Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/05/2018 18:33

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 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.

ACCIDENT STATEMENT	
Date Of Report	11/05/2018 18:17
Date Of Accident	07/05/2018 09:20
Exact Location Of Accident	MOE AT NORTH BUONA VISTA DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG8584T
Insured/Policyholder	
Name Of Registered Owner	BUSINESS INTEGRATOR PTE LTD
Co Reg No	200208258R
Email Address	MUHAMMADBUANG7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98395009
Alternative Phone No	OFFICE-98395009
Vehicle Particulars	
Manufacturer	MAXUS
Model	G10-1.9 (A)
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	100514
Driver	
Name of Driver	MOHAMMAD BIN BUANG
NRIC No	S8104823A
Date Of Birth	19/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98395009
Fax Number	
Contact Number	OTHERS-98395009
EMail Address	MUHAMMADBUANG7@GMAIL.COM

Address	BLK 501 BEDOK NORTH STREET 3 #05-18
Postcode	460501
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , **POSTCODE:** 140111 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4749999 - **FAX NO**: 64715297
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180511/2089

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	YN778U
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDULLAH BIN ANUAR
NRIC/Passport Number	S8807220J
Contact Number	98994314
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 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. 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 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 :

   (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

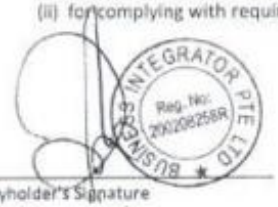
   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and 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.



X

Policyholder's Signature
Date & Time: 11/05/18 1220

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/05/18

11/05/2018

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

Accident Sketch Plan

SKETCH PLAN

UNKNOWN TIME VAN
WAS PARK INSURED
NOT AT THE SCENE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT
T/2008054H/2089

DECLARATION

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

Policyholder's Signature
Date & Time: 11/05/18 17:50

BUSINESS INTEGRATOR PTE LTD
Reg. No: 200206258R

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/05/18

11/05/2018

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

POLICE REPORT

SINGAPORE POLICE FORCE

T/20180511/2089

Report No. T/20180511/2089

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/05/2018 16:13		10

Informant's Particulars

Name of Informant:			Address:	
MOHAMMAD BIN BUANG			APT BLK 501 BEDOK NORTH STREET 3 #05-18 SINGAPORE 460501	
ID Type / ID No.:			Contact No.:	
NRIC NO / S8104823A			Home/Office:	Mobile: 98395009
Nationality:			Email:	
SINGAPORE CITIZEN				
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	37	19/02/1981	Driver	
Race:			Language:	Institution / School Name:
Malay			English	
Occupation:			Driving Licence Information:	
Van driver			Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2018 09:25	Type of Location: Loading/Unloading Bay

Location:
Along Road 1
NORTH BUONA VISTA DRIVE

Ministry Of Education

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8584T	Van	MAXUS	G10	Grey	Slightly Damaged	0
YN778U	Lorry	ISUZU		White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20180511/2089

Report No. T/20180511/2089

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Driver					
Name	MOHAMMAD BIN BUANG			ID No.	S8104823A
Related Vehicle	GBG8584T (Van)			Contact No.	98395009
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	

Driver					
Name	ABDULLAH BIN ANUAR			ID No.	S8807220J
Related Vehicle	YN778U (Lorry)			Contact No.	98994314
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	

Brief Details.

On 07/05/2018 at about 0900hrs, I parked my vehicle at the loading/unloading bay of MOE at North Buona Vista. The vehicle is a van bearing the number plate GBG8584T and it belongs to my company Business Integrated. After parking my van, I went up to my office.

At about 0925hrs, I went down to my vehicle and spotted a security officer talking to a man. The security officer informed me that the man he was talking to had drove his lorry into my parked van. Upon questioning by security officer, the man refused to admit any wrongdoings. Security officer told him that the area was covered by CCTVs. After being told of the cameras, the man admitted to the security to hitting my van.

I inspected my van and found scratch marks and a dent at the front left area above the front tyres. I called my boss to inform him about the accident. The man informed that he wished to settle the matter privately. I gave him the phone so that he can talk to my boss. My boss agreed with the suggestion and we exchanged particulars. He provided his driving license. We then went our separate ways.

I called the driver the next day, 08/05/2018. He told me he will source for a workshop which can repair my van during the weekend. I waited for his call on 9th and 10th of May but did not received any. I called him twice on 11th May. The phone rang but no one answered. I do not want to wait for him any longer so I decided to make a Police report. I did not managed to take down the name of the security officer. I am not sure if the lorry had any damages.

SINGAPORE
POLICE FORCE

T/20180511/2089

Report No. T/20180511/2089

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20180511/2089

Report No. T/20180511/2089

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

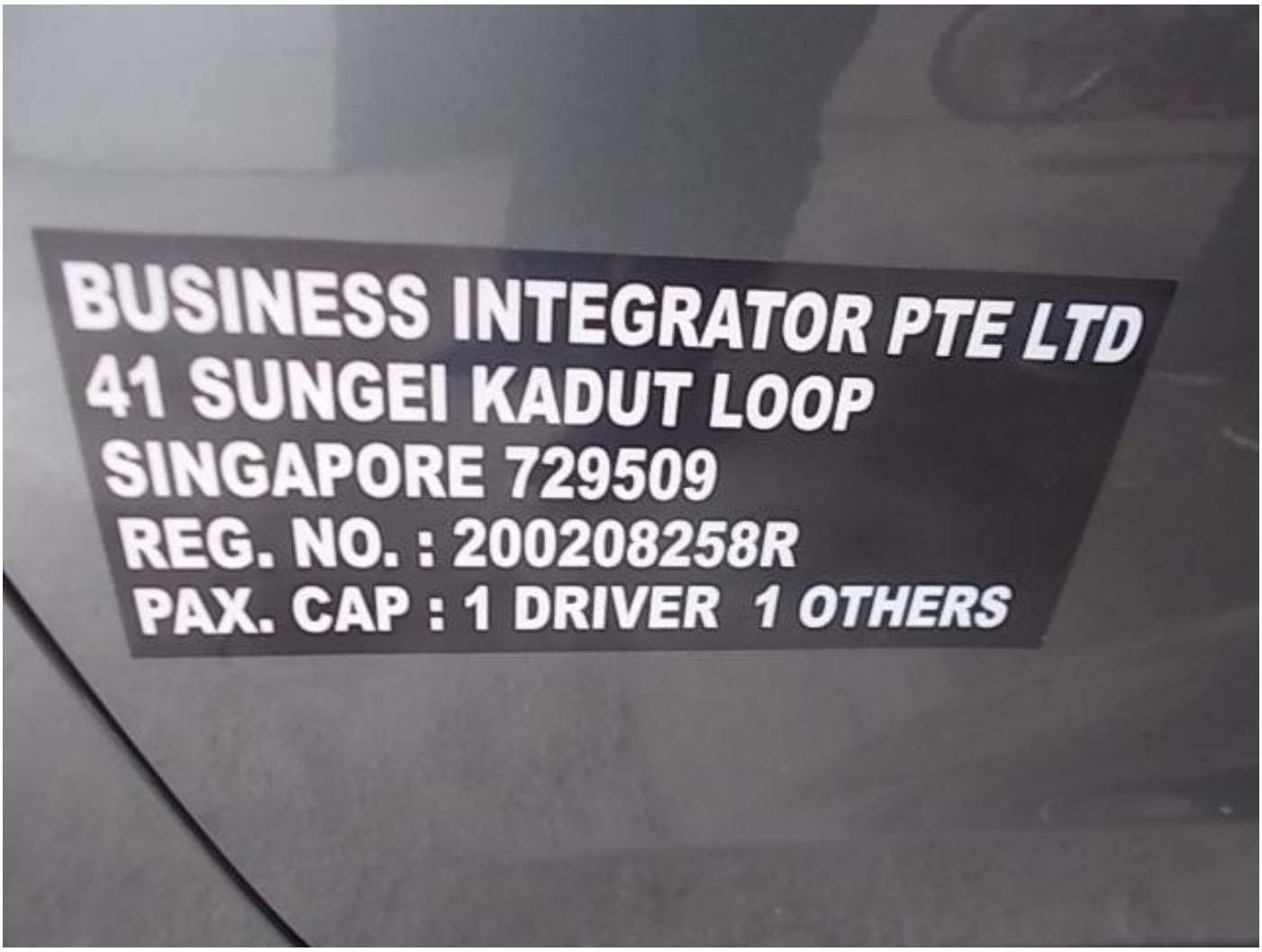
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 3 MUHAMMAD FAUZY BIN HUSAIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2018 16:13
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo