





## 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	11/01/2021 19:06 (SGT)
Date of Accident	25/12/2020 15:58 (SGT)
Exact Location of Accident	Nassim Hill, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD8162T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ALIF TAN BIN AMIYN TAN
NRIC No	SXXXX561A
Email Address	hudzaifahmasnawi97@gmail.com
Mobile Phone No	(Phone) +65-93768174
Alternative Phone No	+65-82981195

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SPARK
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	ThirdParty
Fleet Policy	No
Policy Number	5117307011
Cover Note Number	-

#### DRIVER

Name of Driver	ABU HUDZAIFAH BIN MASNAWI
NRIC No	TXXXX588E

Date Of Driving Pass	18/12/2018
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-82981195
Alt. Phone Number	-
Email Address	hudzaifahmasnawi97@gmail.com
Address	BLK 551 WOODLANDS DRIVE 44 #03-48
Address complement	-
Postcode	730551
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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	SJW315C
Vehicle Manufacturer	Mercedes
Vehicle Model	Gla180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIU JENSEN KIM SING
Contact Number	(Phone) +65-91133574
Address	-
Address complement	-
Postcode	-

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



## SKETCH PLAN

### IMPORTANT NOTICE

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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.
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' 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

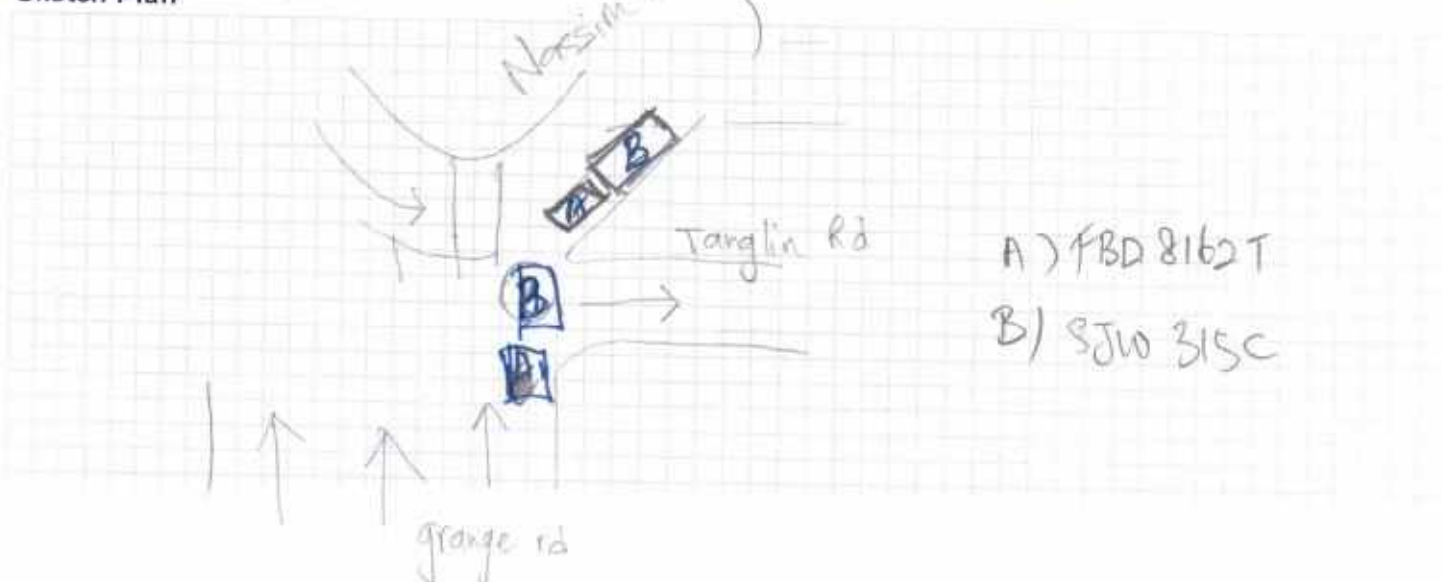
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

The car in front of me suddenly jam break out of sudden to turn right without signaling causes me to bang the car from behind.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

in 16:20 11/1/2021  
Driver's Signature (If driver is not the policyholder) / Date & Time

11/01/2021  
Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 12 / 2020) (DD/MM/YYYY), TIME: (15 : 58) (HH:MM)

LOCATION: Nassim Hill

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 8162 T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 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: MUHAMMAD ALIF TAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9431961A CONTACT: 9276 8174  
 c) ADDRESS: 31K 314 WOODLANDS ST 31 #08-84

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passenger  
 (Including driver)  
 (1)

- DRIVER  
 a) NAME: ABU HUDZAI FAH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: T0028518E CONTACT: 1298 1195  
 c) ADDRESS: 31K 551 WOODLANDS DR 44 #03-48

\* d) DATE OF BIRTH: (19 / 09 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18 DEC 2018

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

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

\* No of passenger  
 (Including driver)  
 ( )

- a) VEHICLE NUMBER: SIW 315C MODEL: GLA 180  
 b) DRIVER'S NAME: SIM JENSEN KIM SING  
 c) NRIC/FIN/PASSPORT: CONTACT: 9113 3574

## 9. THIRD PARTY VEHICLE

\* No of passenger  
 (Including driver)  
 ( )

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

Email = hudzaifahmasnawi97@gmail.com  
 VIDEO

NCD

## Claim Handling

Accident MT/1115609

Policy No.	5117307011	Vehicle No.	FBD8162T	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD ALIF TAN BIN AMIYN TAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
<b>▼ Accident Details</b>				
Report Date	30/12/2020 15:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/12/2020	Time of Accident hh:mm	15:54	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TANGLIN ROAD / GRANGE ROAD			
<b>▼ Total Excess Applicable</b>				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
<b>▼ Benefits</b>				
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>▼ Policyholder Mailing Address</b>				
Address 1	BLK 314 #08-84	Address 2	WOODLANDS STREET 31	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5105792180-02	
<b>▼ OI Driver Info</b>				
Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Comp
Modification History				

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	MUHAMMAD
Contact No.(Mobile)	93768174	Contact No. (Home)	
Email Address		OT Vehicle Number	FBD8162
Claim Description	FBD8162T / SJW315C ON 25 Dec 2020		
Preferred Workshop		Insured Liability	Fully at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	11/01/2021 19:09
<input type="checkbox"/> Print AK letter			ROSLI WAHAB



Save Submit

## Attachment

Accident No.

MT/1115609

Last Doc. Received

☒ Yes ☐ No

Claim No.

002

Upload Date

11/01/2021 19:10

Path \*

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## Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Descr



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## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

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## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S117307011		MUHAMMAD ALIF TAN BIN AMIYN TAN	S9431561A	GMC	Third Party	FBD8162T	FBD8162T	27/04/2020	06/08/2021