

MSME18054857: BPD Motor File Ltd - Road Build
 ENTRY DATE & TIME: 23/04/2018 11:57
 SUBMITTED BY: chris@bpd.org

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 Authorized 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 to 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: 25/04/2018 17:51
 Date Of Accident: 25/04/2018 09:40
 Exact Location Of Accident: NEWTON CIRCLE FLYOVER
 Country/State Of Loss: SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SJW277D
 Insured/Policyholder:
 Name Of Registered Owner: WINDWARD TRANSPORT SERVICE
 Co Reg No: 53373348D
 Email Address: NOEMAIL
 Mobile Phone No:
 Alternative Phone No: OFFICE-86688478

Vehicle Particulars

Manufacturer: TOYOTA
 Model: ALTIS
 Exact Purpose for which vehicle was being used at time of accident:
 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: PRIVATE CAR

Insurance Company

Name of Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD.
 Type Of Coverage: COMPREHENSIVE
 Fleet Policy: NO
 Policy Number: 5096281136
 Cover Note Number:

Driver

Name of Driver: TAN MUI ENG
 NRIC No: S1307637E
 Date Of Birth: 15/04/1956
 Occupation: INDOOR
 Date Of Driving Pass: 18/12/1979
 Driving Experience: 38 YEARS AND 4 MONTHS
 Gender: MALE
 Mobile Number: (LOCAL) +65-86688478
 Fax Number:
 Contact Number:
 EMail Address: NOEMAIL

Address: 35 WORTHING ROAD
 Postcode: 554969
 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 - HEAD TO REAR
 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? NO
 Was any injured conveyed to hospital by ambulance? NO
 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): 2
 Passenger 1:
 NAME: KIM CHURCHILL
 GENDER: FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?:

Circumstances of Accident

ON 25/04/2018 AT ABOUT 9:40AM, WHILST TRAVELLING STRAIGHT ALONG NEWTON CIRCLE FLYOVER ON THE RIGHT LANE, THERE WAS SLOW MOVING TRAFFIC. OUT OF THE SUDDEN, VEHICLE B (SLJ8564S) CAME FROM THE REAR AND HIT INTO THE REAR PORTION OF MY VEHICLE A (S.JW277D).

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: SLJ8564S
 Vehicle Make/Model/Colour:
 Details Of Properties: VEHICLE B
 Vehicle Category: PRIVATE CAR
 Name of Driver: YEOH GUAN HIN GILBERT
 NRIC/Passport Number:
 Contact Number: 96436843
 Address:
 Postcode:
 Insurance Company Name:
 Nature Of Damage:

26/04 2018 THU 5:55 FAX

003/005

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. All information provided must be true and accurate as possible. Any willful misrepresentation or withholding of material facts may affect the insurer's obligations to expediate policy liability.
4. The usual provisions of this Form by insurance companies entail an admission of policy liability on the part of the insurance consumer.
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 completion of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the reporting made available elsewhere.
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 posted 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, resolving 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) receiving 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 based 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RAI Insurance Services

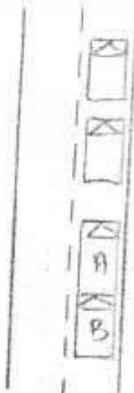
PREMIUM CODE

Sketch Plan #2 Pg. 1

SKETCH PLAN

Vehicle A: SJW 277D

B: SLJ 38564S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/4/2018 at about 9.40am, whilst travelling straight along Newton Circle Flyover on the right lane, there was slow moving traffic out of sudden, vehicle B (SLJ 38564S) came from the rear and hit into the rear portion of my vehicle A (SJW 277D).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

 25/04/18
 12:25
 Driver's Signature
 (If driver is not the policy holder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name:
 NRIC/ID No.: