

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	08/01/2021 18:16 (SGT)
Date of Accident	07/01/2021 07:10 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD926J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FRESH VEG TRADING
Company Reg No	5XXXX304C
Email Address	THAHISYED@GMAIL.COM
Mobile Phone No	(Phone) +65-98453536
Alternative Phone No	+65-83990452

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5072129264-05
Cover Note Number	-

DRIVER

Name of Driver	SYED JAAFAR SYED ABUTHAHIR
NRIC No	SXXXX167H

Date Of Driving Pass	05/05/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83990452
Alt. Phone Number	-
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	Employee
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOHAMED FATIMAH
Gender	Female

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	SLP5403L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Contact Number		
Address		
Address complement		
Postcode		
Insurance Company Name		
Nature Of Damage		
Details of property damaged in accident		
No. Of Passenger (Including Driver)		

SKETCH PLAN

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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:

(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' 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.

Fresh Veg Trading

Fresh Veg Trading

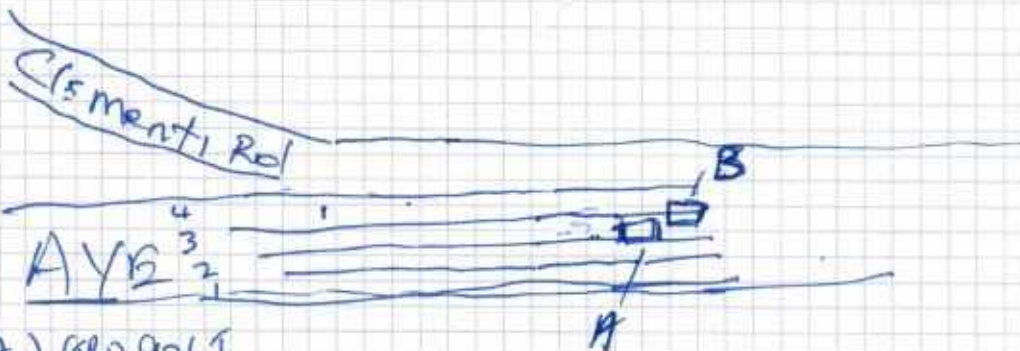
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AYK towards Obongki



A) GBD 9261

B) SLP 5403L

Describe Circumstances of the Accident

on 07/01/2021 AT ABOUT 07:10 Hrs I WAS AT AYE TOWARDS
CHANDNI JUST A/F CHANDNI ROAD EXIT A CAR SLIP5403L SUDDENLY
CHANGING LANE FROM 4TH LANE TO 3RD LANE & I WAS AT 3RD LANE
COULD NOT BRAKE ON TIME & HIT THE ~~LEFT~~^{RIGHT} REAR OF THE CAR
WE STOP AT THE SIDE ROAD TO EXCHANGE PARTICULARS & THE
DRIVER WENT OF SAYING THAT SHE WAS IN A HURRY. IT WAS
REMAINING AT THE POINT OF ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.


Fresh Veg Trading

Fresh Veg Trading

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel


7.1.21 5.00PM


08/01/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 1 / 21) (DD/MM/YYYY), TIME: (07:10) (HH:MM)

LOCATION: AyS toward Chang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GTBD 926J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: MOHAMED FATIMAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1618691 CONTACT: 98453536
 c) ADDRESS: BLK 322 BUKIT BATOK ST. 33 06.02

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SYED JAFFAR SYED ABU HAIR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S265116714 CONTACT: 83990452
 c) ADDRESS: BLK 322 BUKIT BATOK ST 33 06.02

* d) DATE OF BIRTH: (30/04/1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05.05.1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: EMPLOYEE

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: SLP 5403L MODEL: _____
 b) DRIVER'S NAME: NG SAING XIANG ANG
 c) NRIC/FIN/PASSPORT: S7507296 CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = Thani Syed @ gmail . com
 VIDEO

Claim Handling

Accident MT/1116645

Policy No.	5072129264-05	Vehicle No.	GBD926J	GST Registration No.
Certificate No.				
Policyholder Name	FRESH VEG TRADING			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98453536	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

▼ Accident Details

Report Date	08/01/2021 18:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/01/2021	Time of Accident hh:mm	07:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TOWARDS CHANGI			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	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	08/01/2021 18:19:25 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 2 #04-338	Address 2	GHIM MOH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5072129264-05	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SYED JAAFAR SYED ABUTHAHJI	Driver NRIC	52681167H	Driver DOB
Register Date of Driver License	05/05/1997	Driver Age	55	Driving Experience
Contact No.(Mobile)	83990452	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 322 #06-22	Address 2	BUKIT BATOK STREET 33	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-22			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBD926J	Driver Insurer Comp

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	FRESH VEG TRADING
Contact No.(Mobile)	90227112	Contact No. (Home)	
Email Address		OI Vehicle Number	GBD926J
Claim Description	GBD926J / 5LP5403L ON 7 Jan 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	08/01/2021 18:21	GIA report	Received
		Claim Close Date	

 Print AK letter

Save Submit

Attachment

Accident No. _____
Last Doc. Received _____

MT/L1166AS

Claim No.

001

Unload Date

08/01/2021 18:22

Path •

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Category *

Confidential

Clear

Phrase Select

NO	X
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Clear

Please Select

NO	Y
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Please Select

NO	X
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Please Select



Clear

Please Select

8473		
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Clear

Please Select

10 14

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:22	Photos	Normal	Photos 2
	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(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21	Photos	Normal	Photos 2
	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(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21	NRIC/ Driving License	Y	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 18:21	SAS	Normal	SAS 2

▼ Video List

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

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

07/01/2021 16:44

Vehicle No.(For Motor)

GBD926J

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072129264-05		FRESH VEG TRADING	53085304C	GCV	Comprehensive	GBD926J	GBD926J	12/06/2020	11/06/2021

Continue