SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 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

| aforesaid. | | |
|--|-----------------------------------|--|
| | ACCIDENT STATEMENT | |
| Date Of Report | 18/03/2019 12:12 | |
| Date Of Accident | 15/03/2019 15:30 | |
| Exact Location Of Accident | ALONG GREENWOOD AVE | |
| Country/State of Loss | SINGAPORE | |
| D | ETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBA1098H | |
| Insured/Policyholder | | |
| Name Of Registered Owner | B2K PET PRODUCTS PTE LTD | |
| Co Reg No | 200823032M | |
| Email Address | B2KPETPRODUCTS@GMAIL.COM | |
| Mobile Phone No | | |
| Alternative Phone No | OFFICE-64553696 | |
| Vehicle Particulars | | |
| Manufacturer | ТОУОТА | |
| Model | DYNA 150-3.0 D (M) | |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE | |
| 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 | QBE INSURANCE (SINGAPORE) PTE LTD | |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT | |
| Fleet Policy | NO | |
| Policy Number | 8-V0006021-MVA-R006 | |
| Cover Note Number | 27/02/19 - 26/02/20 | |
| Driver | | |
| Name of Driver | NOR AZMI BIN SALAMAT | |
| NRIC No | G7459421U | |
| Date Of Birth | 28/07/1983 | |
| Occupation | OUTDOOR | |
| Date Of Driving Pass | 24/08/2009 | |
| Driving Experience | 9 YEARS AND 6 MONTHS | |
| Gender | MALE | |
| Mobile Number | (LOCAL) +65-82902388 | |
| Fax Number | | |
| Contact Number | | |

NOEMAIL

Address C/O B2K PET PRODUCTS PTE LTD

Postcode

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 Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

2

NO

1

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

Was any body injured in the Accident? NO

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)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name THOMSON NPP 25 SIN MING ROAD

Police Station Address ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO NOTICE OF REPORTING ATTACHED.

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 SH8451L

Vehicle Make/Model/Colour BLUE COMFORT

Details Of Properties

Vehicle Category TAXI

Name of Driver PETER LIM CHEN QUAN

NRIC/Passport Number S1780144I Contact Number 91718330

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: GBA 1098H

INSURER : Q

DATE & TIME: (5/3/19 @ 1530

IMPORTANT NOTICE

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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:
 - 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 Signaturavin a singar

DZIK

809 Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

| SKETCH PLAN | | | |
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| 4 | A B | | HP-91718330 |
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| | | | Frame for you to submit an Own Damage Claim |
| under your DECLARATION | own compreh | ensive policy. Please check | with your policy for more information. |
| | one particulars | are true in every respect. | //- |
| 1 D)/ | 5 | / / | 12 18/3/19 |
| 13 | FOR USE | n- | 10/11 |
| officyholder's Signature | 1696 Fax: 64554512 | Driver's Signature | Reporting Centre Personnel's Signature |
| Date & Time, Washing | erwy.bZk.com.sq | (If driver is not the policyholder) Date & Time: | Name: NRIC/FIN No.: (YS) |
| STARIMC SketchPlanForm_ | ③ ()Claim O | | |

Annex

NOTICE OF REPORTING

This is to confirm that Nor Azmi Bin Salamat H/P: 82902388, NRIC/FIN: G7459421U has reported to the Police a non-injury traffic accident which occurred along Greenwood ave, on 15/03/2019 at 1530hrs involving the following vehicles:

- A) GBA1098H Complainant's vehicle
- B) SH8451L (91718330) Other party vehicle

On the 15/03/2019 at 1530hrs, my vehicle (GBA1098H) was parked along Greenwood ave. The weather was clear and traffic was light. As I was opening the vehicle door and exiting from my vehicle, I heard a knock sound and witness one taxi (SH8451L) approaching from the rear of the vehicle's right side. I noticed that the taxi left mirror was damaged. The damages to the Taxi is the left mirror broke. There were no damages to my vehicle. There is an in-car camera installed in my vehicle. No injuries to any party and no government property damaged. I am lodging report for insurance claim.

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT CASSIDY TAN

Date: 15/03/2019 Time: 1652hrs S/D Ref: eSD 61

Police Post/Unit: THOMSON NPP

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

THOMSON NPP BLK 25 SIN MING ROAD #01-80 SINGAPORE 570025

TEL: 1800-4529999

WP & DL



WORK PERMIT

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

B2K PET PRODUCTS PTE. LTD.



NOR AZMI BIN SALAMAT

Work Present file. 4 01448152 SERVICE





K0216567



VISIT PASS

Immigration Regulations

28-03-20%

Non AZMI BIN SALAMAT



FIN G7459421U

Oate of Birth 28-07-1983

Nationality MALAYSIAN Download SGWorkPass



YOU ARE TO SURREMORN THIS CARD WHEN IT IS CANCELLED OR HAS EXPRIED. OR WHEN A NEW CARD IS ISSUED TO YOU.



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Licence No: G7459421U









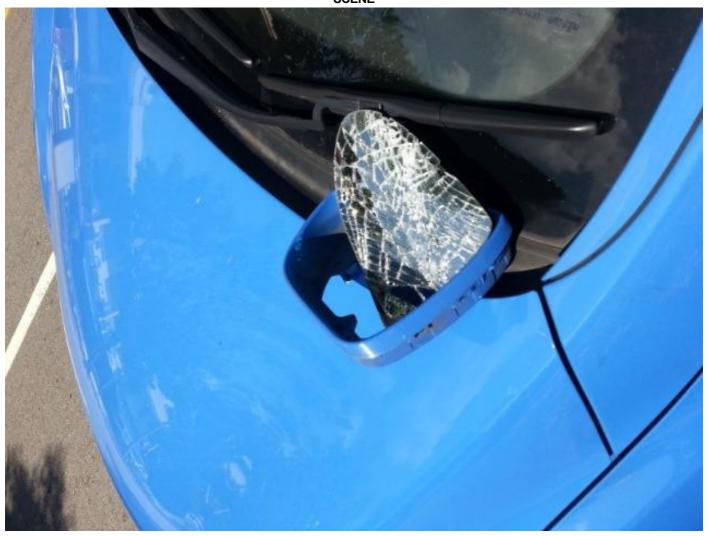




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