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 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.

- 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.
 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.

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	ACCIDENT STATEMENT
Date Of Report	19/03/2019 10:46
Date Of Accident	18/03/2019 16:35
Exact Location Of Accident	PIE TWDS TUAS AFTER EXIT 19
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN5931K
Insured/Policyholder	
Name Of Registered Owner	JAI CONSTRUCTION PTE. LTD.
Co Reg No	201209249R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65283484
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

Fleet Policy NO

Policy Number 5068915547-04

Cover Note Number

Driver

HOSSAIN JUBAYER Name of Driver

NRIC No G2097233K Date Of Birth 10/02/1989 OUTDOOR Occupation Date Of Driving Pass 17/02/2015

4 YEARS AND 1 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-94344016 Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL Address

25 KAKI BUKIT RD 4 #03-78

Postcode

417800

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAMF:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

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 WAS TRAVELLING ALONG PIE TWDS TUAS AFTER EXIT 19 ON THE EXTREME LEFT LANE, VEH B (BEARING NO GZ4779R) WAS INFRONT OF ME, I WAS KEEP A SAFE DISTANCE WITH VEH B. ALL OF A SUDDEN, VEH B SUDDENLY JAMMED BRAKE AND STOP WITHOUT ANY REASON, I MANAGE TO STOP BUT DUE TO DOWN SLOPE AND MY LORRY WAS CARRY GOODS, CAUSING MY LORRY SKIDDED AND HIT ONTO VEH B REAR PORTION, AFTER THE INCIDENT, I FOUND THE VEH B WAS A NEW DRIVER WITH THE NEW DRIVER SIGN BEHIND HIS VEH.

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 GZ4779R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver WANG TUO NRIC/Passport Number G3146815P

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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
 - (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)

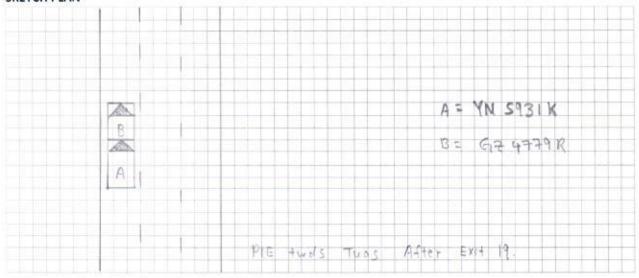
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

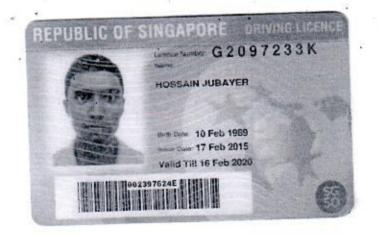
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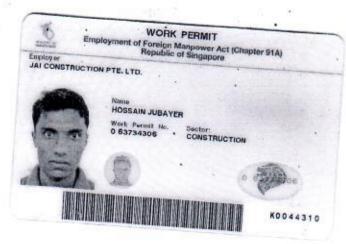
DECLARATION

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: Reporting Centre Personnel's Signature

NRIC/FIN No.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Feb 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A

VISIT PASS 19-11-2017 Immigration Regulations HOSSAIN JUBAYER G2097233K Date of Beth 10-02-1989 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.

Continue

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 18/03/2019 10:45 Vehicle No.(For Motor) YN5931K Certificate Number Search Certificate Number Policyholder NRIC Policyholder Vehicle Insured Commence Select Policy No. Product Cover Type Expiry Date Name No. Object Date JAI CONSTRUCTION 201209249R PTE, LTD. 5068915547-GCV Comprehensive YN5931K YN5931K 28/02/2019 27/02/2020

Claim Handling					
Accident MT/1036650	*				
Policy No.	5068915547-04	Vehicle No.	YN5931K	GST Registration No.	
Certificate No.				15002019-520100500000	
Policyholder Name	JAI CONSTRUCTION PTE, LTD.			Policyholder NRIC	2012
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	65283484	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	∞ No ∴ Yes	TCA	No (Yes	eCode Reason	70
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	20/03/2019 09:45	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	18/03/2019	Time of Accident hh:mm	16:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	145
Accident Location	PIE TWDS TUAS AFTER EXIT 19				
♥ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100,
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	00.0	Outside Singapore TP Excess			
▽ Benefits	2000				
→ GST Registered Informa	tion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
Policyholder Mailing Add	Iress				
Address 1	25 KAKI BUKIT ROAD 4	Address 2		b Seevan v.	Govern
Address 4	12 SART DOKET NOW W	Address Type	#03-78 SYNERGY @ KB	Address 3	SING
Unit No.		Related Policy Number	Singapore address 5068915547-04	Post Code	4178
OI Driver Info		The state of the s	3088913347-04		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HOSSAIN JUBAYER	Driver NRIC	G2097233K	Driver DOB	00000
Register Date of Driver License	17/02/2015	Driver Age	30		10/0
Contact No.(Mobile)	94344016	Contact No.(Office)	30	Driving Experience	4
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#03-78 SYNERGY @ KB	Contact No.(Home)	ALC: DIE
Address 4		Address Type	Singapore address	Address 3	SING
Unit No.	03-78	The same of the sa	arryapore address	Post Code	4178
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			
Registered carr		STATE TOTAL NO.		Driver Insurer Company	
Peclaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	U Yes ⋅ No		
And Bankins Allekawa					
Nodification History					
Claim 001 New					
- 10					
Claim Type *			OD-MX	▼ Insured Name PAI CONSTRUCTIO	N PTE. LTD.
ontact No.(Mobile)				Contact	
				No. (Home)	
mail Address				OI Vehicle VN5931K	
			\ <u></u>	Number YNS931K	
Daim Description			YN5931K	/ GZ4779R ON 18 Mar 2019	
referred	Insured Liability Bully at		190-1000 Ma		
Vorkshop 0 000WH No. Yes	Preference Preferred Workshop	CIA	- 10 - 10 C		
inalisation res ate Registered	Option Preferred Workshop	, Name unknown report Received		Claim	
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Claim No.

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MT/1036650

♥ Video List

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Folder Date

Photos 2019-3-20

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