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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/04/2018 15:56
Date Of Accident	04/04/2018 12:20
Exact Location Of Accident	JUNCTION OF MAXWELL ROAD AND SHENTON WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC184Y
Insured/Policyholder	
Name Of Registered Owner	BZY LIMOUSINE SERVICES
Co Reg No	-
Email Address	BZYLIMOS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97793987
Alternative Phone No	OFFICE-97793987
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000007251-00-000
Cover Note Number	
Driver	
Name of Driver	HAJI SALLEHUDDIN BIN RAHMAN
NRIC No	S7126279J

 NRIC No
 \$7126279J

 Date Of Birth
 27/07/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/02/1998

Driving Experience 20 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97793987

Fax Number

Contact Number OTHERS-97793987

EMail Address BZYLIMOS@GMAIL.COM

Address BLK 9 TECH WHYE LANE

#07-260

Postcode 680009

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

_

NO

NO

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

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? YES

Remarks/ Reasons: NOT CAPTURED

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour BMW (WHITE)

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HO WEE SAW

NRIC/Passport Number S6905902C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- 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.
- 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.
- 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.
- By the lodgment 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 :
 - 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 management in present 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 reasonably required for the purposes stated, or

Respirting Centre Perso

NRIC/FIN No.

(ii) for complying with requirements under any regulations, laws or court orders.

Polityholder's Signature Date & Tirne:

GINE

Driver's Signature (If driver is not the policyholder)

Date & Time:

1515 hrs

SCRIBE CIRCUMSTANCES OF THE ACCIDENT A SOUTH STREET ON OUT OUT OUT HE ACT A BOULT 1220 I was travelling along waxwell Rd, when red light turn green when the Hont Park Park when the Left and Cut infront of me they he Stop, I move forward and stop them he Start to turn right and stop after the junction when he Start to turn right and stop after the junction of C.P.F. Bedo, then he wore ask me to stop so I came down and talk to him he said that I bumped in the has ear. I looked at his car there's no damage to his tar and my company ven, he took some photosomed my driving Micric and move of the said he want to make a report. I dod not take any photosomly his drivery Weene be cause this is ny first time accident.	KETCH PLAN				
SCRIBE CIRCUMSTANCES OF THE ACCIDENT ON OLLOY 18 at about 1220 I was travelling along maxwell Red, when red light turn green when the Hont Car move succeeding a white smu came from the left and Cut infront of me they he stop, I move forward and stop them he start to turn right and stop after the junction when to C.P. F. Beda. Then he wore ask me to stop so I came down and talk to him he said that I bumped in his has ear, I looked at his car there's no demage to his ear and my company van, he took some photos and my driving literer and move of the take any photos only his diriving literer and move of the said he work to wake a report. I do'd not take any photos only his diriving literer because this is ny first fine accordant.					Strulon way
SCRIBE CIRCUMSTANCES OF THE ACCIDENT ON OLLOY 18 at about 1220 I was travelling along maxwell Red, when red light turn green when the Hont Car move succeeding a white smu came from the left and Cut infront of me they he stop, I move forward and stop them he start to turn right and stop after the junction when to C.P. F. Beda. Then he wore ask me to stop so I came down and talk to him he said that I bumped in his has ear, I looked at his car there's no demage to his ear and my company van, he took some photos and my driving literer and move of the take any photos only his diriving literer and move of the said he work to wake a report. I do'd not take any photos only his diriving literer because this is ny first fine accordant.			R		
Car move Eucleanly a white snew came from the Front Car move Eucleanly a white snew came from the left and Cut infront of me then he stop, I move forward and stop then he start to turn right and stop after the junction whent of C.P.F. Beac, then he wore ask me to stop so I came down and talk to him he said that I bumped into his car, I looked at his car there's no damage to his are and my company van, he took some photo- and my driving literal and move oft, he said he want to make a report. I do'd not take any photos only his drivery licene because this is ny flibit time accerdant Driver's signature (It driver is not the policyholder) Driver's signature (It driver is not the policyholder) Recogning centre-phisonome's signatury Notice: (601) What padd	SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	国	111	B) UNKMON BMN
Cut infront of me thin he stop, I mere from the left and Cut infront of me thin he stop, I mere forward and stop thin he start to turn right and stop after the junction nhout of C.P.F. Bedo. Then he wore ask me to stop so I came down and talk to him he said that I bumped into his ear. I looked at his ear there's no domage to his ear and my company van, he took some photo. send my driving livere and move oft, he said he want to make a report. I dod not take any photos only his driving livere be cause this is ny first fine aces dend. Cut for your signature (If driver is not the policyholder) Driver's signature (If driver is not the policyholder) Nome: Of loy gold Reporting Centre Posonge's signature (If driver is not the policyholder)			1220 1 6	vas trave	Wing along
Cut intront of me thin he stop, I move forward and stop thin he start to turn right and stop after the junction when he start to turn right and stop after the junction when of C.P.F. Beds. then he wove ask me to stop so I came down and talk to him he said that I bumped into his car, I looked at his car there's no damage to his ear and my company ven, he took some photo. And my driving there and move of he said he want to wake a report. I did not take any photos only his driviting licene be cause this is ny first fine accident Driver's signature (It driver is not the policyholder) Driver's signature (It driver is not the policyholder) Nome: Nome: Driver's signature (It driver is not the policyholder) Nome: N	maywell Rd.	when red lig.	ht turn	green when	n the Front
nhont of C.P.F. BLDG. Then he work ask me to stop so I came down and talk to him he soid that I bumped into his ear. I looked at his ear there's no damage to his ear and my company ven, he took some photos and my driving herer and more of he he said he want to make a report. I did not take any photos only his driving licene because this is ny first time accordant. CLARATION Vaccine the laraging particulars are true in every response accordant. Driver's Signature (it driver is not the policy bolder) Bright Speature (it driver is not the policy bolder) Name: (It driver is not the policy bolder) Name: (It driver is not the policy bolder)	cut infront	of my think	show cam	e from the	left and
Claract down and talk to him he said that I bumped into his ear. I looked at his ear there's no damage to his ear and my company van, he took some photos and my driving liverer and move of he said he want to make a report. I did not take any photos only his driving livere be cause this is ny first fine accordant. CLARATION vacations of the survey respectively. CLARATION value	this he star	to turn N	alt and	ctor of	and stop
Cance down and talk to him he soid that I bumped into his lar. I looked at his car there's no damage to his ear and my company van, he took some photos and my driving livere and move off, he said he want to make e a report. I did not take any photos only his divising licene be cause this is ny first fine accordant. CLARATION vaccine the soregoing particulars are true in every respectively. Driver's Signature (if driver is not the policyholder) Driver's Signature (if driver is not the policyholder) Name: COLINATION	nfront of C.	r.r. BCDG. +	hen he wou	u ask m	to stop so
TLARATION Value of the sound o	I came down	and talk	to him h		
CLARATION	2000		ran ran	car then	e's no damage
CLARATION Geclare the loregoing particulars are true in every respect. Sing solvers Signature (If driver is not the policyholder) The stake any photos Of loy photos Of loy agd Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Of loy agd		and my con	pany ven	, We too	and the same of th
CLARATION Vectore the foregoing particulars are true in every respect The property of the foregoing particulars are true in every respect The property of the foregoing particulars are true in every respect The property of the foregoing particulars are true in every respect The property of the foregoing particulars are true in every respect The property of the foregoing centre personnel's Signature (if driver is not the policyholder) The property of the policyholder of the p	1 11/1	a report	and move	off, he	Sald he wante
CLARATION Videclare the foregoing particulars are true in every respect Vision Priver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: (601 Whath)	7 11	/ / .			0 11 1
yhelder Strature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder)		7	,	nes is in	first fine
A Driver's Signature 8. Time: (If driver is not the policyholder) Of Of Of Oglo					
A Driver's Signature 8. Time: (If driver is not the policyholder) Of Of Of Oglo					
A Driver's Signature 8. Time: (If driver is not the policyholder) Of Of Of Oglo					
yhelder Strature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder)					
yhelder Strature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder)					
A Driver's Signature 8. Time: (If driver is not the policyholder) Of Of Of Oglo					
yhelder Strature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder)	TARATION		,		
yhelder Speature Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:	0	ulars are true in every respec	1		/, ,
& Time: (If driver is not the policyholder) Name: (601 Whathat)	W SO SE	- gr			/ ochochads
(If driver is not the policyholder) Name: (OC) WATER	(Barren E. s)	Driver's Signature		Reporting Control	Proportel's Signature
	& Time:		(yholder)	Name: //	offel WHATOLD



























Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

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

	AD	DDENDUM					
(A)	PARTICULARS OF PERSON MAKING THE AMEN	IDMENTS:					
	Original Report No : Mug418045037	Vehicle Registration No: PC (84)					
	Name (as shown in NRIC): +BELL SAURYUDOM	BIM RATIMAN STIDE 279J					
	Vehicle Driver / Vehicle Owner) () Please delete as appropriate						
	Address :	Singapore()					
	Contact (Tel) :	Mobile No.: 97193987					
	Email Address ;						
	Date of Accident : 04/04/2015	Time of Accident: /2:20					
	Place of Accident : LINCHON OF 1	MAXWALL ROAD SHUMON WOU					
	Insurance Company: GRAN AMAR	um					
4-1							
(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:	accident and would like to include additional information or					
	EMAIL ADDRESS: 70 BZY	Limos & Gmari. com					
	0						
	·						
	Policyholder / Driver's Signature	Reporting Centre Personnel's Signature					
	Date:	Name: NRIC/FINNO :: KOSLI WAHAB					
		Date: 64/04/2018					