SN0820CG0001 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 16/12/2020 10:59 (SGT)
SUBMITTED BY: Mohd Taufikh
VERSION: 1 (16/12/2020 10:59 (SGT))

Your NCD will be affected due to late reporting

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 Submission	16/12/2020 10:59 (SGT)
Date of Accident	12/12/2020 16:10 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	SIMS AVE EAST(NEAR KEMBANGAN MRT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3279H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RAMKY CLEANTECH SERVICE PTE LTD
Company Reg No	XXXXXX246G
Email Address	tee.jieye@ramky.com.sg
Mobile Phone No	(Phone) +65-62706801
Alternative Phone No	+65-62706801

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO FV51SS3VDEA
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-20096614MFVS/8
Cover Note Number	-

DRIVER

Name of Driver	LIM CHUAN KIM
NRIC No	SXXXX101I
Date Of Birth	21/06/1970
Occupation	Outdoor

Date Of Driving Pass	18/12/1993
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-97662539
Alt. Phone Number	-
Email Address	kimlim8499@gmail.com
Address	BLK 430D FERNVALE LINK
Address complement	#07-239
Postcode	794430
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

PASSENGER 2

Name	COLLEAGUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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	SLD5408T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH LEONG CHING
Contact Number	(Phone) +65-81156906
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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

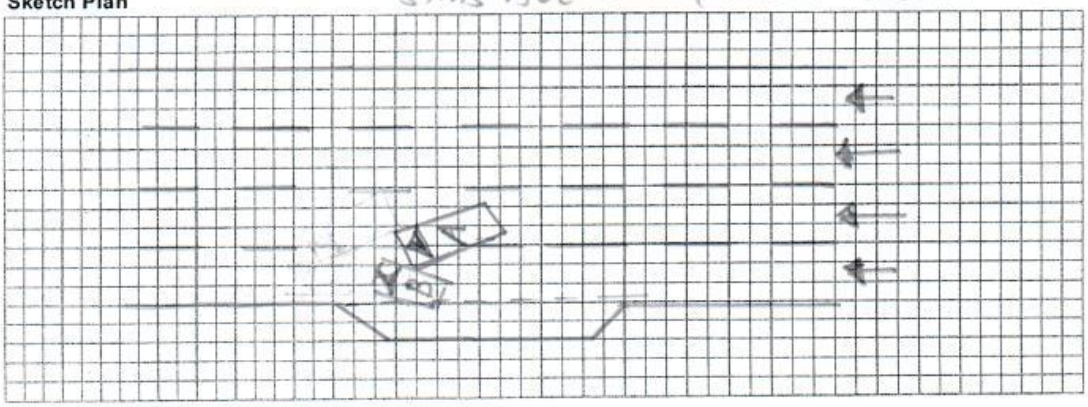
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

* _____ 16/12/2020 _____ 16/12/20

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

Sketch Plan

SIMS AVE EAST (NEAR KEMBANGAN MRT)



A-XE-3079H

B-SLD5408T

Describe Circumstances of the Accident

I was travelling along Sims Ave East (near Kembangan MRT) on the 3rd lane of A4-Lanes Road. When there was no oncoming veh from my left, I started to filter out. Suddenly veh B came out from the pick-up point and collided onto my veh.

