

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 19:42 (SGT)
Date of Accident	13/03/2021 18:32 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4485M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOUTHERN MOTOR
Company Reg No	2XXXX700L
Email Address	sharwinpsp@gmail.com
Mobile Phone No	(Phone) +65-90235675
Alternative Phone No	+65-90235675

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	X-1r
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5109280207-01
Cover Note Number	-

DRIVER

Name of Driver	SHARWIN SAKTHI S/O SARAVANAN
NRIC No	TXXXX812I
Date Of Birth	31/10/2000
Occupation	Outdoor

Date Of Driving Pass	08/02/2021
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90235675
Alt. Phone Number	-
Email Address	sharwinpsp@gmail.com
Address	BLK 87 REDHILL CLOSE #05-586
Address complement	-
Postcode	150087
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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) 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	SMP8059R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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

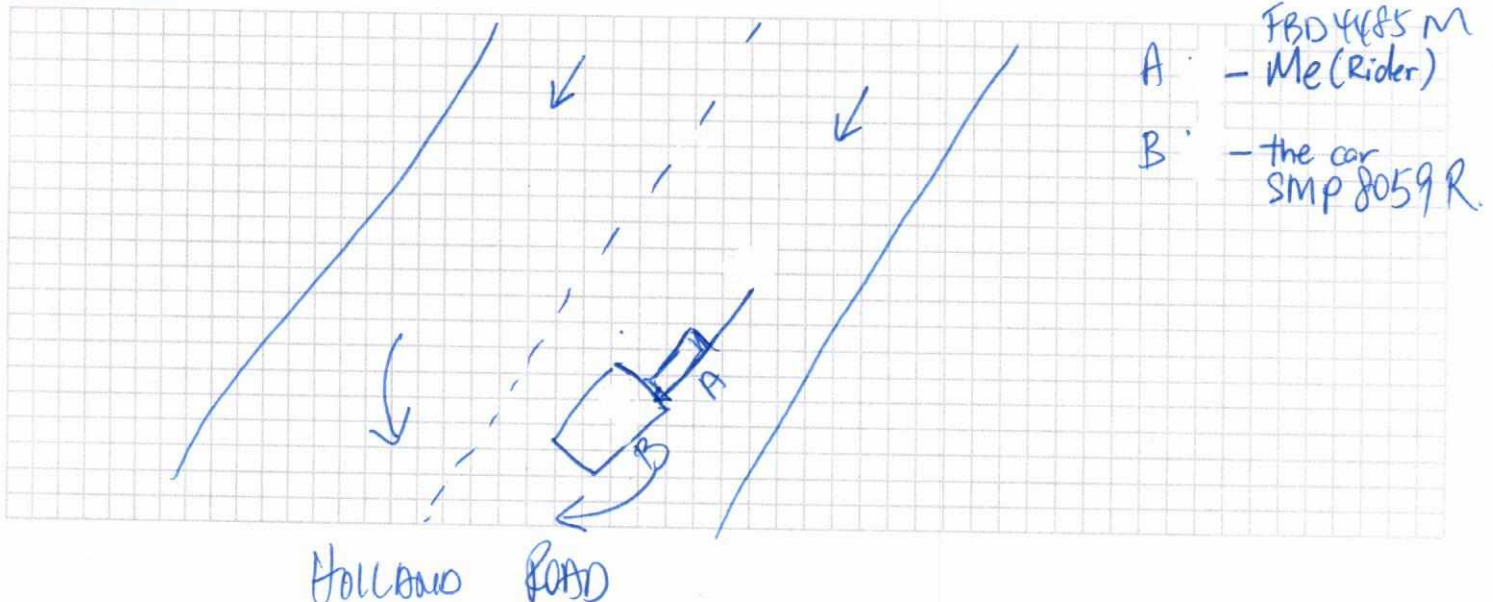
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

15/3/21 17:00

15/03/2021

Sketch Plan



Describe Circumstances of the Accident


I was doing delivery (dispatch). I was in a merging lane. I got distracted as I felt the car on my right was coming too close to me. So, I accelerated and did not pay attention ahead. By the time I looked up, I could not apply my brakes in time as the car in front of me was slowing down to a stop. I ~~was~~ crashed my bike on his left rear. The speed I ~~was~~ was travelling at was about 30 km/h. I was not injured, neither the victim.

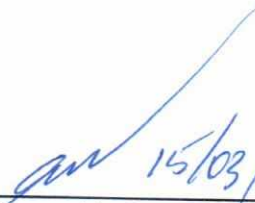
Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 15/3/21 17:00
Driver's Signature (If driver is not the policyholder) / Date & Time

 15/03/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 3 / 2021) (DD/MM/YYYY), TIME: (18 : 32) (HH:MM)

LOCATION: Holland Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD4485M
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: 5109280207-01-000012
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: XIR (Yamaha)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Dispatch
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: Southern Motor (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Sharwin Sakthi s/o Saravanan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T00389121 CONTACT: 90235875
c) ADDRESS: Blk 87 Redhill Close #05-586 150087

* d) DATE OF BIRTH: (31 / 10 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 8/2/2021

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

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: FBD4485M MODEL: Yamaha XIR
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMP8059R MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: sharwinpsp@gmail.com

VIDEO

Claim Handling

Accident MT/1124489

Policy No.	5109280207-01	Vehicle No.	FBD4485M	GST Registration No.
Certificate No.	5109280207-01-000012			
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90235675	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 19:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/03/2021	Time of Accident hh:mm	18:32	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HOLLAND ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	1,500.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	18/06/2001
GST Registration No.	23414700L	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 1006 #01-10	Address 2	BUKIT MERAH LANE 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109280207-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SHARWIN SAKTHI S/O SARAVA	Driver NRIC	T00388121	Driver DOB
Register Date of Driver License	08/02/2021	Driver Age	20	Driving Experience
Contact No.(Mobile)	90235675	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 87 #05-586	Address 2	REDHILL CLOSE	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	05-586			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBD4485M	Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address	soumotor@singnet.com.sg	OI Vehicle Number	FBD4485M	TP Vehicle Number
Claim Description	FBD4485M / SMP8059R ON 13 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	15/03/2021 19:52	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save Submit

Attachment

3/15/2021

Claim Handling(claim reporting Claim Task)

Accident No.

MT/1124489

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/03/2021 19:53

Path *

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen











Category *

Confidential

Urgen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>
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<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="text" value="NO"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:53	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:53	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:53	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:53	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	Photos	Normal	Photos 2021-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 15 Mar 2021 19:52	SAS	Normal	SAS 2021-3-15

Video List

Uploaded By/Date	Folder Date	File Name	Sou
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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 : 5109280207-01-000012

Cover : Third Party

1. Index mark and Registration Number of Vehicle : FBD4485M
 Chassis Number : 4S3010043
2. Name of Policyholder : SOUTHERN MOTOR
3. Effective Date of Insurance : 07 May 2020
4. Expiry Date of Insurance : 06 May 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 or Hirer's business.
 This Policy does not cover
 (a) Use for racing, pace-making, reliability trial or speed-testing.
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (c) 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)	: N/A
EXCESS (SECTION 2)	:
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : 09 Apr 2020 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive