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1) Apply for Transport Allowance ()/C	ourtesy Car ()		, , , , , , , , , , , , , , , , , , ,	<u></u>		
2) QC Cheele / Post Repair Inspection	(·)				7.	-
3) Upload Resurvey Photo [Repuir Cost>\$3	000] ()		-			
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Injury :		MILLIAN VALUE			305 days	the more
5年15月2日 安徽市中国建筑建筑公司部分居民政务	从是同时的国际政治的企业。	MANUAL MANUAL PROPERTY	ALCO AND	The state of the s		-
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate

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.

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 ladgement 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

21/01/2021 15:33 (SGT) 20/01/2021 18:30 (SGT)

KJE, Singapore TOWARDS BKE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMU7906B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Mobile Phone No

Alternative Phone No

Email Address

No

ROMIZAN BIN MOHAMED SAHID

SXXXX829I

lin_romi@yahoo.com.sg

(Phone) +65-81805464

+65-81805464

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

Honda

Fit

Private use

No - Reporting only

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5118772754

DRIVER

Name of Driver

NRIC No

MUHAMMAD AL-MATIN BIN ROMIZAN

TXXXX044F

Date Of Driving Pass	19/02/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81805464
Alt. Phone Number	in the state of th
Email Address	lin_romi@yahoo.com.sg
Address	BLK 661C JURONG WEST STREET 64 #
Address complement	es en el montre el montre el montre el mentre el montre el montre el montre el montre el montre el montre el m El montre el mo
Postcode	643661
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	180
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	TATAL
Was notice of intended Prosecution given?	No.
If yes, against whom?	No
a you against minom	
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
Vehicle Registration Number	SJL1545G
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	CIVIC
Vehicle Colour	*
Vehicle Category	Private car
Name of Driver	i ilitato cai
	(Phone) +65-91703286
Contact Number	
Contact Number Address	(Phone) +03-91703280
	(Phone) +05-51705250

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

apr Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel Time & Time

Sketch Plan

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PERSONAL PARTICULARS 30
Date of Accident: 20/01/2021 Time of Accident: 6: 48 P(24Hrs)
Vehicle No: SMU 7906 MB Vehicle Make/Moi Worda 1971-3A
Exact Location of Accident: KJE Towards BKE
Owner's Name/NRIC: Romizan Bin Mohamed Sahid 157530829I
Driver's Name/NRIC: Muhammad Al-Agtin Bin Romizan /ATO119044F
Driver's Contact: 8180 54 64 Insurance Co & Policy No: NTVC
Driver's Email Address:lin_romi @ yahop-com-sq
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Yather Ison
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use / Work Purpose
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes / No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name/IC: Vehicle No:SJL 1545 G Honda Gvi
Insurance Company: Driver's Contact: 9170 3286
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C):
Independent Witness (If Any): Contact:
Preferred Workshop (If Any): Contact:
* If no proper document are produced, IDAC should not file the report. * Information will be discarded after one week.

Claim Handling					
Accident MT/1118208					
Policy No.	5118772754	Vehicle No.	SMU79068		GST Registration No
Certificate No.					
Policyholder Name	ROMIZAN BIN MOHAMED SAHID			0	Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	ii ii	Loading
Contact No.(Mobile)	81805464	Centact No.(Office)		9	Contact No.(Home)
Email Address		Special Remark			eCode
KFK	No. Yes	TCA	No Yes	9	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire
→ Accident Details					
Report Date	21/01/2021 15:33	Accident Report Within 24 hrs	Yes	0	Accident Type
Date of Accident	20/01/2021	Time of Accident hhimm	18:30	01	Country of Accident
Reporting Centre		Orange Force		18	ICM No.
Accident Location	KJE TOWARDS BKE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
OD Standard Excess	600.00	TP Standard Excess		0.00	
YTED OD Excess	2500.00	YIED TP Excess		0.00	Driver is Covered?
Additional Excess	D				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable		0.00	
⇒ Benefits					
▼ GST Registered Informati	non				
GST Registered	No		GST Registrat	tion Date	
GST Registration No.			GST Status V	erified	Yes
Modification History					
Policyholder Mailing Addr	ress				
Address 1	BLK 661C #02-436	Address 2	JURONG WEST STREET	ET 64	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.		Related Policy Number	5118772754		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD AL-MATIN BIN ROI	Driver NRIC	T0119044F		Driver DOB
Register Date of Driver License	19/02/2020	Driver Age	19		Driving Experience
Contact No.(Mobile)	81805464	Contact No.(Office)			Contact No.(Home
Address 1	BLK 661C #02-436	Address 2	JURONG WEST STREET	ET 64	Address 3
Address 4		Address Type	Foreign address		Post Code
Unit No.	02-436				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SMU79068		Driver Insurer Com
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		
Modification History					
Claim 001 New					
Claim Type *				OD-MX	Name (
Contact No.(Mobile)				81605464	No. 68736
Email Address				LIN_ROMI@YAHOO.COM.SG	Of Vehicle SMU75
					Number
					Town Toleran
Claim Description				SMU7906B / SJL1545G ON 20	58U 5051
Claim Description Preferred Workshop Bantaket No. Yes	Insured Liability Fully at	Fault.		SMU79068 / SJL1545G ON 20	780 ZUZI

ROSLI WAHAB

Print AK letter

Report Taken By

Save Submit Attachment Accident No. MT/1118208 Claim No. 001 Last Doc. Received ® Yes ○ No. Upload Date 21/01/2021 15:42 Path * Category * Confidential Chaose File No file chosen Clear Please Select v 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 v NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select Attachment List Attachment Uploaded By/Date Category Urgency Descr NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Jan 2021 15-42 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:42 Photos Normal Photos 2 NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:42 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:42 Photos Normal Photos 2 NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 21 Jan 2021 15:42 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:41 Photos Normal Photos 2 NAC_BUKIT_MERAH_80D676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:41 Photos Normal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:41 Photos Morroal Photos 2 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:41 NRIC/ Driving License Normal NRIC/ Driving Li 0.5 NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:41 NRIC/ Driving License Normal NRIC/ Driving Li NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2021 15:41 SAS Normal SAS 20

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File Name

Uploaded By/Date

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