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Insured/Driver Liability: (%)	Now Est Status (WO):	N: 0-20%; P: 21-79%.	1,000
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# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
  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.
  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? 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 Type of Coverage Comprehensive Fleet Policy 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 Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/11/2013 7 YEARS AND 4 MONTHS Male (Phone) +65-82928284 +65-82928284 kamzai25@gmail.com BLK 122B EDGEDALE PLAINS #02-153 - 822122 Yes - No
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 0
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	YQ1471G Commercial vehicle AH BENG (Phone) +65-91449484
Postcode Insurance Company Name	

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.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may
- 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 :

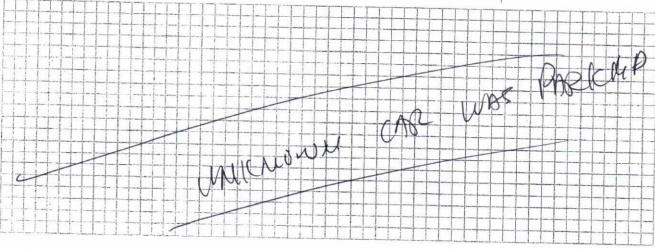
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or who have insured vehicle(s) involved in this accident (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 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
- (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
- (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' law yers/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.

Folicyholder's Signature / Date & Time 12 30 p.M

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Policyholder's Signature / Date & Time 12 30 PM

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

Witnessed by Reporting Centre Personnel

## ACCIDENT STATEMENT

ACCIDENT DATE: 17 25 700 (DD/MM/YYYY), TIME: (14:00) (HH:MM)	
	21
COUNTY COUNTY COUNTY	U
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SLL 7881 4	
DINSURANCE COMPANY: NIC IN COME	
c)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
e) MAKE & MODEL: MERCEDES BEN CIROR	
TITYPE: (SALOON / COUPE / MPV // AN / LORDY / MOTOR	
OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF	
A ACCIDENTIME	
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: ALMARAM BY ZAILAN (MALE GERMALE)	
DINRIC /FINIPACEDODI	
CIADDRESS: BLK 1228, EDGEDALE PLAIDS, #02-153	
(822122)	
* CONTINUE TO 2 d IF DDD IFD	
passange, DRIVER	
(Including diam) a) NAME: DE MISONO	
CONTACT:	
c)ADDRESS:	
*d)DATE OF BIRTH: ()(DD/MM/YYYY)	
e)OCCUPATION: (HODOR)	
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANYS OF STATES	
INO, RELATIONSHIP OF THE DRIVER WITH INCLIDED.	
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
DIROAD SURFACE: IDRYI/ WFT / OTHERS	
6. WAS ANYBODY INJURED (YES (NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
the of patrenger a) VEHICLE NUMBER. VALUETO	
C Marting School of Dillyer's NAME: THE DAME	٠
CONTACT: CONTACT:	
9. THIRD PARTY VEHICLE	
to No et passanger d) VEHICLE NUMBER:MODEL:	
Induding driver) of briver sname:	
( CONTACT:	

Cimail = KAMZA1,25@ GMAIL COM

fax =

VIDEO =

#### Claim Handling

### Accident MT/1124339

Accident 1417/1124339				
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	drivo CLASSIC	Loading
Contact No.(Mobile)	82928284	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
		Control of the Contro	-	rrivate nire
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	
Reporting Centre		Orange Force	14.00	Country of Accident ICM No.
Accident Location	BLK 64 LOR 5 TOA PAYOH OPEN CARPARK	i		ICM NO.
<b>▽</b> Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600,00	TD Charles I.E.		
YIED OD Excess	0.00	TP Standard Excess YIED TP Excess	0.00	
Additional Excess		TIED IP Excess	0.00	Driver is Covered?
Total OD Excess Applicable	600.00	Total TD 5		
<b>▽</b> Benefits	600.00	Total TP Excess Applicable	0.00	
<b>▽</b> GST Registered Informa	ation			
SST Registered	No		GST Registration Date	
SST Registration No.			GST Status Verified	Yes
Modification History				165
▼ Policyholder Mailing Ade	dress			
Address 1	BLK 122B #02-153	Address 2	EDGEDALE PLAINS	Address 3
Address 4	SINGAPORE 822122	Address Type	Singapore address	Post Code
Jnit No.	01-160	Related Policy Number	5065019100-06	
OI Driver Info				
Oriver Name	ALHAKAM BIN ZAILANI	Driver Type	Main Driver	
Jnnamed driver Name		Driver NRIC	593228033	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
Jnit No.	01-160			
Does he own a Singapore Registered car?	Yes  No	Driver Vehicle No.	SLL7881Y	Driver Insurer Company
				Established Sampany
eclaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
odification History				
5 1.00 A				
Claim 001 New				
laim Type *	OD-MX 🔻	Insured Name	TALLIAVAN DID Z	
Contact No.(Mobile)	82928284		ALHAKAM BIN ZAILANI	Insured NRIC
mail Address	KAMZAI25@GMAIL.COM	Contact No.(Home)		Contact No.(Office)
laim Description	SLL7881Y / YQ1471G ON 12 Mar 2021	OI Vehicle Number	SLL7881Y	TP Vehicle Number
referred Workshop Contact		• 100 100 100 100 100		Name of Preferred Worksho
0,		Insured Liability *	Not at Fault	
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
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eport Taken By  Print AK letter				
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## Claim Handling(accident reporting Claim Task )

Accident No.

Last Doc. Received

MT/1124339

Yes ○ No

Claim No.

Upload Date

15/03/2021 13:16

Path \*

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Attachment	Uploaded By/Date	Category	Urgency	Description

Display in New Window Scan and uploading

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 12/03/2021 12:22 Vehicle No.(For Motor) SLL7881Y Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Insured Object Commence Date Vehicle Select Policy No. Product Cover Type Expiry Date No. ALHAKAM BIN ZAILANI 5117418466 drivo CLASSIC 0 S9322803J GPC SLL7881Y SLL7881Y 18/05/2020 17/05/2021 Continue