





## 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	02/02/2021 18:32 (SGT)
Date of Accident	01/02/2021 18:40 (SGT)
Exact Location of Accident	Bukit Batok Street 31, Singapore
Additional Location Information	BLK 372 CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS6111U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AIZUDIN BIN ALI
NRIC No	SXXXX943H
Email Address	mr.aizudin.ali@gmail.com
Mobile Phone No	(Phone) +65-90386111
Alternative Phone No	+65-90386111

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115948890
Cover Note Number	-

#### DRIVER

Name of Driver	AIZUDIN BIN ALI
NRIC No	SXXXX943H
Date Of Birth	09/06/1985
Occupation	Indoor

Date Of Driving Pass .....	25/07/2006
Driving experience .....	14 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90386111
Alt. Phone Number .....	+65-90386111
Email Address .....	mr.aizudin.ali@gmail.com
Address .....	BLK 817C KEAT HONG LINK
Address complement .....	#06-111
Postcode .....	683817
Is the driver the policyholder? .....	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 .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MAIZURAH
Gender .....	Female

#### PASSENGER 2

Name .....	ROSMAH
Gender .....	Female

#### PASSENGER 3

Name .....	AIMAN DARWYSH
Gender .....	Male

#### PASSENGER 4

Name .....	ARYAN LUTFY
Gender .....	Male

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	GBK3582K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	AIZUDIN BIN ALI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMS6111U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No



# NATIONAL Assessment Centre Services. part 1 Jan 03

Date In:	Job description	Date & Time Completed	Done by
Ref No	SAS e-filing		
Veh No	E-mail (within 3hrs, AIC 2hrs)		
DOA	1-Motor Claim Form		
OD - TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: *	Fax: (
TP Particulars:	Veh No:	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel: (	)
Policy No: (	Period: (	Cover Type: (	)
Confirmed by: (	Date: (	Time: (	)
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]		
Year of Registration: (	Warranty: YES ( ) / NO ( )		
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )		

General Comments:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( / )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Defecting	Comments

Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Tel. 1: Tel. 2/3:	<b>INVOICE INFORMATION</b> 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 3) TP: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2003) 6) TR: Re-Inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services:- ON: *NS: Courtesy Car / Tpt Allowance \$3 *NG: Repair Co-ordination \$10 *NJ: Post Repair Inspection \$25 *NI: DV / Collect Excess Coordination \$5 *TE (N11): TP (Inc-INC) against INC \$20 9) N12: Idao Mobile \$0 Invoice dated _____ Fee Charged _____ Invoice dated _____ Fee Charged _____
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## SKETCH PLAN

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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

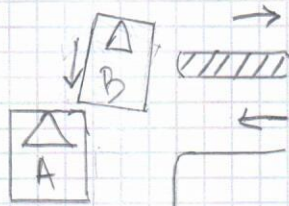
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

VEHICLE A: SMS 6111 U

VEHICLE B: GBK 3582 K



372 BUKIT BATOK ST31 CARPARK

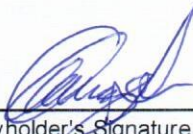


### Describe Circumstances of the Accident


ON THE STATED DATE, TIME AND LOCATION, I WAS PARKED AND  
STATIONARY AT A CORNER WAITING FOR PARKING LOT. WHILE I WAS  
CHECKING AND TALKING WITH MY KIDS AT THE BACK SEAT. OUT OF A  
SUDDEN, VEHICLE "B" REVERSE AND COLLIDED ONT MY FRONT RIGHT  
PORTION. THE IMPACT WAS HUGE.

