

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	20/07/2019 12:56
Date Of Accident	19/07/2019 18:45
Exact Location Of Accident	JUNC SIMS AVE & LOR 23 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6684U
Insured/Policyholder	
Name Of Registered Owner	BLAZIKER SERVICES
Co Reg No	53327215K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098332725-01
Cover Note Number	

Driver

Name of Driver	CHIAM MONG HOCK
NRIC No	S1495691C
Date Of Birth	03/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94477575
Fax Number	
Contact Number	OFFICE-94477575
EEmail Address	NOEMAIL

Address	63 PUNGGOL CENTRAL #07-05
Postcode	828841
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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
Number of Passengers (Including Driver)	1

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. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX8356C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SZE HWEE
NRIC/Passport Number	S7728610A
Contact Number	96912158
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

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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.

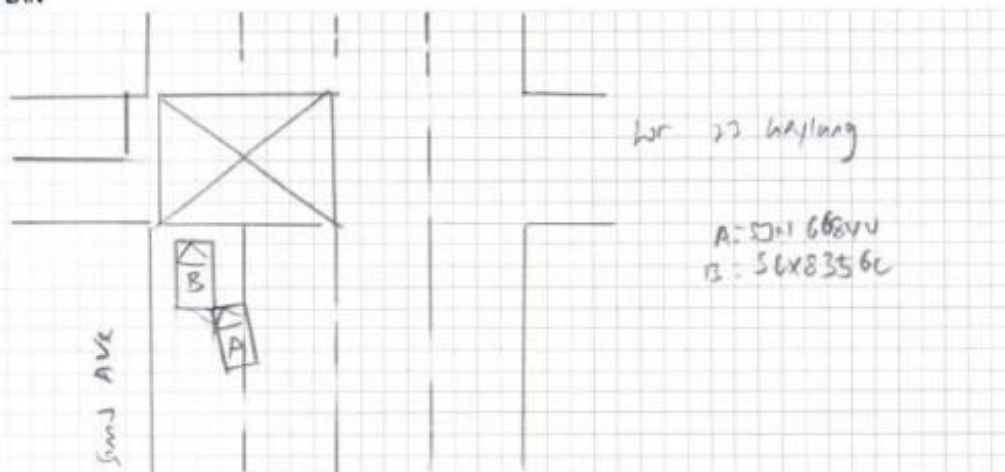
Policyholder's Signature
Date & Time:


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


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


Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to Histamine.



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

Name: _____

NRIC/FIN No.:



ACRA Website:
Online Filing - BizFile:
Address:

www.acra.gov.sg
www.bizfile.gov.sg
10 Anson Road #05-01/15
International Plaza
Singapore 079903

Our Ref : ACRA1002B
Date : 21 November 2018



620-1465

KOH NGIAK KEE
520 SIMS AVENUE
#03-08
SINGAPORE 387580

Dear Sir/Madam

YOUR BUSINESS NAME REGISTRATION IS DUE FOR RENEWAL

NAME OF BUSINESS : BLAZIKER SERVICES

REGISTRATION NO : 53327215K
EXPIRY DATE : 18/01/2019

The renewal fee for business name registration is \$30 per year. The registration can be renewed for 1 year (\$30) or 3 years (\$90).

2 You may choose to renew online via www.bizfile.gov.sg using your CorpPass account. For more information on CorpPass, you may refer to www.corppass.gov.sg or via your mobile device through our new ACRA on the Go app.

3 Please ignore this notice if you have already renewed your business name registration.

4 To ensure that you receive ACRA's updates, please inform us of your latest mobile phone number and email address. Please visit www.bizfile.gov.sg > **About BizFile** > **eService Guides** > **Select eService Type** > **Change in particulars** for a guide to update your contact information.

Registry Services Department
Accounting and Corporate Regulatory Authority
[This is computer-generated, hence it bears no signature.]

Action Needed:

Ways to Renew your Business Name Registration

- Online via www.bizfile.gov.sg
- Use ACRA on the Go app. Available in iOS or Android.

If you do not intend to carry on business
File a Notice of Cessation of Business

Enquiries - Ask ACRA:
ACRA Helpdesk:
Connect with us:

www.acra.gov.sg/askacra
(65) 6248 6028
[www.twitter.com/acra_sg](https://twitter.com/acra_sg)
www.facebook.com/sg.acra



[Entity Profile](#)[Associated Officers](#)[Lodgements](#)[Corporate Service Provider](#)[Group Of Companies](#)**Entity Information****UEN**

53327215K

Entity Type

BUSINESS (SOLE PROPRIETOR OR PARTNERSHIP)

Status Date

21/01/2019

Commencement Date

19/01/2016

Constitution Date

21/01/2016

Date Address last updated

14/09/2018

Entity Name

BLAZIKER SERVICES

Entity Status

Live

Registration/Incorporation Date

19/01/2016

Constitution Type

Partnership

Expiry Date

18/01/2020

Renewal Date

21/01/2019

Individual

Identification No.	Identification Type	Name	Position Held	Appointment Date	Withdrawal Date
S1373881E	NRIC (Citizen)	KOH NGIAK KEE	Owner	19/01/2016	
S1495691C	NRIC (Citizen)	CHIAM MONG HOCK	Owner	21/01/2016	
S1495691C	NRIC (Citizen)	CHIAM MONG HOCK	Authorised Representative	19/01/2016	21/01/2016

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

