SB0H21530003-02 / BH Auto Service Pte Ltd
ENTRY DATE & TIME: 03/05/2021 19:05 (SGT)
SUBMITTED BY: Lewis Tan
VERSION: 3 (12/05/2021 13:10 (SGT))

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	03/05/2021 19:05 (SGT)
Date of Accident	03/05/2021 12:38 (SGT)
Exact Location of Accident	Balmoral Park, Singapore
Additional Location Information	BALMORAL PARK TOWARDS STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2280K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FLOTECH CONTROLS PTE LTD
Company Reg No	198204457H
Email Address	CWLIM@FLOTECH.COM.SG
Mobile Phone No	(Phone) +65-97941877
Alternative Phone No	+65-97587565

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1999

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D18MCV0001978_02
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ARIS BIN MUSA
NRIC No	S9226224C

Date Of Birth	24/07/1992
Occupation	Outdoor
Date Of Driving Pass	06/05/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-85115848
Alt. Phone Number	-
Email Address	ZACKRIZ_RACER@HOTMAIL.COM
Address	663C JURONG WEST STREET 65
Address complement	10-247
Postcode	643663
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TECHNICIAN
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

PLEASE REFER TO STATEMENT ATTACHED

ATTACHMENT(S)

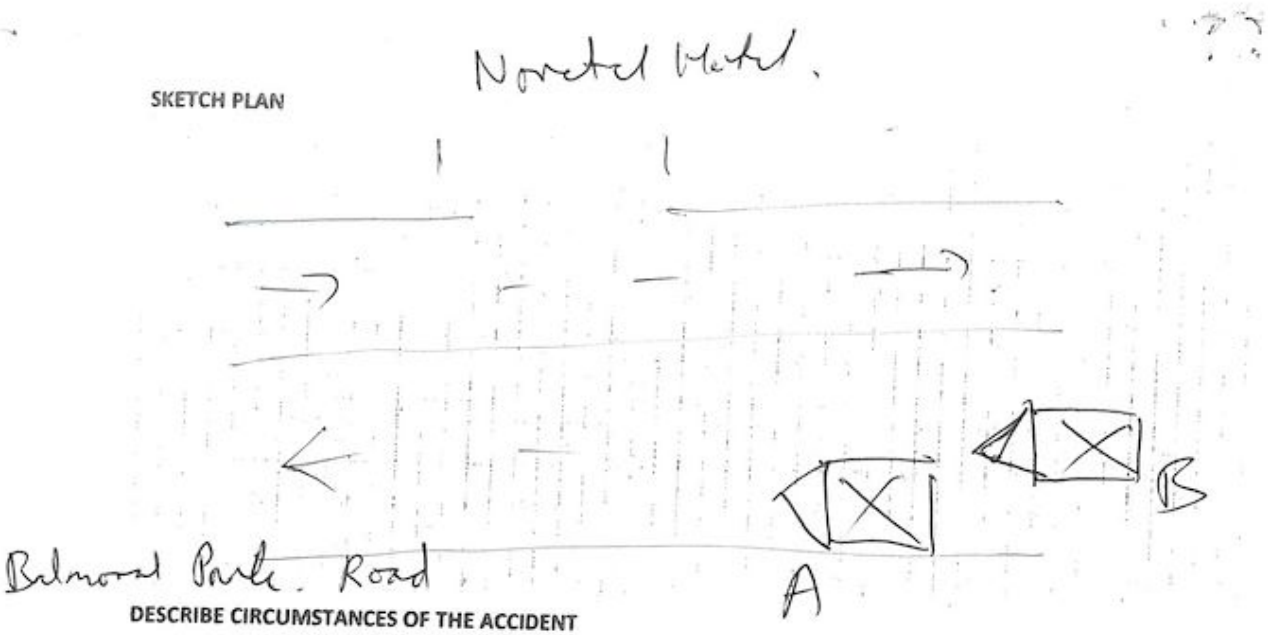
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Will forward to insurer direct as file size too big. Can't forward out.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1912T
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on Balmoral Park Road on a single straight lane signaling to turn right into Nortal Hotel when vehicle B suddenly came by and side swipe by my right side.

