

## 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	13/05/2019 14:10
Date Of Accident	12/05/2019 15:00
Exact Location Of Accident	BUKIT BATOK CENTRAL BESIDE BLK 641
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX9699R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZIRCOM NETWORKS PTE LTD
Co Reg No	200105784K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65659910

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE-2.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5077129915-03
Cover Note Number	

### Driver

Name of Driver	CHUA KOK LIANG
NRIC No	S7531691G
Date Of Birth	24/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82888259
Fax Number	
Contact Number	
Email Address	MARTIN@ZIRCOM.COM.SG

Address BLK 211 BUKIT BATOK STREET 211  
 Postcode 650211  
 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 SIDE SWIPE  
 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? YES  
 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) 1

### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

I WAS TRAVELLING ALONG BT BATOK CENTRAL TURNING LEFT. SUDDENLY, A MOTORCYCLE (FBN7858Z) SQUEEZED THROUGH THE GAP ON MY LEFT, COLLIDED TO MY VEHICLE CAUSING DAMAGE TO MY FRONT LEFT PORTION.

### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBN7858Z  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category MOTORCYCLE  
 Name of Driver MUHAMMAD HISYAM BIN MOHAMED OSMAN  
 NRIC/Passport Number S9538479Z  
 Contact Number 98950700  
 Address  
 Postcode  
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

MUHAMMAD HISYAM BIN MOHAMED OSMAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBN7858Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

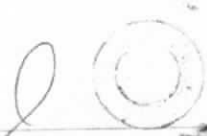
SKETCH PLAN


IMPORTANT NOTICE

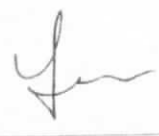
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

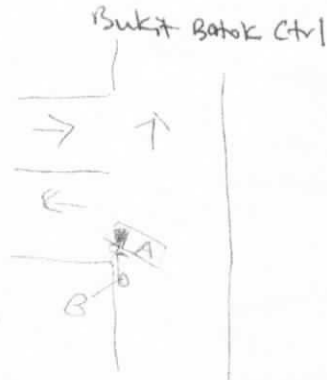
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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: 13/5/2019  
 12:15pm

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

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

SKETCH PLAN




A: GX 9699R  
B: FBN 7858Z


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bt Batok Central turning left,  
Suddenly, a Motorcycle (FBN 7858Z) squeezed through left  
gap on my left, collided to my vehicle causing damage  
to my front left portion.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 13/5/2019  
12-15pm

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

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

CONFIDENTIAL

Annex B

## NOTICE OF REPORTING

This is to confirm that Chua Kok Liang NRIC/FIN S7531691G,  
has reported to the Police a non-injury traffic accident which occurred along  
Bukit Batok Central next Blk 641 Bukit Batok Central on 12/05/2019 at 1500hrs  
involving the following vehicles:

- 1) GX9699R driven by Chua Kok Liang NRIC/FIN S7531691G HP: 97657989
- 2) FBN75858Z driven by Muhammad Hisyam Bin Mohamed Osman NRIC/FIN S9538479Z HP: 98950700

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: SS Sun Sijia

Date: 12/05/2019

Time: 1622hrs

S/D Ref: 78

Police Post/Unit: Bukit Batok NPC

BUKIT BATOK NPC  
40/21 BUKIT BATOK EAST AVE #  
SINGAPORE 789849  
TEL: 66650000

12/5/2019

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

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