

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	11/02/2021 12:42 (SGT)
Date of Accident	10/02/2021 17:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLIP RD INTO BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP8010M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMED HISHAMUDDEEN S/O ABDUL AZEEZ
NRIC No	SXXXX404E
Email Address	hesham38@hotmail.com
Mobile Phone No	(Phone) +65-94572644
Alternative Phone No	+65-94572644

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Nighthawk250
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5117232368
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMED HISHAMUDDEEN S/O ABDUL AZEEZ
NRIC No	SXXXX404E
Date Of Birth	12/06/1971
Occupation	Outdoor

Date Of Driving Pass	01/08/1994
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94572644
Alt. Phone Number	+65-94572644
Email Address	hesham38@hotmail.com
Address	190 RANGOON ROAD
Address complement	#02-04
Postcode	218447
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	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	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

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	SFA8083G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIN OH LIANG
NRIC No	SXXXX357Z
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

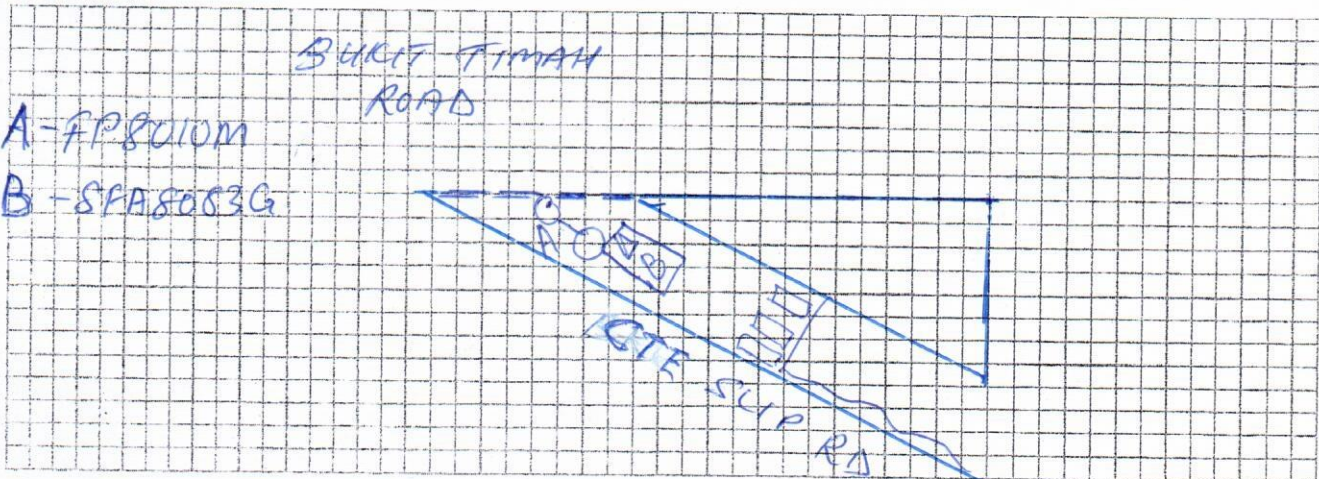
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

CTE

I was travelling from ~~BKE~~ TWAS BUKIT TIMAH RD.
I stop my veh at the give way line to give way
for oncoming veh. Suddenly veh B came from behind
and hit onto my rear portion of my veh.

Declaration

We declare the foregoing particulars are true in every respect.

11-02-21

Policyholder's Signature / Date &
Time

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

Shm 11/02/21

Witnessed by Reporting Centre
Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN69212 B0007 Vehicle Registration No: FP8010M
Name(as shown in NRIC) : MUHAMMED HISHAMUDEEN NRIC/FIN/Passport No : SXXXX 4046
S/O ABDUL AZEEL
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : MUHAMMED 190 RANGDON ROAD #02-04 Singapore(21F447)
Contact (Tel) : _____ Mobile No. : 94372644
Email Address : _____
Date of Accident : 10/02/21 Time of Accident : 17:30
Place of Accident : CFE SLIP RD INTO BURK SIMAH RD
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND LOCATION OF ACCIDENT

Policyholder / Driver's Signature
Date:

2/ym 11/02/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Claim Handling

Accident MT/1120885

Policy No.	5117232368	Vehicle No.	FP8010M	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMED HISHAMUDEEN S/O ABDUL AZEEZ			Policyholder NRIC	S7123404E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94572644	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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
▼ Accident Details					
Report Date	11/02/2021 12:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	10/02/2021	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE SLIP RD INTO BUKIT TIMAH RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	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					
▼ Policyholder Mailing Address					
Address 1	190 RANGOON ROAD	Address 2	#02-04	Address 3	SINGAPORE 2184
Address 4		Address Type	Singapore address	Post Code	218447
Unit No.	02-04	Related Policy Number	5117232368		
▼ OI Driver Info					
Driver Name	MUHAMMED HISHAMUDEEN S/O ABDUL AZEEZ	Driver Type	Main Driver	Driver DOB	12/06/1971
Unnamed driver Name		Driver NRIC	S7123404E	Driving Experience	3
Register Date of Driver License	01/01/2018	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	94572644	Contact No.(Office)	0	Address 3	SINGAPORE 2184
Address 1	190 RANGOON ROAD	Address 2		Post Code	218447
Address 4		Address Type	Singapore address		
Unit No.	#02-04				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MUHAMMED HISHAMUDEEN S	Insured NRIC	
Contact No.(Mobile)	94572644	Contact No. (Home)	2972138	Contact No. (Office)	
Email Address	hesham38@hotmail.com	OI Vehicle Number	FP8010M	TP Vehicle Number	
Claim Description	FP8010M / SFA8083G ON 10 Feb 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered		Claim Close Date	11/02/2021 13:00	Date Received	
Report Taken By	ROSILINDA	Workshop Repairer		Total Lost but Repaired	
<input type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No. MT/1120885 Claim No. 001

Last Doc. Received☒ Yes ☐ No

Upload Date11/02/2021 00:00

Path *

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

Message Read

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

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Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 13:00	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 13:00	SAS		Normal	SAS 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 13:00	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 12:59	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 12:59	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 12:59	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 12:59	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 12:59	Photos		Normal	Photos 2021-2-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Feb 2021 12:59	Photos		Normal	Photos 2021-2-11

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (10/02/21) (DD/MM/YYYY), TIME: (17:30) (HH:MM)
LOCATION: ~~BKE SUP RD EXIT INTO SUP~~ BUKIT TIMAH EXIT TO BUKIT TIMAH RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FA5010M
b) INSURANCE COMPANY: NFUC
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: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMED HISHAMUDDIN 8/0 ABDUL AZEEZ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7123404E CONTACT: 94572644
c) ADDRESS: 190 RANGOON RD #03-04
(215447)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (12/06/1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/05/1991

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

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: SFA8083G MODEL: _____
b) DRIVER'S NAME: SIN OH LIANG
c) NRIC/FIN/PASSPORT: S0242357Z CONTACT: 91780641

9. THIRD PARTY VEHICLE

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

email = hasham38@hotmail.com

fax = _____

video = _____

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/02/2021 11:40"/>
Vehicle No.(For Motor)	<input type="text" value="FP8010M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117232368		MUHAMMED HISHAMUDDEEN S/O ABDUL AZEEZ	S7123404E	GMC	Third Party	FP8010M	FP8010M	01/07/2020	30/06/2021