MBME20004566-01 / Bedok Motor Engineering Pte Ltd - HQ ENTRY DATE & TIME: 10/01/2020 16:23 SUBMITTED BY: Lim Rui Fang

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.

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Date Of Report

10/01/2020 16:23

Date Of Accident

10/01/2020 08:45

Exact Location Of Accident

BEDOK NORTH RD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC730X

Insured/Policyholder

Name Of Registered Owner

BEDOK TRANSPORT PTE LTD

Co Rea No

2XXXXX654W

Email Address

WORKSHOP@BEDOKTRANSPORT.COM

Mobile Phone No

Alternative Phone No

OFFICE-62843032

Vehicle Particulars

Manufacturer

KING LONG

Model

XMQ6900K-6.7 (A)

Exact Purpose for which vehicle was being used at

Are you claiming under your own insurance policy

time of accident

NO

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

BUS

Insurance Company

Name of Insurance Company

LIBERTY INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

SD19V05575/VBS/R00

Cover Note Number

SD19V05575/VBS/R00

Driver

Name of Driver

ROY TOH

NRIC No

SXXXX467A

Date Of Birth

02/12/1962

Occupation

OUTDOOR

Date Of Driving Pass

09/06/2015

Driving Experience

4 YEARS AND 7 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-83748810

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

APT BLK 246 YISHUN AVENUE 9

#07-255

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

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?

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

REFER TO THE DESCRIPTION

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 Vehicle Make/Model/Colour

SJL4883K

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 8 Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that:

- 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 poisessed by my injurier (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 actident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law times, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposets)
 - (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the clares;
 - (iii) investigating the accident and/or my claims:
 - (iii) carrying out and/or dealing with my instructions or responding to any exquales by me,
 - (w) administering my claims (including the making of correspondence, statements, lessoices, reports or notices to me, which could involve disclosure of certain personal data about me to braig about delivery of the same as well as on the waternot cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposses")
- (b) all interer(s) who have imposed vehicle(s) involved in this accident and the imposer (severalley firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above European; and
- (c) my Personal information may/can be is sciosed by any of the insurers and/or Giá to their third party service providers or agents/including their lawyers/law firms), which may be slied outside of Singapore, for one or more of the above Purposes.
- fd! my Personal information will also be collected and used to compile claims lestory for the purpose of traud detection, Evertication and management in present and all februs risons.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to an insurers and/or any other third parties that assist in explicating, investigating, concrolling or managing fraud, regulators, law enforcement and accomment agencies as reasonably required for the purposes crated, or

for Complying with requirements under any regulations, laws or court reports

Policytooider's Signature Oate & Time

Derves e Sanatura (if done) is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRXC/FIN No :

Accident Sketch Plan

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Date & Line:

Marre: MMC/FIRMO:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Rattles Osay 418-00 Singapore 048580 Tei (65) 6214 0810 Fax (65) 6224 0030 Operating Hours : Monday to Friday, (9-00 – 17.00 UDn 566560806 / 651 Reg. No.: M40001735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : ____ Vehicle Registration No: _ Name(as shown in NRC): NRIC/FJM/Passport No : (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Contact (Tel) Email Address Date of Accident Time of Accident : Place of Accident Insurance Company: (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 0 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date Name:

NRIC/FIN No.: Date: