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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 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.
- Any false reporting may be referred to the Police for Investigation.
- 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

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Date Of Report 13/01/2020 18:05 Date Of Accident 13/01/2020 15:05

Exact Location Of Accident TUAS ROAD ROUND ABOUT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9742C

Insured/Policyholder

Name Of Registered Owner BIMSHOP Co Reg No 5XXXX233W

Email Address STEVENSZE@BIMSHOP.COM.SG

Mobile Phone No (LOCAL) +65-96876529 Alternative Phone No OFFICE-96876529

Vehicle Particulars

Manufacturer SUZUKI

Model **EVERY TURBO**

Exact Purpose for which vehicle was being used at 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 Vehicle Category

COMMERCIAL VEHICLE

WORKING PURPOSES

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE NO

Policy Number

Fleet Policy

5090930283-02

Cover Note Number

Driver

Name of Driver SZE BENG YEW NRIC No SXXXX639J Date Of Birth 27/04/1978 Occupation OUTDOOR Date Of Driving Pass 16/10/2003

Driving Experience 16 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96876529

Fax Number

Contact Number OTHERS-96876529

EMail Address STEVENSZE@BIMSHOP.COM.SG Address

BLK 38 BEO CRESCENT #05-36

Postcode

160038

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - ROUNDABOUT

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

Was any body injured in the Accident?

NO

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)

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

Are accident photos available for attachment?

Attachment(s)

Was there any video captured by Car Camera? Was there any audio recorded?

YES

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC5629P

Vehicle Make/Model/Colour

NISSAN CABSTAR

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

GOVINDASAMY PERIASAMY GXXXX436Q

NRIC/Passport Number Contact Number

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.
- 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.
- 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 personal Information of Information (collectively the "Personal Information") and disclose and transfer such 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 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:

Peporting Centre Perchanel's

Name:

NRIC/FIN No.

GUARME SketchhlanFneni W.

. AGCIDENT STATEMENT

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email: stevensze@binshop.com.sg

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intact No.(Moloille)	96876529	Contact No.(Office)			Contact No.(Home)			
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eBaoTech Hello, NAC_BUKIT_MERAH_800676 GeneralClaim My Desktop Notice of Lass Policy Query · Change Language Policy No. Date of Accident Vehicle No.(For Motor) 13/01/2020 10:01 GBF9742C Certificate Number Search Policy No. 5090930283-02 Certificate Number Policyholder Name 83MSHQP Policyholder NRIC Product 53109233W GCV Cover Type Comprehensive Vehicle No. GBF9742C Insured Object GBF9242C Commence Date 17/05/2019 Expiry Date 16/05/2020 Continue