

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 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 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	08/04/2021 17:23 (SGT)
Date of Accident	07/04/2021 09:26 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL CENTRAL SLIP RD TURNING LEFT TO PUNGGOL WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4647B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIZTEK LEASING
Company Reg No	5XXXX851B
Email Address	DAV.BIZTEKLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-98321500
Alternative Phone No	+65-98321500

VEHICLE PARTICULARS

Manufacturer	BMW
Model	B.M.W. / 523I A
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2497

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5112080837-01
Cover Note Number	-

DRIVER

Name of Driver	MOHD DZULEQHMAL BIN MOHD DZULEQHRAM
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NRIC No	SXXXX319C
Date Of Birth	04/06/1987
Occupation	Indoor
Date Of Driving Pass	23/07/2012
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93285474
Alt. Phone Number	-
Email Address	DAV.BIZTEKLEASING@GMAIL.COM
Address	BLK 316C PUNGGOL WAY #03-693
Address complement	-
Postcode	823316
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	NUR 'AIN BINTE MOHD SIDEK
Gender	Female

PASSENGER 2

Name	MOHD DZULEISHAN BIN MOHD DZULEQHMAL
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

REFER ATTACHED;

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	SG5438B
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Vehicle Manufacturer	Volvo
Vehicle Model	VOLVO / B9TL 9.4L AUTO TURBO ABS
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LEE KEIM FEE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHD DZULEQHMAL BIN MOHD DZULEQHRAM
Address	BLK 316C PUNGGOL WAY #03-693
Address Complement	-
Post Code	823316
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ4647B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

BIZTEK LEASING

UEN: 53329651B

Policyholder's Signature / Date & Time



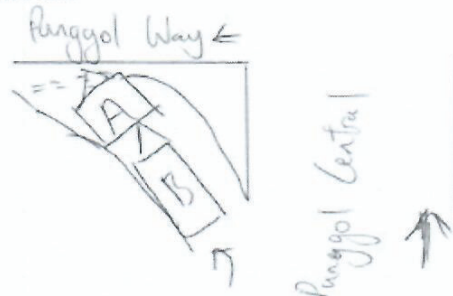
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

08 APR 2021

Sketch Plan



Vehicle: 'A' SMJ 4647B
'B' SG 5438B

Describe Circumstances of the Accident

On the stated date & time, I vehicle 'A' was travelling along Punggol Central's slip road turning to Punggol way. As I approached the give way line, I stopped to look out for traffic. Suddenly I felt a massive impact from the rear, I then realised vehicle 'B' a bus had smashed onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

BIZTEK LEASING

UEN: 53329851B

Policyholder's Signature / Date & Time



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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacbk@vicom.com.sg

Witnessed by Reporting Centre Personnel

08 APR 2021

Lee Peim Lee

G26 99357

~~SG~~

SG 5438 B

1 (Lee Peim Lee G26 99357) SG 5438 B, collided
with SMJ 4647 B ~~hit~~ from the rear, at zebra
crossing at dunggal way.



7/4/21 9.26am