SN0721690008 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 09/06/2021 12:36 (SGT) SUBMITTED BY: Ganesh Sinathambi VERSION: 1 (09/06/2021 12:36 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   Any false reporting may be referred to the Police for investigation.
   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 09/06/2021 12:36 (SGT) Date of Accident 08/06/2021 18:20 (SGT) Exact Location of Accident Singapore

Additional Location Information Country/State of Loss	ROUNDABOUT TUAS ROAD / TUAS FLYOVER (TOLL ROAD) Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	GBB2876S
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes 3B EXPRESS AUTO PTE LTD 201538563H 3BEXPRESSAUTO@GMAIL.COM (Phone) +65-97698339 (Office) +65-63416453
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Nissan Cabstar - Employment No - Claiming third party Commercial vehicle Manual 1590
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd ThirdParty No 5120830421 29/01/2021 - 28/01/2022
Name of Driver	ISLAM RABIUL

G2412621N

Passport No/FIN

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	O1/01/1992 Outdoor 28/04/2017 4 YEARS AND 2 MONTHS Male (Phone) +65-89059785 - 3BEXPRESSAUTO@GMAIL.COM 25 KAKI BUKIT ROAD 4 #06-77 SYNERGY @ KB - 417800 No Hirer No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Roundabout Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?  Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 1 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3870E
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	
Name of Driver	DELOWAR
Passport No/FIN	G6694718T
Contact Number	(Phone) +65-91958604
Address	

Address complement	 	-
Postcode		
Incurance Company Name		_
Nature Of Damage		_
Details of property damaged in accident		_
No. Of Passenger (Including Driver)		_

INCOME MOTOR STRAIGH (EXDRE

(0) 06 2021 12:26 Report Date & Start Times

Report Not M.E.

DOLA, 09/06/2021 lance <u>00:01 hrs</u>

Vehicle No GBB28765 Reporting Types

### SKETCH PLAN

### **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.
- 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
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to cooles of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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)
  - (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
- (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
- 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.
- 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.
- 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.

09/06/21 - 12:20

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

09:06:21 - 12:20

Ganesh (\$993561) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Perennel



Policyholder's Signature / Date & Time

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KETCH PLAN		
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	in the second se	
Vehicle A: GBB28768	Vehicle B: YP3870F	ROUNDABOUT TUAS ROAD / TUAS FLYOVER (TOLL ROAD)

### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Accident involving GB828765 and YP3870F on 08 June 2021 around 6 20pm at/along fluar road /Tuax flyover (self-road).

I drive the vehicle GBB28765 to follow the traffic to go inside the round about 5 uddenly the right 1st lane below the fluar flyover round about 5 uddenly the vehicle YP3870F on the left lane start to lane change to the right and hit my left remiside while them keepings by vehicle for my lane. But the driver of 793870F does no theck the blink spot and to make sure traffic clear for right turning

MAM RABBO GŽ4328ZIN

Declaration

I'We declare the foregoing particulars are true in every respect

09-06-21 / 12-20

ivers I gnature (if driver is not the policyholder) / Date & Time

09/06/21 - 12:20

Ganesh (S993561) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

A-GBB28765 1 1 B-YP38706 1400 W Tues Flyner (Toll road)















