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Owner / Driver: (- 011 00 1-0		Tcl:)		
Policy No: () Per	iod: ()	Cover Type: ()		
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Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 8	0-100%]	- Y	
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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 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.

	ACCIDENT STATEMENT
Date Of Report	06/09/2019 14:37
Date Of Accident	06/09/2019 07:30
Exact Location Of Accident	BEDOK NORTH RD JUNC WITH BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE
Alberta de la composição de la Composiçã	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4300H
Insured/Policyholder	
Name Of Registered Owner	ACTIVE VISUAL PTE LTD
Co Reg No	200402540H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97993940
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR85AUE4AA
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	THIRD PARTY
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	5076186185-03
Cover Note Number	
Driver	
Name of Driver	LIM BOO TECK
NRIC No	S1410846G
Date Of Birth	14/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97993940
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 221A BEDOK CENTRAL #05-64

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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 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

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER: : MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

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

REFER TO STATEMENT.

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

GBH6890S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

FELIX

NRIC/Passport Number

Contact Number

98777128

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

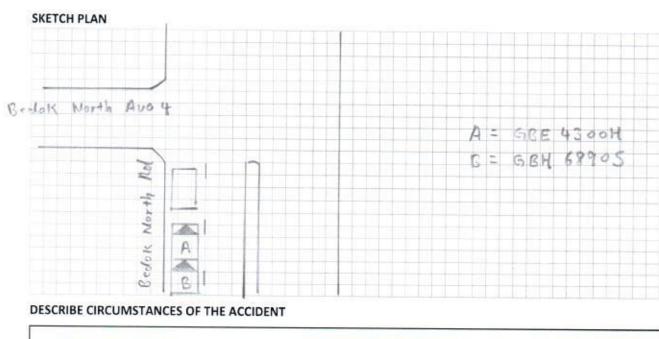
Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No :

Reporting Centre Personnel's Signature

GWRMC SketchManiForm_V3

1



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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 .:

ACCIDENT STATEMENT

LOCATION:_	Bedok north	1 Ave 4.	June w.	th Bedsic M
	ILS OF VEHICLE	. 4		4
a)VE	HICLE NUMBER:	GBG 4300 H.	2	12
	URANCE COMPANY: "	· lluc*		
	LICY NUMBER:	1140	-	
		CD (5 / 7) 1		
9144	LICY TYPE: (COMPREHEN KE & MODEL:	SIVE / THIRD PAR	TY / THÌRD PAR	TY FIRE &THEFT)
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OLVEL	SALOON / COUPE / ME	V / V AN / LORRY	/ MOTORCYC	LE, / OTHERS)
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i) A PE	POSE OF USING AT ACC	IDENT TIME:	Working	
IE NC	YOU CLAIMING UNDER Y	OUP OWN INSUR	ANCE (YES/NO	O)
2 INCUDE	PLEASE STATE (THIRD P	ARTY CLAIM / REI	PORTING ONLY)
	ED / POLICY HOLDER			
h Ner	ME: Active VISU	al pre Ltd	(MAL	E / FEMALE)
CIADO	C/FIN/PASSPORT:		_CONTACT:_	9749 3940
CIADO	RESS:			
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f passenga DRIVER	TINUE TO 3.d IF DRIVER A	1720 POLICA HOL	DER	155
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	VEINIPASSBOOT.	. CK		
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6. WAS AN 7. a) REPO IF YES, 8. THIRD PA (Nessanger a) VEH inc. driver) b) DRI	NYBODY INJURED (YES / I) RTED TO POLICE (YES / I) PLEASE STATE WHICH PO ARTY VEHICLE HICLE NUMBER: VER'S NAME: FEIN	NO) IO) DLICE STATION:_ BH 68905		18772120
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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 06/09/2019 13:14 Vehicle No.(For Motor) GBE4300H Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Select Policy No. Commence Date Insured Product Cover Type Expiry Date Object ACTIVE VISUAL PTE 200402540H LTD 5076186185-Comprehensive GBE4300H GBE4300H 11/12/2018 10/12/2019 GCV 03 Continue

Claim Handling Accident MT/1061293 GST Registration No. Policy No. 5076186185-03 Vehicle No. G8E4300H 200402540H Certificate No. ACTIVE VISUAL PTE LTD Policyholder NRIC 200402540H Product Code COMMERCIAL VEHICLE INSURA! Cover Type Comprehensive Loading 0 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 97993940 No * Email Address Special Remark eCode . No Yes * No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire W Accident Details Report Date 06/09/2019 15:17 Accident Report Within 24 hrs Accident Type Collision - Head to Rear 06/09/2019 07:30 Country of Accident ICM No. Reporting Centre Orange Force Accident Location BEDOK NORTH RD JUNC WITH BEDOK NORTH AVE 4 W Excess Windscreen Excess 100.00 Own damage Excess Additional Excess 600.00 Unnamed Driver Excess **Dutside Singapore OD Excess** Third Party Excess 0.00 Outside Singapore TP Excess Benefits GST Registered GST Registration Date 01/01/2010 GST Registration No. 200402540H **GST Status Verified** Modification History Policyholder Mailing Address #04-12 ENTERPRISE ONE Address 3 SINGAPORE 415934 Address 2 1 KAKI BUKIT ROAD 1 Address 1 Post Code 415934 Address 4 Address Type Singapore address Related Policy Number 5077042557-03 OI Driver Info Unnamed Driver Driver Type Unnamed Driver Driver NRIC 51410846G Driver DOB 14/09/1960 Unnamed driver Name LIM BOO TECK Driving Experience 41 Begister Date of Driver License 13/02/1978 Driver Age 58 Contact No.(Mobile) 97993940 Contact No.(Office) Contact No.(Home) SINGAPORE 461221 BEDOK CENTRAL Address 3 Address 1 BLK 221A #05-64 Address 2 Address Type Singapore address Post Code 461221 Unit No. 05:64 Does he own a Singapore Registered car? Driver Insurer Company Driver Vehicle No. Yes - No Declaration Breathalyser or Blood Test. Reading? Any injury? Yes + No 0 mg Modification History Claim 001 New Insured ACTIVE VISUAL PTE LTD OD-MX 200402540H Claim Type * Contact No. (Office) Contact Contact No.(Mobile) OI Vehicle GBE4300H Number Vehicle Number G8H68905 Email Address Name of Preferred Workshop GBE4300H / GBH6890S ON 6 Sept 2019 Workshop Bossies No. Ves Finalisation Preferred V Date 06/09/2019 00 Date Registered 06/09/2019 15:21 LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment MT/1061293 Claim No. Upload Date 06/09/2019 15:22 W Yes No. Last Doc. Received. Confidential Description Category * Urgency * Pach * • NO * Normal Choose File No file chosen Clear Please Select • ٠ Clear * NO Normal Choose File No file chosen Please Select * NO Normal Clear Please Select Choose File No file chosen . . * NO Clear Please Select Normal Choose File No file chosen * NO ▼ Normal ٠ Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select T NO * Normal .

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