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Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No: VP6	19872	INC(1 40.	
Owner / Driver: (. 11101	Tel:		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.

200 000 000 000 000 000 000 000 000 000	ACCIDENT STATEMENT
Date Of Report	02/04/2019 10:19
Date Of Accident	01/04/2019 11:55
Exact Location Of Accident	PIE (CHANGI) TWDS KJE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH5826K
Insured/Policyholder	
Name Of Registered Owner	INDIAN MUSLIM BAKERY & CONFECTIONERY PTE LTD
Co Reg No	199701193G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63454271
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PROACE 1.6 COMPACT COMFORT MANUAL
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	5102593925
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ALI BIN BUJANG
NRIC No	S0045346C
Date Of Birth	19/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91297104
Fax Number	

OFFICE-91297104

NOEMAIL

Address BLK 248 PASIR RIS STREET 21

#09-157

Postcode 510248

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

9

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

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 STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS I WANTED TO FILTER TO LANE 2, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT. WHILE FILTERING ONTO LANE 2 AND HIT ONTO VEHICLE B FRONT RIGHT PORTION.

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

YP6981Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

INDIAN MUSLIM BAKERY & CONFECTIONERY PTE LTD

124 Onan Road Singapore 424536 Tel: 6345 4271 Fax: 6344 0074

Policyholder's Signature

Date & Time:

Driver's Signature

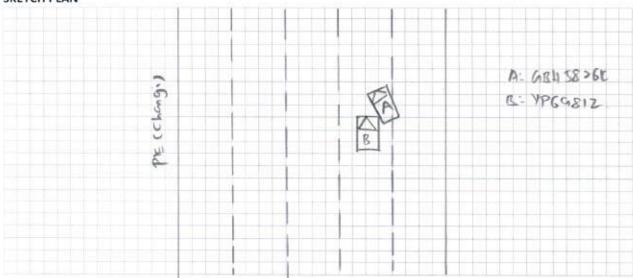
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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THE PRESENCE OF THE LTD

124 Onan Road Singapore 424536

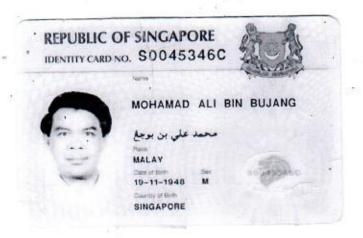
Tel 6345 4271 Fax 6344 0074

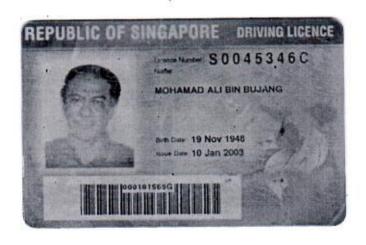
Policyholder's Signature Date & Time:

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

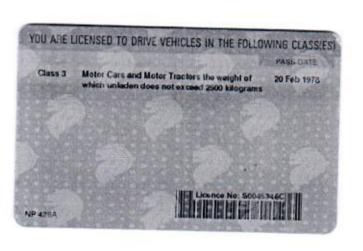
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:









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300601			• Change L	anguage	• Change	Password	• Log Ou
Policy Query							
Policy No.		-	Pate of Accident	01/	04/2019 11	55	
Vehicle No.(For Motor)	GBH5826K		Certificate Number				
		Sear	ch				
		Policyholder Proc	duct Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 5102593925	INDIAN MUSLIM BAKERY & CONFECTIONERY PTE LTD	199701193G GC	CV Comprehensive	GBH5826K			23/07/2019
	Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name INDIAN MUSLIM BAKERY & BAKERY & CONFECTIONERY	Policy Query Policy No. Vehicle No.(For Motor) GBH5826K Sear Select Policy No. Certificate Number Number Name NRIC INDIAN MUSLIM BAKERY & CONFECTIONERY 199701193G GOVERNMENT 199701193G GOVERNMENT REAL POLICY NO. Sear Sear	Policy Query Policy No. Date of Accident Certificate Number Search Select Policy No. Certificate Number Name Policyholder NRIC Name NRIC INDIAN MUSLIM BAKERY & 199701193G GCV Comprehensive	Policy Query Policy No. Date of Accident O1/2 Vehicle No.(For Motor) GBH5826K Certificate Number Search Select Policy No. Certificate Number Name Name NRIC No. S102593925 COMPECTIONERY 199701193G GCV Comprehensive GBH5826K	Policy Query Policy No. Date of Accident 01/04/2019 11 Vehicle No.(For Motor) GBH5826K Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object INDIAN MUSLIM BAKERY 8. 199701193G GCV Comprehensive GBH5826K GBH5826K	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Number Name NRIC NRIC Policyholder NRIC NRIC Select Policy No. Select Policy No. Select Policy No. Certificate Number No. Object Date No. Select Policyholder No. Object Date No. Object Date No. Object Date No. Object Date No. No. Object Date No. No. Object Date No. Object

Policy Information Policyholder INDIAN MUSLIM BAKERY & CON Policyholder Policy No. 5102593925 199701193G Name Certificate No. Address 124 ONAN ROAD SINGAPORE 424536 Product Group COMMERCIAL VEHICLE INSURAL Plan Name Policy Flag Policy Effective issue 23/07/2018 24/07/2018 00:00 Expiry Date 23/07/2019 23:59 Date Date Excess All Claims Type Excess Third Own Windscreen 0 Party damage Excess Excess Excess Additional os 0 Excess Premium Outside Outside Singapore Singapore Young/Inexperience Driver Excess OD TP Excess Excess Agent VENTURE CARS PTE. LTD. Agent Tel. **GST Flag** Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 124 ONAN ROAD Address 2 SINGAPORE 424536 Address 3 Address 4 Address Type Singapore address Post Code 424536 Related Policy Unit No. 5102593925 Number **▶ Insured Object: GBH5826K ▽** Endorsements Sequence Date of Endorsement Endorsement Type **Endorsement Status Endorsement Content** Thank you for giving us the opportunity to serve you. We confirm that from 24 Jul 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED Basic Information 24/07/2018 00:00 **Endorsement Take Effective** Endorsement CHASSIS NUMBER: YARVBBHXHGZ068369 ENGINE NUMBER: BH010014632 VEHICLE REGISTRATION NUMBER: GBH5826K ORIGINAL REGISTRATION DATE: 24 Jul 2018 Continue Cancel

Accident MT/1038556					
folicy Na.	5102593925	Vehicle No.	G8H5826K	GST Registration No.	
ortificate No.					
olicyholder Name	INDIAN MUSLIM BAKERY & CONFECTIONS	RY PTE LTD		Policyhalder NR3C	199701193G
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	0	Contact No. (Office)	63454271	Contact No. (Home)	0
nal Address	0.0	Special Remark		eCode	hr. 🗸
CD Protection	® No ○ Yes	TCA	® No. ○ Yes	eCode Reason	
	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	02/04/2019 19:37	Adddent Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ite of Accident	01/04/2019	Time of Accident th:mm	11:55	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	PIE (OHANGI) TWOS KJE				
Excess					
n demage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
nd Party Excess	0.00	Outside Singapore TP Excess			
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Registered					
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Policyholder Malling Ad	dress				
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dress 4		Address Type	Singapore address	Post Code	424536
it No.		Related Policy Number	5102593925		424230
OI Driver Info		2000			
etr Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOHAMAD ALI BIN BUJANG	Driver NRIC	50045346C	Driver DOB	19/11/1948
pister Date of Driver License	20/02/1978	Driver Age	70	Driving Experience	41
stact No.(Mobile)	91297104	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 248	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE S10248
fress 4		Address Type	Singapore address	Post Code	510248
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al Address	CONTACTS # IND JANMUSLIMBA	OI Vehicle Number	GBH5826K	Contact No. (Office)	63454271
mant Type Claimant Type *	Please Select	Type of Senett *	Please Select	TP Vehicle Number	YP6961Z
mant Name *	22	Claimant NRIC +			
mant Address		STATE OF STA			
m Description	GBH5826K / YP6981Z ON 1 Apr 2019				
erred Workshop Contact		Insured Liability *	Fully at Fault V	Name of Preferred Workshop	
uire Finalisation	Yes 🔍	Preference Repair Option		N. marketine	
Registered	02/04/2019 19:39		Preferred Workshop, Name unknown	GIA report	Received
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	Jackson				
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dent No.	MT/1038556	Claim No.	001		
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