Declaration

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

* 16/12/2020 16/12/20

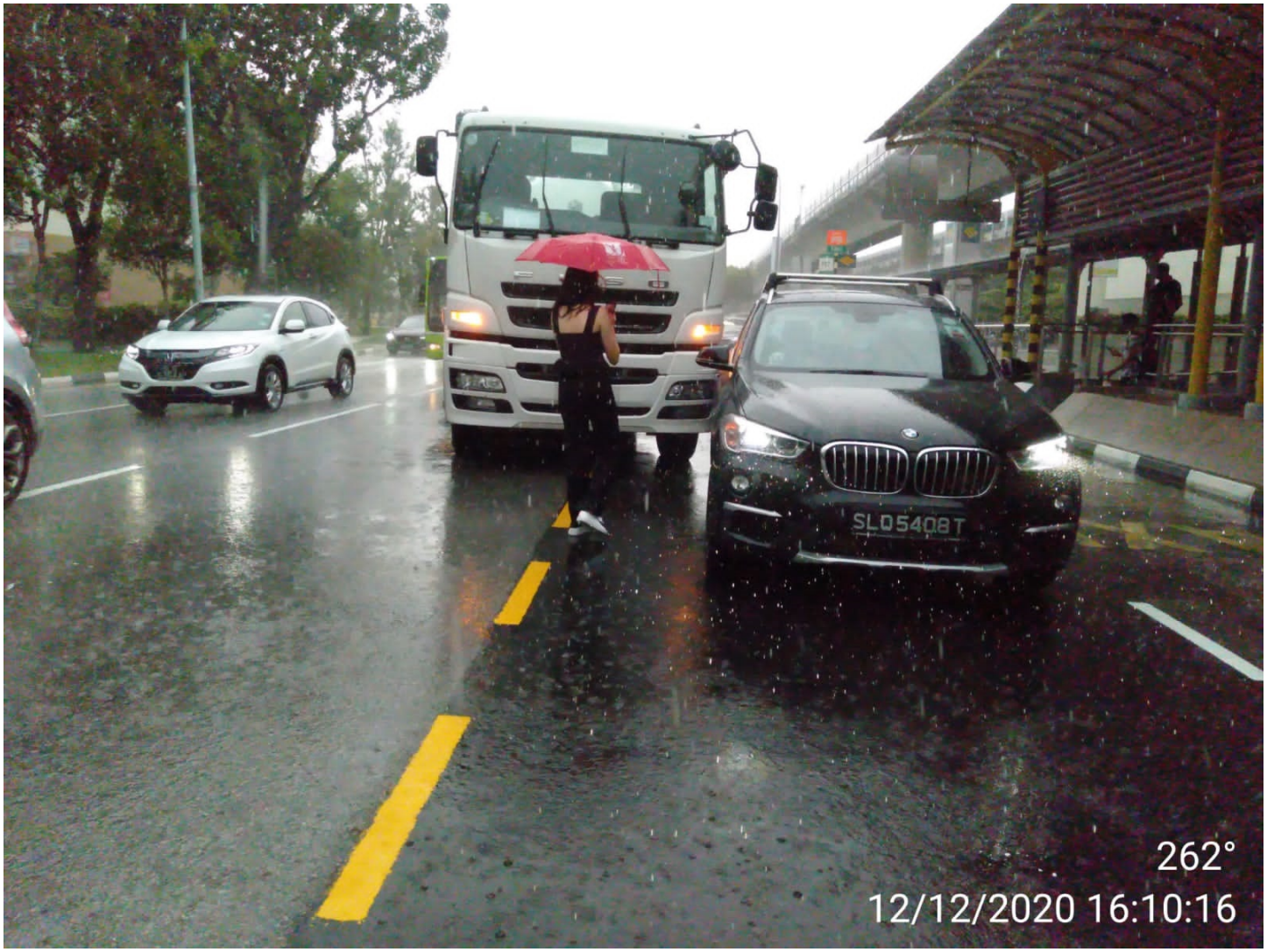
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2



IMAGES #3

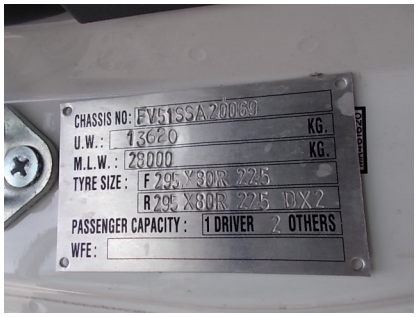
IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8


CHASSIS NO: FV51SSA26069
U.W.: 13620 KG.
M.L.W.: 29000 KG.
TYRE SIZE: F 295 X 80R 225
R 295 X 80R 225 DX2
PASSENGER CAPACITY: 1 DRIVER 2 OTHERS
WFE: