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Owner / Driver: (	1 21020		Tel:		)
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SN082118000F / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/01/2021 18:16 (SGT) SUBMITTED BY: Rosti Bin Abdul Wahab VERSION: 1 (08/01/2021 18:16 (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

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 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

08/01/2021 18:16 (SGT) 07/01/2021 07:10 (SGT) AYE, Singapore TOWARDS CHANGI Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBD926J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No

Yes

FRESH VEG TRADING

5XXXX304C

THAHISYED@GMAIL.COM (Phone) +65-98453536

+65-83990452

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident Are you cla

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

Vehicle Category

Toyota

Hiace

Employment

No - Reporting only Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5072129264-05

DRIVER

Name of Driver

NRIC No

SYED JAAFAR SYED ABUTHAHIR

SXXXX167H

Date Of Driving Pass	05/05/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	
Mobile Number	Male
Alt. Phone Number	(Phone) +65-83990452
	September 1911 - Orange 1911 -
Email Address	THAHISYED@GMAIL.COM
Address	BLK 322 BUKIT BATOK STREET 33
Address complement	#06-02
Postcode	650322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	Employee
1/4/10/10/2011 1:0/10/10/2011 1:0/10/10/2011 1:0/10/10/2011 1:0/10/201	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	Y2:
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
Mendeletinatik	THE STATE OF THE S
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?	2
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
	2
Has the driver been approached by unknown person(s)	N/2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	MOHAMED FATIMAH
Gender	Female
	S-60 (1994)
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	530
AND AND AND A COURT OF THE SECOND STATES AND ADDRESS OF THE PROPERTY OF THE PR	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	R VEHICLE PROPERTY 1
or attraction of the control of the state of	Vasamilia (kirjasa
Vehicle Registration Number	SLP5403L
Vehicle Manufacturer	*
Vehicle Model "	
Variate Model	
Vehicle Variant	*
	*
Vehicle Variant	- Private car

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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. 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)

l 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.

Fresh Veg In	g frading	1.215.00 pm	av 08/01/2021
Policyholder's Signature Time Sketch Plan	Date & Driver's Signature & Time AYK LAWARDS	(If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Clam	ent, Rol		
AY A) GBD	9261	A .	
B) SIR F			

ON 07/01/2021 AT ABOUT 07:10 HER I WAS AT AYK TOWARDS  CHOWN JUST A/F CLAMMAN I ROAD PLXIT A COR SUPSYOUL SUDDENI  OFFICIAL COMP. FROM 4 LOOME TO 3 LOOME 9 I WAS BY 3RO LOWER  OFFICIAL COMP. FROM 4 LOOME TO 3 LOOME 9 I WAS BY 3RO LOWER  OFFICIAL COMP. TO 3 LOOME 9 I WAS BY 3RO LOWER 9 I WAS
CHOWN JUST A/F CLAMMAN I ROAD FIX 17 A COR SUPSYOUL SUDDENI CHOWSK LOWER FROM 4 LOOMER TO 3 LOOMER of I WAS BY 3RO LOWER
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404(1) 4107 BROKE ON TIME & HIT THE LETT RHOR OF THE CAR
WE STOP AT THE SIDE ROOD TO EXCHANGE PARTICULAR of THE
DRIVER MOVE OF SOYING THON SHE WAS IN 9 HURRY . IT WAS
ROBINION AT THE POINT OF ACCIDENT

### Declaration

We declare the foregoing particulars are true in every respect.

Pyroch Yeg Trading win Veg Frading

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 7. 1.1. 21 (DD/MM/YYY), TIME: ( 0 7: 10 )(HH:MM)
LOCATION: AY 5 . to nevel Change
1. DETAILS OF VEHICLE
GIVEHICLE NUMBER: CTBD 97261
BINSURANCE COMPANY: NTUC
CIPOLICY NUMBER: RAPTY FIRE &THEFT)
dipolicy type: (Comprehensive / Third pardy third party fire atheff)
O)MAKE & MODEL: TOYOTO (VAN LEORRY / MOTORCYCLE / OTHERS)
gIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
A ADMORAGE OF USING AT ACCIDENT HARE
" THE YOU OF A MAIN'S LINDER YOUR OWN INSURANCE (100/125)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTS
2. INSURED / POLICY HOLDER , FLOOR HALE FEMALE)
AINAME TO DE LA COLLEGA DE LA
WIND DINRIC/FIN/PASSPORT: S16184891 CONTACT: 484553366.02
WIT.
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
ALLO OF DECEMBED DRIVER
(Including driver) diNAME: SYED JAFFAR SYED TOUTACT: 83990452
(Including driver.) bINRIC/FIN/PASSPORT: \$ 2 65 /16 FIN CONTACT BATOLE S+ 33 06.02.
*d)DATE OF BIRTH: (30/04/1965)(DD/MM/YYYY)
eloccupation; (INDOCR) OUTDOCK
THE OF CHILLIAN THE PARTY OF TH
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY OF THE DRIVER WITH INSURED: 5 POLONE IF NO, RELATIONSHIP
# HIWEATHER CONDITION; ICLEAN, INT.
biroad surface: [DRY / WEL / OTTION
6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POUCE STATION:
8. THIRD PARTY VEHICLE
A Ho of passanger a) VEHICLE NUMBER: SLY STORM AVER AWG
( hydredies driver) B) DRIVER'S NAME TO THE GONTACT:
Life January 1944
d) VEHICLE NUMBER:
No all passanger, el DRIVER'S NAME:
(Including driver)   NRIC/FIN/PASSPORT:
( )

email = Than Syed @ & mail . com

#### Claim Handling

Accident MT/1116645				
Policy No.	5072129264-05	Vehicle No.	GBD926J	GST Registration I
Certificate No.				THE CONTRACTOR OF THE PARTY OF
Policyholder Name	FRESH VEG TRADING			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98453536	Contact No.(Office)		Contact No.(Home
mail Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
		121 Francisco Constantino Constantino Art.		Private rate
Report Date	08/01/2021 18:13	Accident Report Within 24 hrs	Yes	0.000.002
Date of Accident	07/01/2021	Time of Accident his mm		Accident Type
Reporting Centre	11/10/2022	Drange Force	07:10	Country of Accider
Accident Location	AYE TOWARDS CHANGE	Lifange Porce		ICM No.
▼ Total Excess Applicable	ALE LONANGO ENAMAL			
Excess Type	Per Acoident	Windscreen Excess	184/90	
SANSON AND SANS	1.50 manages	Windstreen Excess	100.00	
DO Standard Excess	600.00	TP Standard Excess	9.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess			pages date of the	
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
⇒ Benefits	ा चारण्यम् स्था	AND ASSESSMENT AND THE PROPERTY OF	0.00	
♥ GST Registered Informat	ion			
IST Registered	No.		GST Registration Date	
GST Registration No.			GST Status Verified	Yes
fodification History	08/01/2021 18:19:25 Sy	stem changed GST Status Verified from No.		162
→ Policyholder Mailing Add	ress			
Address 1	BLK 2 #04-338	Address 2	GHIM MOH ROAD	Address 3
Address 4		Address Type	Singapore address	
Unit No.				Post Code
		Related Policy Number	5072129264-05	Post Cone
Unit No.  OI Driver Info	Unnamed Driver	Related Policy Number	5072129264-05	Post Code
Unit No.  OI Driver Info  Driver Name	Unnamed Driver SYED JAAFAR SYED ABUTHAHIS	Related Policy Number Driver Type	5072129264-05 Unnamed Drives	STR NOOS
Unit No.  OI Driver Info  Driver Name  Unnamed driver Name	SYED JAAFAR SYED ABUTHAHII	Related Policy Number  Driver Type  Driver NRIC	5072129264-05 Unnamed Driver 52681167H	Driver DOB
Unit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License	SYED JAAFAR SYED ABUTHAHII 05/05/1997	Related Policy Number  Driver Type  Driver NRIC  Driver Age	5072129264-05 Unnamed Drives	Driver DOB Driving Experience
Unit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License  Contact No. (Mubile)	SYED JAAFAR SYED ABUTHAHJI 05/05/1997 03990452	Related Policy Number  Driver Type  Driver NR(C  Driver Age  Contact No.(Office)	5072129264-05 Uhnamod Driver 52681167H 55	Driver DOB Driving Experience Contact No.(Home
Unit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License  Contact No. (Mubile)  Address 1	SYED JAAFAR SYED ABUTHAHII 05/05/1997	Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	5072129264-05 Unnamed Driver 52681167H 55 BUKIT BATOK STREET 33	Driver DOB Driving Experience Contact No.(Home Address 3
Unit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License  Covitact No.(Mabile)  Address 1  Address 4	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 #06-22	Related Policy Number  Driver Type  Driver NR(C  Driver Age  Contact No.(Office)	5072129264-05 Uhnamod Driver 52681167H 55	Driver DOB Driving Experience Contact No.(Home
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Unit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License  Covitact No. (Mubile)  Address 1  Address 4  Unit No.  Does he own a Singapore	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 #06-22	Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	5072129264-05 Unnamed Driver 52681167H 55 BUKIT BATOK STREET 33	Driver DOB Driving Experience Contact No.(Home Address 3
Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Covitact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 #06-22	Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	5072129264-05  Unnamed Driver 52681167H 55  BUKIT BATOK STREET 33 Foreign address	Driver DOB Driving Experience Contact No.(Home Address 3 Post Code
Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Covitact No. (Mabile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 #06-22	Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	5072129264-05  Unnamed Driver 52681167H 55  BUKIT BATOK STREET 33 Foreign address	Driver DOB Driving Experience Contact No.(Home Address 3 Post Code
Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Correct No. (Mubile) Address 1 Address 4 Unit No. Does he own a Singapore Registered cse? Declaration Breathalyser or Blood Test	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 #06-22	Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	5072129264-05  Unnamed Driver 52681167H 55  BUKIT BATOK STREET 33 Foreign address	Driver DOB Driving Experience Contact No.(Home Address 3 Post Code
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Unit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License  Coritact No.(Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore  Registered car?  Declaration  Breathalyser or Blood Test  Reading?	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 ±06-22 06-22 Yes = No	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	5072129264-05  Unnamed Driver 52681167H 55  BUKIT BATOK STREET 33 Foreign address  GBD926J	Driver DOB Driving Experience Contact No.(Home Address 3 Post Code
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Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mabile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Indification History  Claim 001 New	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 ±06-22 06-22 Yes = No	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	5072129264-05  Unnamed Driver 52681167H 55  BUKIT BATOK STREET 33 Foreign address  GBD926J	Driver DOB Driving Experience Contact No.(Home Address 3 Post Code
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Unit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License  Covitact No. (Mubile)  Address 1  Address 4  Unit No.  Does he own a Singapore  Registered car?  Declaration  Breathalyser or Blood Test  Reading?	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 ±06-22 06-22 Yes = No	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	Unnamed Driver 52681167H 55 BUKIT BATOK STREET 33 Foreign address GBD926J Yes = No	Driver DOB Driving Experience Contact No.(Home Address 3 Post Code Driver Insurer Con Variety Insured Name FRESH
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Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mubile) Address 4 Unit No. Does he own a Singaporal Registered car?  Reclaration Reachalyser or Blood Test Reading?  Claim 001 New Claim Type * Contact No. (Mobile)  Frail Address Claim Description Preferred Reckshop	SYED JAAFAR SYED ABUTHAHII 05/05/1997 83990452 BLK 322 ±06-22 06-22 Yes = No	Driver Type Driver NRIC Driver Age Contact No. (Office) Address 2 Address Type Driver Vehicle No. Any Injury?	5072129264-05  Unnamed Driver 52681167H 55  BUKIT BATOK STREET 33  Foreign address  G8D926J  Yes = No	Driver DOB Driving Experience Contact No.(Home Address 3 Post Code  Driver Insurer Con Driver Insurer Con Name Contact No. (Home) OI Vehicle Rumber
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Report Taken By

ROSLI WAHAB

Print AK letter Save Submit Attachment Accident No. MT/1116645 Claim No. 100 Last Doc. Received W Yes O No. Upload Date 08/01/2021 18:22 Path + Category \* Confidential Choose File No file chosen Clear Plume Select NO Choose File No file chosen Clear Please Select w. NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Attachment List Attachment Uploaded By/Date Category Urgency Descr NAC\_BUKIT\_MERAH\_BD0676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22 Photos Normal Photos 1 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22 Photos Photos : NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22 Photos Normal Photos 7 NAC\_BURIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 08 Jan 2021 18:22 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on DB Jan 2021 18:22 Photos Normal Photos 7 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22 Photos Normal Photos 1 NAC\_BUKIT\_MERAH\_B00676( NATIONAL ASSESSMENT CENTRE SERVICE Photos S (BUKIT MERAH)) on 08 Jan 2021 18:22 Normal Photos : NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21 Photos Normai Photos 2 NAC\_BUKIT\_MERAH\_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21 Photos Normal Photos V NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21 Photos Normal Photos I NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21 Photos Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIDNAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21 NRIC/ Driving License Normal NRIC/ Driving L NAC\_BURIT\_MERAH\_B00676( NATIONAL ASSESSMENT CENTRE SERVICE SAS 5 (BUKIT MERAH)) on 08 Jan 2021 18:21 Normal SA5 20 

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