

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 Report	20/12/2018 14:50
Date Of Accident	18/12/2018 19:55
Exact Location Of Accident	YISHUN AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9708H
Insured/Policyholder	
Name Of Registered Owner	KINGSVILLE PACIFIC (SINCE 1978) PRIVATE LIMITED
Co Reg No	199801588K
Email Address	IRIS@KINGSVILLE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64824791

Vehicle Particulars

Manufacturer	KIA
Model	K2500 6M/T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5090612548-01
Cover Note Number	

Driver

Name of Driver	ISLAM MOHAMMAD AZHAHARUL
Work Permit No	G2238705M
Date Of Birth	10/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85868567
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	51 WOODLANDS INDUSTRIAL PARK E2
Postcode	757472
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 (including own vehicle) 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)	3
Passenger 1	NAME: : KHIN MAUNG SOE GENDER: : MALE
Passenger 2	NAME: : JALAL GENDER: : MALE

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

I (GBE9708H) STOPPED BEHIND THE TRAFFIC LIGHT (RED LIGHT) BEHIND TWO CAR, AS THE LIGHT TURN GREEN AND START TO MOVE OFF, VEHICLE B (GBH1800K) DID NOT STOP IN TIME AND HIT THE REAR OF MY VEHICLE (GBE9708H).

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	GBH1800K
Vehicle Make/Model/Colour	NISSAN / GREY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 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.



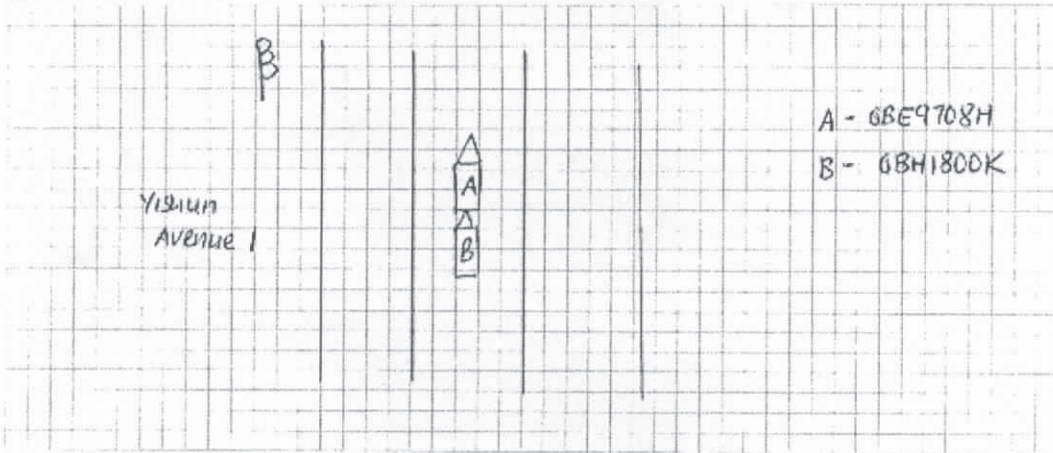
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/12/18

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, 6BE9708H, stopped behind the traffic light (red light) behind two cars. As the light turn green and start to move off, veh B, 6BH1800K did not stop in time and hit the rear of my vehicle, 6BE9708H.

DECLARATION

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

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/12/18

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
KINGSVILLE PACIFIC (SINCE 1978) PRIVATE LIMITED

Name:
ISLAM MOHAMMAD AZHAHARUL

Work Permit No:
O 63999377

Sector:
CONSTRUCTION

0 63999377

K0008711

REPUBLIC OF SINGAPORE DRIVING LICENCE

Motorist Number: G2238705M

Name:
ISLAM MOHAMMAD AZHAHARUL

Birth Date: 10 Jun 1993

Issue Date: 27 Dec 2016

Valid Till: 26/12/2021

002642228H

VISIT PASS
Immigration Regulations

Name:
ISLAM MOHAMMAD AZHAHARUL

FIN:
G2238705M

Date of Birth: 10-06-1993

Sex: M

Nationality:
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: 27 Dec 2016

Class 3: Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

NP 428A

Licence No: G2238705M

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5090612548-01
The Policyholder	: KINGSVILLE PACIFIC (SINCE 1978) PRIVATE LIMITED BLK 5027 #01-125/127 ANG MO KIO IND PARK 2 SINGAPORE 569530

Period of Insurance	: 06 May 2018 To 05 May 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$2,005.95

Interest Insured

Cover Type	: Comprehensive		
Make/Model	: KIA/K2500		
Capacity	: 1.52 ton(s)	Number of Seater	: 2
Registration Number	: GBE9708H	Registration Date	: 06 May 2016
Chassis Number	: KNCSJX76LG7025662	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 10%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Hire Purchase Company	: UNITED OVERSEAS BANK LIMITED		

Memo A : N/A

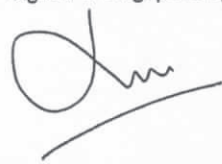
Endorsement Operative : N/A

Agency	: GOLDEN PRIME INSURANCE AGENCY (00000613808)
Date of Issue	: 18 Apr 2018 14:40 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive