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TP Particulars: Veh Nor SM 13	113 . INC(	Tel:	· )	
Owner / Driver: (		Cover Type: (		
Policy No: ( ) Period: (	Parisi	Timer	)	
Confirmed by : (	Dater,	The second second second	-100%]	
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2) QC Check / Post Repair Inspection	<del>( , )</del> <del>, , , , , , , , , , , , , , , , , , ,</del>		1	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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.

STREET, BURNEY, BURNEY	ACCIDENT STATEMENT
Date Of Report	08/10/2019 16:29
Date Of Accident	07/10/2019 08:30
Exact Location Of Accident	ALONG PIE (TUAS) AFTER WHITLEY ROAD EXIT
Country/State of Loss	SINGAPORE
A de la companya de l	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GV7319L
Insured/Policyholder	
Name Of Registered Owner	PRIMA SEAL WATERPROOFING PTE LTD
Co Reg No	201531909C
Email Address	ENQUIRY@PRIMASEAL.COM
Mobile Phone No	(LOCAL) +65-86121590
Alternative Phone No	OFFICE-86121590
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092501066-01
Cover Note Number	
Driver	
Name of Driver	DEBNATH BISHAWJIT
Passport No/FIN	G8382962T
Date Of Birth	28/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2018
Driving Experience	1 YEAR AND 8 MONTHS

MALE

(LOCAL) +65-86121590

ENQUIRY@PRIMASEAL.COM

OFFICE-86121590

Address

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

involved in the accident

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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?

NO

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

GBF403R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAN YEOK JIN

NRIC/Passport Number

S1656587C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SLP9803P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

ONG YUNZHENG

S8726155G

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SMP1391B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR CHEN LIQIAN

S8624840I

### 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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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:

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

Date & Time:

NRIC/FIN NO

AG173191

B) GBF 403R

B) SEP9803P

C) SEP9803P

Whiteey Road Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was	Havelling along PLE (Tuas) After whitley Road E	xit-
iere	was a chain collision which caused the motorbike to be	be pushed over
the	e lone I was travelling.	
heres	store, rehide (B) jammed brake and complete stop	. Howevery while
e (D)	) could not stop in time and allided.	-
I to	too was not able to step in time and hit in	to rehile (1).
ve e	exchanged particular thereofter.	
		1

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

Policyholder Paturo

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

Name:

VRIC/FIN No.:

Cold Motor

Accident HT/1065951						
Policy No.	5092501066-01	Strong				
Certificate No.	3035201000-01	Vehicle No.	GV7319L	GST Registration No.		
Policyholder Name	PRIMA SEAL WATERPROOFING PTE LTD					
Product Code				Policyholder NRJC	201531909C	
	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Loading	0	
Contact No.(Mobile)	N621159G	Contact No.(Office)		Contact No.(Home)	2	
Email Address		Special Remark		eCode	(C. V)	
KEK	= No Yes	TCA	« No Yes	eCode Reason	No Y	
NCD Protection	PAo	NCD Entitlement(%)	10	Private Hire		
Accident Details				Private nire	No	
Report Date	08/10/2019 16:38	Accident Report Within 24 hrs	1221			
Date of Accident	07/10/2019	Time of Accident hh;mm	Yes	Accident Type	Chain Collision	
Reporting Centre			08.30	Country of Accident	Singapore	
Accident Location	ALONG PIE (TUAS) AFTER WHITLEY ROAD EX	Orange Force		ICM No.		
♥ Excess	HEAD FOR (TOMS) AFTER WHITEET ROAD EX	II.				
Own damage Excess						
Jonamed Driver Excess	0.00	Additional Excess		Windscreen Excess	0.00	
		Outside Singapore OD Excess				
hard Party Excess	0.00	Outside Singapore TP Excess				
▽ Benefits						
GST Registered Informa	tion					
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
odification History	08/10/2019 15:48:35 Syste	m changed GST Status Verified from No	to Yes	20099		
and the state of the property of the state of						
<ul> <li>Policyholder Mailing Add</li> </ul>	Ireis					
ddress 1	1090 LOWER DELTA ROAD	Address 2	#03-07	Address 9		
ddress 4		Address Type		Address 3	SINGAPORE 16920	11
nit Na.	04-12		Singapore address	Post Code	169201	
OI Driver Info	550 CO	Related Policy Number	5092501066-01			
river Name	Unnamed Driver	-				
nnamed driver Name	DEBNATH BISHAWJIT	Driver Type	Unnamed Driver			
igater Date of Driver License		Oriver NAIC	G8382962T	Driver DOB	28/11/1964	
ontact No.(Mobile)	22/01/2018	Driver Age	34	Driving Experience	1	
fdress 1	86211590	Contact No.(Office)		Contact No.(Home)	69	
ddress 4	1090 LOWER DELTA ROAD	Address 2	#03-07	Address 3	SINGAPORE 16920	1-
		Address Type	Foreign address	Post Code	169201	233
Init No.	03-07					
loes he own a Singapore registered car?	Yes , No	Driver Vehicle No.	GV7319L	Driver Insurer Company	1720.00	
				Silver States Company	NTUC	
eclaration						
Claim 001 New						
Claim 001 New						
100 (0)			P25.00	Thomas Comments		
laim Type *			DO-MX	Insured PRIMA SEAL WATER Name	PROOFING I Insured	201531909С
laim Type *			оо-мх	Contact	Contact	CHICK ZOSCO
laim Type = ontact No.(Mobile)			ОО-МХ	Contact No. [NII.	Contact No. (Office)	201531909C 66537942
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## Claim Handling(accident reporting Claim Task )

	Upleaded By/Date	Folder Date		ile Name		P	Source	Action
o List								
9	NAC_GUKIT_MERAH_BODS76( NAT S (BUKIT MERAH))	TONAL ASSESSMENT CENTRE SERVICE on 66 Oct 2019 16:50	SAS		Normal	SA	5 2019-10-8	
0.5	a (south menant)	FIONAL ASSESSMENT CENTRE SERVICE ) on 08 Oct 2019 16:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving	ng License 2019-10-8	
Table 1							os 2019-10-8	
	NAC_BUKIT_MERAH_800676( NAT S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE ) on 08 Oct 2019 16:50	Photos		Normal		0.420-720	
	NAC_BUKIT_MERAH_800676( NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE ) on 06 Oct 2019 16:50	Photos		Normal	Phot	ios 2019-10-8	
	NAC_BUKIT_MERAH_800676( NA: S (SUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE ) on 06 Oct 2019 16:50	Photos		Normal	Pho	tos 2019-10-8	
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3	NAC_BUKIT_MERAH_800876( NA S (RUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE () on 08 Oct 2019 16:51	Photos		Normal	Pho	tos 2019-10-8	
Á	NAC_BUKIT_MERAH_800676( NA S (BUKIT MERAH	(TIONAL ASSESSMENT CENTRE SERVICE (1) on 08 Oct 2019 16:51	Photos		Normal	Pho	tos 2019-10-8	
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SIE	NAC_BUKIT_MERAH_800676( NA S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE )) on 08 Oct 2019 16:51	Photos		Normal		otos 2019-10-8	
-			(0.55 Sept. 15 (1.55 Sept. 15	310000	one reporting the	anni idak )		

Display in New Window | Scan and uploading

## PERSONAL PARTICULARS

te of Accident: 7/0/2019 Time	e of Accident: 28 30. (24Hrs)
chicle No: 6V 7319L Veh	icle Make/Model: Toybta Hiace
esct Location of Accident: Along PIE	(Tuas) After whitley Road Exit
wner's Name/NRIC: Prima Seal Wat	erproofing Pte Ltd / 201531909C
river's Name/NRIC: Debnath Bishawir	
priver's Contact: 86121590 . In:	
,	grandium / enquiry @primased - com
Relationship between Owner & Driver, Spouse/Chil	dren/Friend/Parents/Others specify: Employee Employee
what do you wish to claim (Please circle one of 1) Own Insurance 2) Other Vehicle (The one y	only) ou want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was bein	ng used at time of accident? (Please circle one only)
Private Use / Work Purpose	
Weather Condition & Road Conditions?	
Clear & Dry / Raining & Wet / After-Rain & \	Net / Drizzling & Wet
	Vict / Diszaming & Vict
Occupation	Wet / Britzinis & Wet
The state of the s	vect y Britzinis & vect
Occupation Indoor / Outdoor	
Occupation Indoor / Outdoor Any Injuries? (MC of 3 Days or more, police	e report is required)
Occupation Indoor / Outdoor	e report is required)
Occupation Indoor / Outdoor Any Injuries? (MC of 3 Days or more, police	tion?
Occupation Indoor / Outdoor  Any Injuries? (MC of 3 Days or more, police  Yes / No	tion?
Occupation Indoor / Outdoor  Any Injuries? (MC of 3 Days or more, police Yes / No If Yes, which police state The Other Party (Vehicle B) Details Driver's Name/IC: Chen Ligian / So Insurance Company:  (If more than 2 vehicles involved, please	tion?  8624.840T Vehicle No: _SMP (391B  Driver's Contact:  indicate the other party vehicle numbers below)
Occupation Indoor / Outdoor  Any Injuries? (MC of 3 Days or more, police Yes No If Yes, which police state The Other Party (Vehicle B) Details Driver's Name/IC: Chen Liquan / So Insurance Company:  (If more than 2 vehicles involved, please	tion?  8624.840T Vehicle No: _SMP (391B  Driver's Contact:  indicate the other party vehicle numbers below)
Occupation Indoor / Outdoor  Any Injuries? (MC of 3 Days or more, police Yes / No If Yes, which police state The Other Party (Vehicle B) Details Driver's Name/IC: Chen Ligian / State Insurance Company:  (If more than 2 vehicles involved, please Other Vehicle (Vehicle C): SLP9803 GBF 4036	tion?
Occupation Indoor / Outdoor  Any Injuries? (MC of 3 Days or more, police Yes No If Yes, which police state The Other Party (Vehicle B) Details Driver's Name/IC: Chen Lagian / So Insurance Company:  (If more than 2 vehicles involved, please Other Vehicle (Vehicle C): SLP9803 Independent Witness (If Any):	tion?
Occupation Indoor / Outdoor  Any Injuries? (MC of 3 Days or more, police  Yes No If Yes, which police state  The Other Party (Vehicle B) Details  Driver's Name/IC: Chen Lagran / So  Insurance Company:  (If more than 2 vehicles involved, please  Other Vehicle (Vehicle C): SLP9803  GBF 4036	tion?



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RI	Name and Address of the Owner, which we have a second or the owner, and the owner, where the owner, which is the owner, where the owner, which is the owner, where the owner, which is the owner, which is the owner, where the owner, which is the owner, where	AYSIA)  Cover : Third Party, Fire & Theft
Certificate Number: 5092501066-		
. Index mark and Registration Nu	imber of Vehicle	: GV7319L
Chassis Number		: LH1621007696 : PRIMA SEAL WATERPROOFING PTE LTD
. Name of Policyholder		
. Effective Date of Insurance		: 08 Oct 2018 : 07 Oct 2019
. Expiry Date of Insurance	-sisted see delice#	. 07 001 2015
. Persons or Classes of Persons e	ntitled to drive#	
(a) The Policyholder.	divine on the Balloubald	er's order or with his/her permission.
the Motor Vehicle or has b enactment or regulation in	een so permitted and i	ccordance with the licensing or other laws or regulations to drive s not disqualified by order of a Court of Law or by reason of any ng the Motor Vehicle.
5. Limitations as to Use#	d planeura nurnacae an	d in connection with the Policyholder's business or profession.
(a) Use for social domestic and	o pieasure purposes an	nnection with the Policyholder's business.
	sengers or goods in cor	meetion with the rolleyholder's business.
his Policy does not cover		
(a) Use for hire or reward.	Hatilian talah an eme	and testing
(b) Use for racing, pace-making	ig, reliability trial or spe	any one disabled mechanically propelled vehicle.
Act (Chapter 189) and Sec	erative by Section 8 of t tion 95 of the Road Tra	the Motor Vehicle (Third Party Risks and Compensation) nsport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section headings.	tion 95 of the Road Tra	the Motor Vehicle (Third Party Risks and Compensation) nsport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section headings.  EXCESS (SECTION 1)	tion 95 of the Road Tra : N/A	the Motor Vehicle (Third Party Risks and Compensation) nsport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section 19: EXCESS (SECTION 1): EXCESS (SECTION 2)	tion 95 of the Road Tra : N/A : N/A	the Motor Vehicle (Third Party Risks and Compensation) nsport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section 19  EXCESS (SECTION 1)  EXCESS (SECTION 2)  INSURE WITH COE	ion 95 of the Road Tra : N/A : N/A : YES	nsport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Sectional Research Section 1)* EXCESS (SECTION 2)* INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED	: N/A : N/A : N/A : YES : LAKE-VIEW CI	nsport Act, 1987 (Malaysia), are not to be included under these  REDIT PTE LTD  UE OF INSURED VEHICLE AT TIME OF LOSS
Act (Chapter 189) and Sectional Readings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  INSURE WITH COE  HIRE PURCHASE COMPANY  SUM INSURED  I/We hereby Certify that the Policive Vehicles (Third Party Risks and County Research	: N/A : N/A : N/A : YES : LAKE-VIEW CI : MARKET VALI	REDIT PTE LTD  UE OF INSURED VEHICLE AT TIME OF LOSS  Ite relates is issued in accordance with the provisions of the Moto ter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)