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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.

aloresalu.	
NUMBER OF THE STREET	ACCIDENT STATEMENT
Date Of Report	23/01/2020 15:50
Date Of Accident	23/01/2020 12:45
Exact Location Of Accident	BEDOK NORTH RD NEAR BEDOK NORTH MRT STATION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG6130H
Insured/Policyholder	
Name Of Registered Owner	SWISS TECHNOLOGY ENGINEERING SINGAPORE PTE. LTD.
Co Reg No	2XXXXX258N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63844401
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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
Fleet Policy	NO
Policy Number	5110678517
Cover Note Number	
Driver	
Name of Driver	KHAN KAMAL HOSSAIN

 NRIC No
 GXXXX362P

 Date Of Birth
 05/06/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/06/2019

Driving Experience 0 YEAR AND 7 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94519230

Fax Number

Contact Number

EMail Address NOEMAIL

25 KAKI BUKIT ROAD 4 #07-55 Address

Postcode 417800

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

CLEAR Weather Conditions 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?

Passenger 1

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKX1070J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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

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 .:

SKETCH PLAN		Station
	1 1 2	A:G8G6130H
	B A A	00
	A L Sagar	1000

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

l was travel	iling along Bedot Re	servoir Road to	ming into Bedok N	North Road. About 20	om later, vehicles
n front brake	ed. I brated immed	liately but still	hit anto the vehicl	e (SKX1070J).	
There was 1	possenger in my	vehicle and 1	passenger (male)	in 8KX1070J'S	vehicle. No one
was injura	d .				
				c m	
				NX X	

We declare the pregoing particulars are true in every respect

COREGINAL SOUNDS

1

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

9017

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Password · Log Out · Change Language My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 23/01/2020 15:48 Vehicle No.(For Motor) GBG6130H Certificate Number Search Policyholder Name SWISS TECHNOLOGY ENGINEERING SINGAPORE PTE, LTD, Certificate Number Policyholder Product Vehicle No. Insured Object Commence Date Cover Expiry Date Select Policy No. Type 201300258N GCV Third Party GBG6130H GBG6130H 25/06/2019 19/06/2020 5110678517 Continue

Claim Handling Accident MT/1081627 GST Registration No. GBG6130H Vehicle No. Bolley No. \$110678517 Certificate No. Policyholder NRIC 201300258N SWISS TECHNOLOGY ENGINEERING SINGAPORE PTE, LTD. Policyholder Name Loading COMMERCIAL VEHICLE INSURAL Product Code Contact No.(Home) Contact No.(Office) Contact No.(Mobile) eCode No * Special Remark Email Address eCode Reason TCA - No Yes KFK Private Hire NCD Entitlement(%) NCD Protection No Accident Details Collision - Head to Rear Accident Type Accident Report Within 24 hrs Report Date 23/01/2020 19:21 Time of Accident Nh:mm Country of Accident Singapore 12:45 Date of Accident 23/01/2020 ICM No. Grange Force Reporting Centre Accident Location BEDOK NORTH RO NEAR BEDOK NORTH MRT STATION Total Excess Applicable 0.00 Windscreen Excess Excess Type Per Accident 0,00 TP Standard Excess OD Standard Excess 0.00 Driver is Covered? Covered 0.00 YIED OD Excess 0.00 MIED TREACHSS: Additional Excess 0.00 Total TP Excess Applicable Total GD Excess Applicable 0.00 → Benefits GST Registered Information GST Registration Date GST Registered GST Status Verified Yes GST Registration No. 23/01/2020 19:23:11 System changed GST Status Verified from No to Yes. Modification History Policyholder Mailing Address Address 3 SINGAPORE 417800 Address 2 #07-55 SYNERGY @ KB Address 1 25 KAKI BUKIT ROAD 4 417800 Address Type Singapore address Post Code 5110678517 Related Policy Number Unit No. 07-55 OI Driver Info Unnamed Driver Driver Type Unnamed Driver Driver Name 05/06/1982 Driver NRJC **БХХХХЗ62Р** Driver DOB Unnamed driver Name KHAN KAMAL HOSSAIN Driving Experience 37 Driver Age Register Date of Driver License 19/06/2019 Contact No.(Office) Contact No.(Home) Contact No.(Mobile) 94519230 SINGAPORE 417800 #07-55 SYNERGY @ KIT Address 3 Address 2 Address 1 25 KAKI BUKIT ROAD 4 Address Type Singapore address Post Code 417800 Address 4 Unit No. 07-55 Does he own a Singapore Registered car? Driver Insurer Company Yes - No Driver Vehicle No. Declaration Breathalyser or Blood Test. Reading? Any inquey? Yes + No 0 mg Modification History Claim 001 New Insured Name SWISS TECHNOLOGY ENGINEER NRIC 201300 OD-MX Claim Type * Contact Contact No. (Office) Contact No.(Mobile) No. (Home) OI Vehicle GBG6130H 5KX10 Email Address Name of Preferred Workshop GBG6130H / SKX1070J ON 23 Jan 2020 Claim Description Proference Liability Fully at Fault GIA Received Workshop Bernett No. Yes Finalisation Preferred Workshop, Name unknown Date Received 23/01/ 23/01/2020 19:23 Oate Registered LIEW SHAN HUI Report Taken By ✓ Print AK letter Save Submit Attachment MT/1081627 Claim No. 001 Upload Date 23/01/2020 19:24 * Yes No Last Doc. Received. Category * Confidential Path * * NO * Normal Choose File No file chosen Clear Please Select Please Select * NO Normal Choose File No file chosen Clear · NO v Normali • Clear Please Select Choose File No file chosen Clear Please Select * NO * Normal * Choose File No file chosen * Clear Please Select * NO * Normal Choose File No file chosen * Normal Clear Please Select * NO Choose File No file chosen Message Read Attachment List

Claim Handling(accident reporting Claim Task)

	Uploaded By/Date	Folder Date		File Name		?	Source	
-	NAC_PAYA_UBJ_800801(NATION 23 Jan	IAL ASSESSMENT CENTRE SERVICES) o 2020 19:24	Photos		Normal	Photos 2020-1-23		
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