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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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.

- 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 erchiving and that copies of this report will, for a fee, be made available upon application by interested parties
- 7. By the ledgement 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.

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29/04/2019 11:08 Date Of Report 26/04/2019 11:45

Date Of Accident ORCHARD GATEWAY MULTI STOREY CARPARK Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

GBG4136E Vehicle Registration Number

Insured/Policyholder

SARIKA GOURMET COFFEE CO. (S) PTE LTD Name Of Registered Owner

197903346N Co Reg No

ADMIN-SUPPORT@SUZUKICOFFE.COM.SG Email Address

(LOCAL) +65-96736194 Mobile Phone No. OFFICE-62663933 Alternative Phone No.

Vehicle Particulars

NISSAN Manufacturer NV350 Model

Exact Purpose for which vehicle was being used at WORKING PURPOSES

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5102685508 Policy Number

Cover Note Number

Driver

WONG WING FOOK Name of Driver

S1083505D NRIC No 12/01/1949 Date Of Birth OUTDOOR Occupation 09/07/1979 Date Of Driving Pass

39 YEARS AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96736194 Mobile Number

Fax Number

OFFICE-62663933 Contact Number

ADMIN-SUPPORT@SUZUKICOFFE.COM.SG EMail Address

BLK 949 JURONG WEST STREET 91 Address

#04-707

640949 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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

COLLEGUE GENDER: MALE

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SKA4522Z

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

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:
 - 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

26/4/19

(ii) for complying with requirements under any regulations, laws or court orders.

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Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/EIN No .

Policyholder's Signature Date & Time:

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hit	ing rear as turning to right and reverse.	
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DECLARATION

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

Policyholder's Signature VXIST

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

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

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MAC_BURIT_MERAH_BODGTG(MATIONAL ASSESSMENT CENTRE BERVICE S (BURIT MERAH)) uw 29 Aur 2019 15-27

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Universed By/Date

* Video List

ACCIDENT STATEMENT

ACCIDENT DATE: 26 4 19 (DD/MM/YYYY), TIME: (11 45)(HH:MM)
LOCATION: Orchard gate Wulti Story car-parts
1. DETAILS OF VEHICLE 5th Floor GIVEHICLE NUMBER: GBG 4136 E b) INSURANCE COMPANY: NTUC
CIPOLICY NUMBER: 5102 685508
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
()TYPE: (SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
DINRIC/FIN/PASSPORT: 197903546 N CONTACT: 62663933
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
THO OF DECOM 3. DRIVER
(Including driver) CINAME: MALEY FEMALE)
(_) CIADDRESS: During Wast #04-707 Stql. 5640949
e)OCCUPATION: (INDOOR OUTDOOR)
1) DATE OF DRIVING PASS 9/7/1979 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION; (CLEAR RAINING) OTHERS
6. WAS ANYBODY INJURED (YES NO)
7. a)REPORTED TO POLICE (YES (NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
the of passenger of VEHICLE NUMBER SICH 4522 Z HODEL Hands
induding driver) DI DRIVER'S NAME:
() C) NRIC/FIN/PASSPORT:CONTACT:
No of passenger at Vehicle NUMBER:MODEL:
Induction deliver 9 DRIVER'S NAME:
Induding driver) () DRIVER'S NAME:

email = admin-supporte suzuki coffrecom. sq VIDBO









Continue

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 26/04/2019 14:14 Vehicle No.(For Motor) GBG4136E Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Insured Object Commence Date Expiry Vehicle No. Select Policy Na. Product Cover Type SARIKA GOURMET COFFEE CO. (S) PTE LTD 5102685508 Comprehensive GBG4136E GBG4136E 197903346N 31/07/2018 GFT