

SNR 82/3 F0004

TP Insurer:

Owner / Driver: (

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) OC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$3000)

Injury :

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

2111

2/3



# 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	15/03/2021 13:06 (SGT)
Date of Accident	12/03/2021 14:00 (SGT)
Exact Location of Accident	64 Lrg. 5 Toa Payoh, Block 64, Singapore 310064
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7881Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ALHAKAM BIN ZAILANI
NRIC No	SXXXX803J
Email Address	kamzai25@gmail.com
Mobile Phone No	(Phone) +65-82928284
Alternative Phone No	+65-82928284

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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	5117418466
Cover Note Number	-

## DRIVER

Name of Driver	ALHAKAM BIN ZAILANI
NRIC No	SXXXX803J
Date Of Birth	04/07/1993
Occupation	Outdoor



Date Of Driving Pass .....	30/11/2013
Driving experience .....	7 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82928284
Alt. Phone Number .....	+65-82928284
Email Address .....	kamzai25@gmail.com
Address .....	BLK 122B EDGEDALE PLAINS #02-153
Address complement .....	-
Postcode .....	822122
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 .....	YQ1471G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	AH BENG
Contact Number .....	(Phone) +65-91449484
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-



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



## SKETCH PLAN

### IMPORTANT NOTICE

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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 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

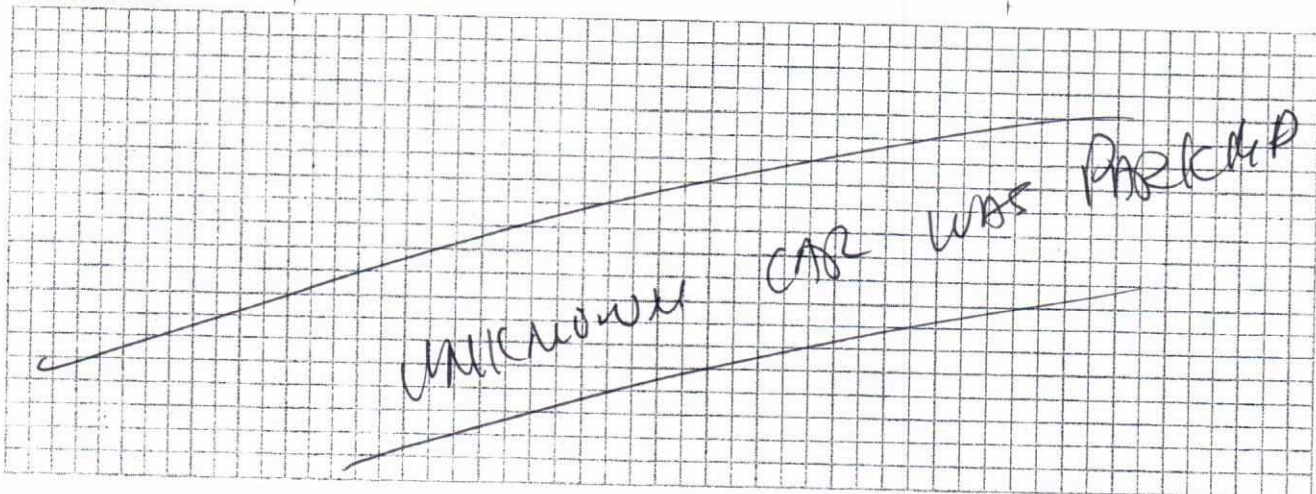
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time 13-03-21 1230 PM

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

15/03/2021  
Witnessed by Reporting Centre  
Personnel

#### Sketch Plan






**Describe Circumstances of the Accident**

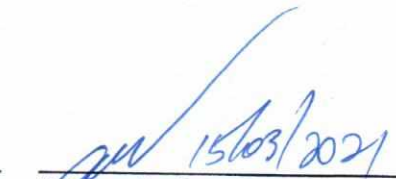
ON 12/03/2021 AT ABOUT 14:00HRS I WENT TO MY  
CAR & SAW A NOTE SAYING THAT HE HIT MY CAR.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 13/12/21 12:30PM

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

  
Witnessed by Reporting Centre  
Personnel 15/03/2021



# ACCIDENT STATEMENT

ACCIDENT DATE: (12/03/2021) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: BLK 64 Lor 5 2nd Payol open carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5LL78814  
 b) INSURANCE COMPANY: NINE IN COME  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES BEN C180K  
 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) ☒ YES  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: ALHACAM BW ZAICANI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 892228637 CONTACT: 829282841  
 c) ADDRESS: BLK 1228, EDGEMORE PLAINS, #02-153  
 (822122)

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

### DRIVER

- a) NAME: DE ABUTU (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) ☒ NO

7. a) REPORTED TO POLICE (YES / NO) ☒ NO

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Y014716 MODEL:

b) DRIVER'S NAME: AH BANG CONTACT:

c) NRIC/FIN/PASSPORT: CONTACT: 91449884

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (Including driver)  
 (0)

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

Email = KAMZAI,25@GMAIL.COM

Fax =

Video =



## Claim Handling

Accident MT/1124339

Policy No.	5117418466	Vehicle No.	SLL7881Y	GST Registration No.
Certificate No.				
Policyholder Name	ALHAKAM BIN ZAILANI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	82928284	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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

## ▼ Accident Details

Report Date	15/03/2021 13:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/03/2021	Time of Accident hh:mm	14:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 64 LOR 5 TOA PAYOH OPEN CARPARK			

## ▼ 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	0			
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			

## ▼ Policyholder Mailing Address

Address 1	BLK 122B #02-153	Address 2	EDGEDALE PLAINS	Address 3
Address 4	SINGAPORE 822122	Address Type	Singapore address	Post Code
Unit No.	01-160	Related Policy Number	5065019100-06	

## ▼ OI Driver Info

Driver Name	ALHAKAM BIN ZAILANI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9322803J	Driver DOB
Register Date of Driver License	30/05/2013	Driver Age	27	Driving Experience
Contact No.(Mobile)	82928284	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 122B #02-153	Address 2	EDGEDALE PLAINS	Address 3
Address 4	SINGAPORE 822122	Address Type	Singapore address	Post Code
Unit No.	01-160			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLL7881Y	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

New

Claim Type *	OD-MX	Insured Name	ALHAKAM BIN ZAILANI	Insured NRIC
Contact No.(Mobile)	82928284	Contact No.(Home)		Contact No.(Office)
Email Address	KAMZAI25@GMAIL.COM	OI Vehicle Number	SLL7881Y	TP Vehicle Number
Claim Description	SLL7881Y / YQ1471G ON 12 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	15/03/2021 13:15	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save Submit

Attachment



Claim Handling(accident reporting Claim Task )

001

15/03/2021 13:16

Category \*

Urgen

Normal

Normal

Normal

Normal

Normal

Normal

Normal

## Category \*

▼ Video List

Uploaded By/Date	Folder Date	File Name	Sou
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#### Scan and uploading



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="12/03/2021 12:22"/>
Vehicle No.(For Motor)	<input type="text" value="SLL7881Y"/>	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"/>	5117418466		ALHAKAM BIN ZAILANI	S9322803J	GPC	drivo CLASSIC	SLL7881Y	SLL7881Y	18/05/2020	17/05/2021