office) Address 1 Contact No.(Home) BLK 5 #09-250 Address 2 MARINE TERRACE Address 4 SINGAPORE 44000S Address 3 Address Type Singapore address Linit No. Post Code 09-260 Does he own a Singapore Yes No Registered car? Driver Vehicle No. **FBC6096T** Driver Insurer Comp. Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No Modification History Claim 001 New Claim Type . V Insured SAATHW OD-MX Contact No.(Mobile) Contact 85221747 No. (Hame)

https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

Proferered Liability Fully at Fault

Preferred Workshop, Name unknown

GIA

report Received

Email Address

Claim Description

Finalisation Yes

Date Registered

Preferred

FBP6851

ÖI Vehicle

Close

FBP6851M / SHD1871E DN 3 Jan 2021

04/01/2021 17:22

Report Taken By

Video List

ROSLI WAHAB

Print AK letter Save Submit Attachment Claim No. MT/1115998 Accident No. Upload Date 04/01/2021 17:22 Last Doc. Received ⊗ Yes ○ No. Category * Confidential Path * Choose File No file chosen Clear Please Select Y ND v Choose File No file chosen Clear Please Select NO. Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select Ψĺ NO Choose File No file chosen Clear Please Select NO Chaose File No file chosen Clear Please Select NO Attachment List Desci Attachment Urgency Uploaded By/Date Category NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22 Photos Normal Photos 2 NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o ii 94 Jain 2021 17:22 Photos Normal Photos I NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22 Photos Normal Photos 2 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 7 Photos Normal n 04 Jan 2021 17:22 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 2 Photos Normal n 04 Jan 2021 17:22 NAC_PAYA_UBI_BODBO1(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22 Photos Normal Photos 7 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22 Photos Photos 2 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVIC 'S) o n 04 Jan 2021 17:22 NRIC/ Driving L NRIC/ Driving License Nurmal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Jan 2021 17:22 SAS Normal 5A5 20

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Uploaded By/Date

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process,
- 2. This Formmust 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>.
- 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. 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 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)

Lunderstand, 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 04 (KCM).

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B J D A P

A) FBP 6851M B) SHD 1871E

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password My Desktop Log Out **Policy Query** Notice of Loss Policy No. Date of Accident 03/01/2021 16:56 Vehicle No.(For Motor) FBP6851M Certificate Number Search Certificate Number Policyholder Name Select Policy No. Policyholder NRIC Cover Type Vehicle No. Product Insured Commence Date Expiry Date Object SAATHWINDERJIT Third Party, Fire FBP6851M FBP6851M 29/07/2020 22/11/2021 8 Theft 5118446419

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