DECLARATION

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

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.:

IMAGES

IMAGES #2

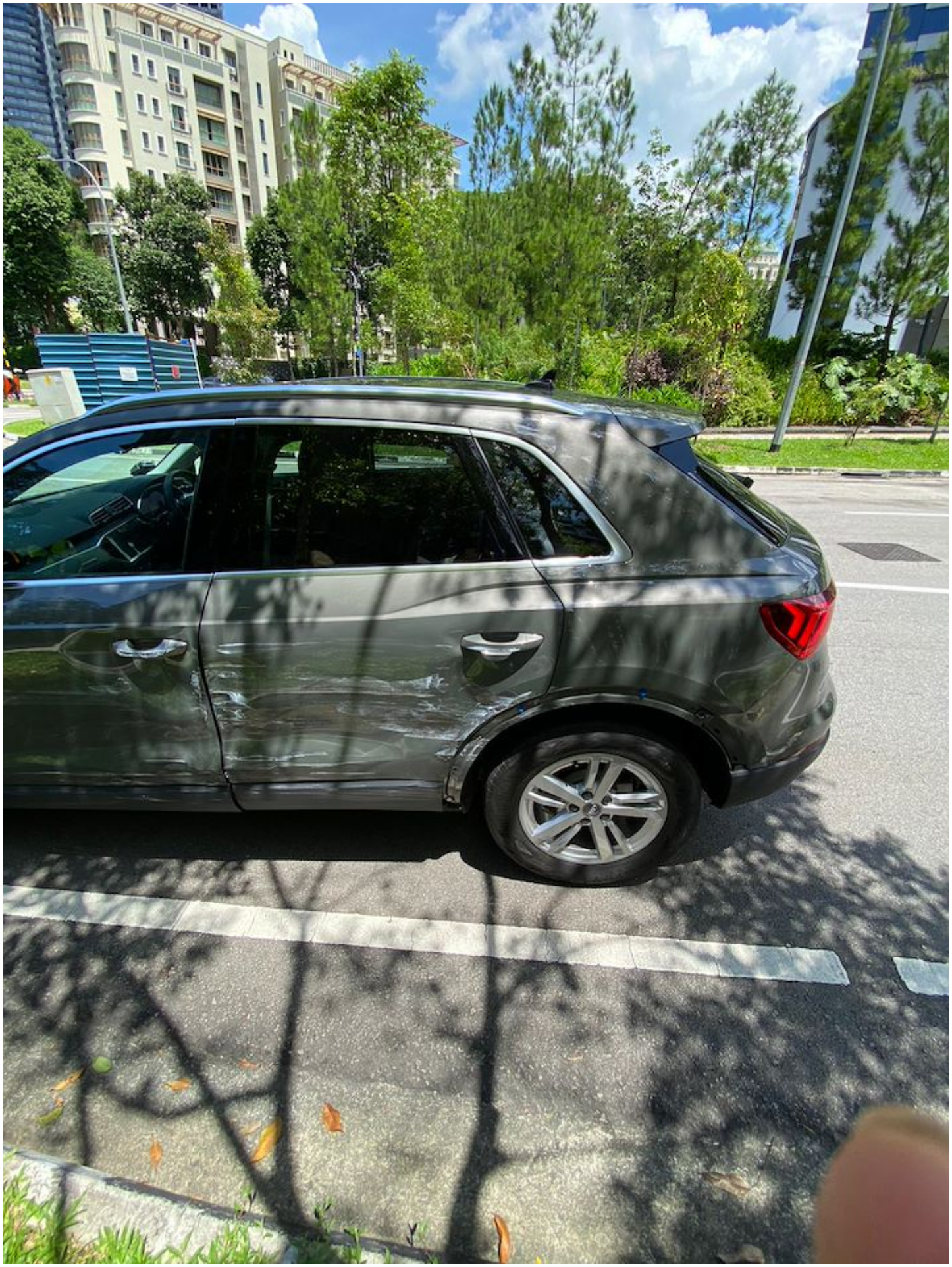
IMAGES #3

IMAGES #4

IMAGES #5


EB70B5A10627
2140
3390
KG
KG
1 DRIVER
2
OTHER
(F) 185/75R15
(R) 185/75R15(D)

IMAGES #6



IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: GBB2280K

Name(as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : _____ Time of Accident : _____

Place of Accident : _____

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Lim Chee Wan of Flotech Controls Pte Ltd called to confirm that they will make a own damage claim instead.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 12/5/21

Personal Particulars

Date of Accident: 3/5/21 (dd/mm/yy) Time of Accident: 12:38 (24 Hrs)

Vehicle No: GBB2280K Vehicle Make/Model: _____

Exact Location of Accident: _____

Owner's Name / IC No: LIM CHEE WAN / Flotech Controls Pte Ltd.

Owner's Contact No: : 97411677 Owner's Email*: cwlim@flotech.com.sg

Driver's Name / IC No: Mohamad Aris Bin Musa

Driver's Contact No: 85713848 Driver's Email*: zackriz_racer@hotmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/
Others please specify: Employee Insurance Company & Policy No: _____

Does the driver own any other vehicle?

Yes / No If Yes, Vehicle no. _____ & Insurance Company &Policy No: _____.

What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): 2.
M. Technician

Own Insurance / Third Party / Reporting Only

Exact purpose for which the vehicle was being used at the time of accident?

Private use / Work purpose

Weather condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation Any Witness? *Any Video?

Indoor / Outdoor Yes / No If Yes, please specify_____ Yes / No

Any Injuries? (Police report is required if mc is above 3 days) *Seat Belt?

Yes / No If Yes, which police station, which part? _____. Yes / No

Third Party (Vehicle B) details:

Driver's Name/IC No : TAN HUI PING Vehicle No: SJS1912Z

Third Party Insurance : _____ Driver's Contact No : _____

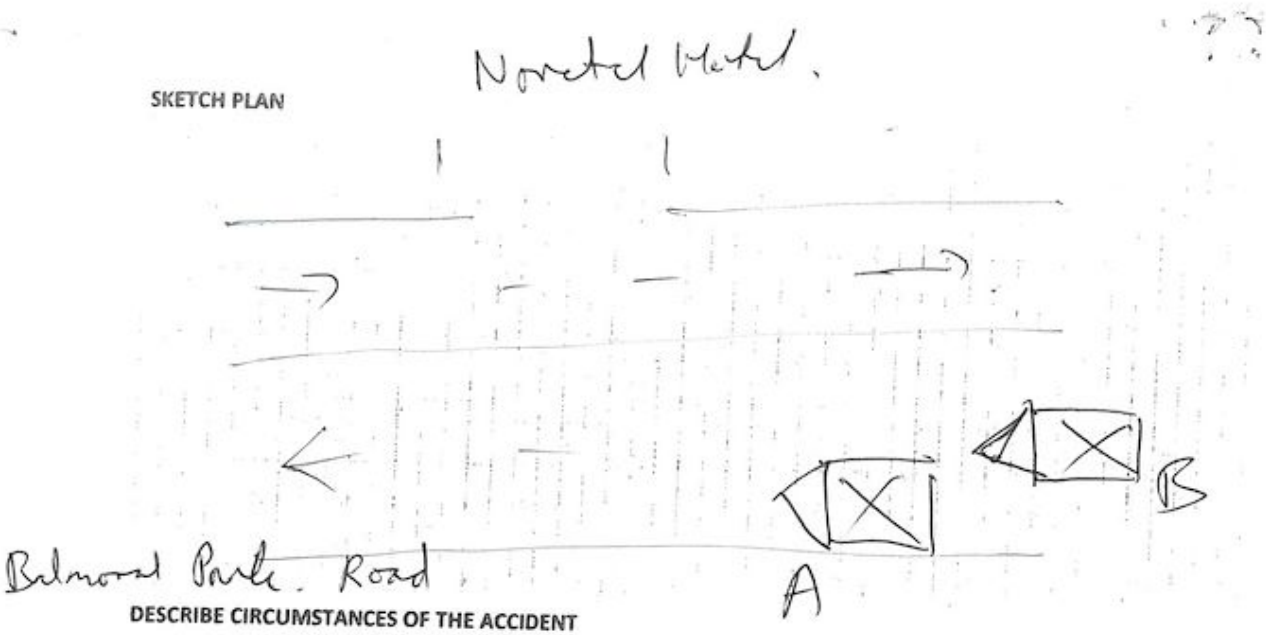
Other's Vehicle Involved (If applicable)

Vehicle C: _____ Vehicle D : _____ Vehicle E : _____

Was any foreign vehicle involved in this accident?

If yes, Foreign Vehicle Registration Number: _____

SKETCH PLAN



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Date & Time:

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(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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7. 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 :

   (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.

   (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:

   (i) 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.

FLOTECH CONTROLS PRIVATE LTD

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.:

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D18MCV0001978_02 **COVER: Comprehensive**

1. **Index Mark and Registration Number of Vehicle** : **GBB2280K**
   Chassis No : **FB70BBA10637**
2. **Name of Policyholder** : **FLOTECH CONTROLS PTE LTD**
3. **Effective date of Insurance** : **06 Oct 2020**
4. **Expiry date of Insurance** : **05 Oct 2021**
5. **Persons or Classes of Persons entitled to drive***

   Any person who is driving on the Policyholder's order or with their permission.
   Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. **Limitations as to use***
   a) Use in connection with the Policyholder's business.
   b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
   c) Use for social, domestic and pleasure purposes.

   The Policy does not cover
   a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing.
   b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess Sect I: SGD600.00
Windscreen Excess: SGD100.00
Hire Purchase Company : N.A

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF $2500/- ON SECTION I WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : B000080/SIME DARBY INSURANCE BROKERS (S) PTE LTD
Date of Issue : 18/09/2020 12:01:26
MZ300C - GOODS CARRYING (ORGANIZATION)

For **India International Insurance Pte Ltd**

Authorised Signatory