

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 ability.
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 Report	27/01/2018 12:15
Date Of Accident	27/01/2018 08:00
Exact Location Of Accident	UPPER SERANGOON RD / BARTLEY RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7544G
Insured/Policyholder	
Name Of Registered Owner	KK ROOFING CONTRACTORS PTE LTD
Co Reg No	201324929K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82021507
Alternative Phone No	OFFICE-82021507
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	COMPANY USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088346093
Cover Note Number	06/03/2017 - 23/04/2018
Driver	
Name of Driver	ISLAM NAZRUL
Work Permit No	G7931467L
Date Of Birth	01/01/1983
Occupation	INDOOR
Date Of Driving Pass	19/12/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84401233
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 357 UPPER PAYA LEBAR ROAD #01-04
 Postcode 534959
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 4
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 3
 Passenger 1
 NAME: : UDDIN JASHIM
 GENDER: : MALE
 Passenger 2
 NAME: : GIAHANGIR ALOM
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ROCHER N.P.C
 Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2949999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20180127/2041). I WISH TO ADD ON THAT WHILE I WAS DRIVING STRAIGHT ON THE THIRD LANE FROM RIGHT, VEHICLE D HIT ONTO VEHICLE C AND FURTHER HIT ONTO MOTORBIKE B. DUE TO THE IMPACT, RIDER OF MOTORBIKE B THEN FELL AND HIT ONTO MY FRONT RIGHT PORTION.

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 FBC2528S
 Vehicle Make/Model/Colour MOTORBIKE
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver PATRICK

NRIC/Passport Number
Contact Number 92226016
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKH5347U
Vehicle Make/Model/Colour BMW
Details Of Properties FRONT PORTION
Vehicle Category PRIVATE CAR
Name of Driver FONG KOK YONG
NRIC/Passport Number
Contact Number 81000209
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJN9401A
Vehicle Make/Model/Colour TOYOTA
Details Of Properties FRONT LEFT PORTION
Vehicle Category PRIVATE CAR
Name of Driver LOW ENG POH
NRIC/Passport Number
Contact Number 93832650
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name PATRICK
Approximate Age
Injuries Sustain FOREHEAD,HAND
Injured person in which vehicle? FBC2528S
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT

D.O.A:

Vehicle No.

Make / Model:

Report Date: 1/27/2018 Start Time: 12:35 PM

Reporting Type: TP End Time:

IMPORTANT NOTICE

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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.



1/27/2018 12:35

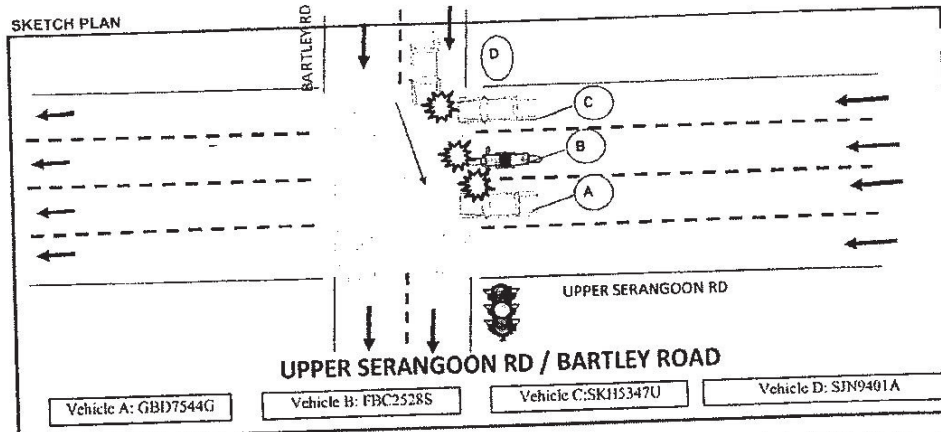
Policyholder's Signature
Date & Time:

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

1/27/2018 12:35

Reporting Centre Personnel's Signature
Name: Chen Jun Liang
NRIC / Fin No: S990765

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT (T/20180127/2041). I WISH TO ADD ON THAT WHILE I WAS DRIVING STRAIGHT ON THE THIRD LANE FROM RIGHT, VEHICLE D HIT ONTO VEHICLE C AND FURTHER HIT ONTO MOTORBIKE B. DUE TO THE IMPACT, RIDER OF MOTORBIKE B THEN FELL AND HIT ONTO MY FRONT RIGHT PORTION.

DECLARATION

(We declare the foregoing particulars are true in every respect.)



1/27/2018 12:35

Policyholder's Signature
Date & Time:

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

1/27/2018 12:35

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Accident Photo