### 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

 02/02/21  
Witnessed by Reporting Centre  
Personnel

Date of Accident : 01/02/21 Accident Time: 18:41 (24-HR-Format)  
Accident Place : BLK 372 BUKIT BATOK ST 31 CARPARK  
Vehicle No. (Car Plate No.) : SMS 61114 Make/Model: MERCEDES GLA 180  
Insurance Company : NTUC Policy No: 5115948890  
Owner or Company Name /IC No. : AIZUDIN BIN ALI / S8517943H  
Owner or Company Contact No. : 90386111 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : AIZUDIN BIN ALI / S8517943H  
DRIVER'S Date Of Birth : 09/06/85 DRIVER'S License Pass Date 25/07/06  
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: \_\_\_\_\_  
DRIVER'S Address : BLK 917C KEAT HONG UNK #06-111 S(683817)  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : MR. AIZUDIN. ALI @ GMAIL. COM  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 05  
  
Was there any video Captured by car camera YES NO  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>GBK 3582K</u>	Vehicle. No: _____
Vehicle Make \Model: <u>TOYOTA HIACE</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW – Passenger's name & gender:**

MAIZURAH BTE MUFTI — FEMALE  
ROSMAH BTE MARDAN — FEMALE  
AIMAN DARWYSH BIN AIZUDIN — MALE  
ARYAN LUFFY BIN AIZUDIN — MALE



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5115948890

**Cover :** drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SMS6111U**  
Chassis Number : WDC1569422J671735
2. Name of Policyholder : AIZUDIN BIN ALI
3. Effective Date of Insurance : 07 Feb 2020
4. Expiry Date of Insurance : 06 Feb 2021
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use#**

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

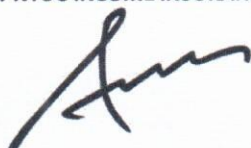
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: AIZUDIN BIN ALI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 04 Feb 2020 15:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



## Claim Handling

Accident MT/1119821

Policy No.	5115948890	Vehicle No.	SMS6111U	GST Registration No.	
Certificate No.					
Policyholder Name	AIZUDIN BIN ALI			Policyholder NRIC	S8517943H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	90386111	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	03/02/2021 09:51	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parke
Date of Accident	01/02/2021	Time of Accident hh:mm	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK ST 31 BLK 372 CARPARK				
<b>Total Excess Applicable</b>					
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?	Covered
Additional Excess	1,500.00				
Total OD Excess Applicable	2,100.00	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 817C #06-111	Address 2	KEAT HONG LINK	Address 3	KEAT HONG MIRA
Address 4	SINGAPORE 683817	Address Type	Singapore address	Post Code	683817
Unit No.	06-111	Related Policy Number	5115948890		
<b>OI Driver Info</b>					
Driver Name	AIZUDIN BIN ALI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8517943H	Driver DOB	09/06/1985
Register Date of Driver License	25/07/2006	Driver Age	35	Driving Experience	14
Contact No.(Mobile)	90386111	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 817C #06-111	Address 2	KEAT HONG LINK	Address 3	KEAT HONG MIRA
Address 4	SINGAPORE 683817	Address Type	Singapore address	Post Code	683817
Unit No.	06-111				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Modification History</b>					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AIZUDIN BIN ALI	Insured NRIC		
Contact No.(Mobile)	90386111	Contact No. (Home)	NIL	Contact No. (Office)		
Email Address	MR.AIZUDIN.ALI@GMAIL.COM	OI Vehicle Number	SMS6111U	TP Vehicle Number		
Claim Description	SMS6111U / GBK3582K ON 1 Feb 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	03/02/2021 10:07	
Report Taken By				Workshop Repairer	ROSINDA	
				Date Received		
				Total Lost but Repaired		
<input checked="" type="checkbox"/> Print AK letter						
Save Submit						

Attachment

Accident No.	MT/1119821	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

03/02/2021 00:00

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category \*

Clear

Please Select

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Clear

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Clear

Please Select

Confidential

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

NO

Normal

Urgency \*

Normal

Normal













Normal

Normal

Normal

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06	SAS		Normal	SAS 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05	Photos		Normal	Photos 2021-2-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05	Photos		Normal	Photos 2021-2-3

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<div>Display in New Window</div> <div>Scan and uploading</div>		