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	13/12/2021 16:35 (SGT)
Date of Accident	05/12/2021 21:00 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	JUNCTION OF PIONEER ROAD / PIONEER CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2706Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BOK SENG LOGISTICS PRIVATE LIMITED
Company Reg No	1XXXXX010H
Email Address	andy.peng@bokseng-ipl.com
Mobile Phone No	(Phone) +65-64161975
Alternative Phone No	(Office) +65-64161975

VEHICLE PARTICULARS

Manufacturer	Man
Model	Tgs
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12419

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D19MFL0000768_02
Cover Note Number	-

DRIVER

Name of Driver	KOH KIE BOON
NRIC No	SXXXX451E

Date Of Birth	28/07/1964
Occupation	Outdoor
Date Of Driving Pass	27/12/1989
Driving experience	32 YEARS
Gender	Male
Mobile Number	(Phone) +65-98158366
Alt. Phone Number	-
Email Address	andy.peng@bokseng-ipl.com
Address	BLK 679C JURONG WEST CENTRAL 1 #15-14
Address complement	-
Postcode	643679
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	Collided into Motorcyclist
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 vehicle 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	NOT APPLICABLE
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

ON THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING ALONG PIONEER ROAD UNDER THE ESCORT OF VEHICLE B (FBR 7473D; AUXILIARY POLICE). WHILE APPROACHING THE JUNCTION OF PIONEER CRESCENT, I SLOW DOWN AND CONTINUED TO GO STRAIGHT WHEN VEHICLE B SUDDENLY APPEARED IN FRONT OF MY VEHICLE. I APPLY BRAKES BUT MY VEHICLE NOT MANAGE TO STOP IN TIME AND COME IN CONTACT WITH VEHICLE B. THERE IS NO ONE INJURED.

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	FBR7473D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

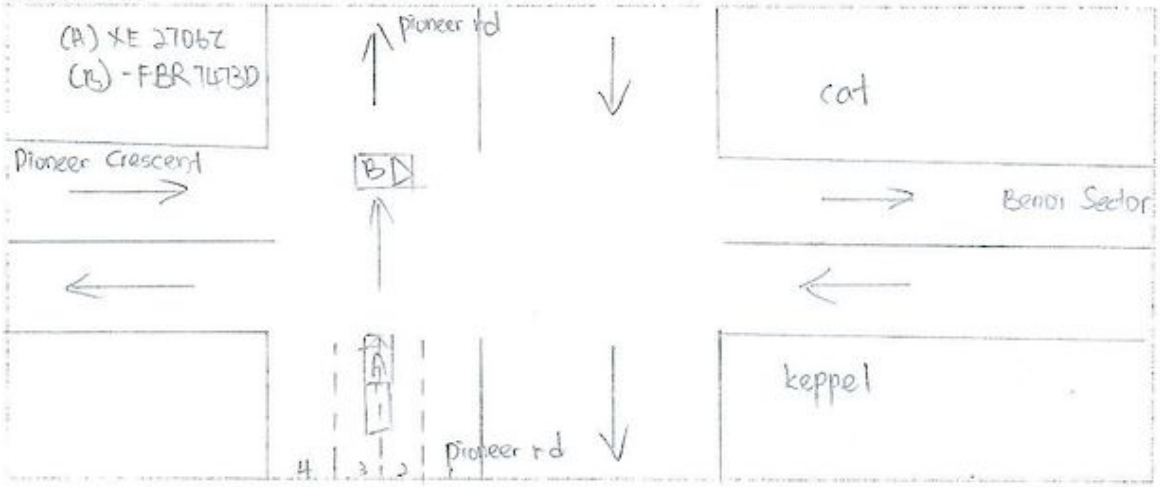
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time, I was drive along Pioneer Road under the escort of vehicle B (FBR 7473D; Auxiliary Police). While approaching the junction of Pioneer Crescent, I slow down and continued to go straight when vehicle B suddenly appeared in front of my vehicle. I apply brakes but my vehicle did not manage to stop in time and come in contact with vehicle B. There is no one injured.

DECLARATION

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

SIN CHENG AUTO WORKSHOP PTE LTD TEL: 6416 1996

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.:

GIA/BI/C SketchPlanForm_V3

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IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

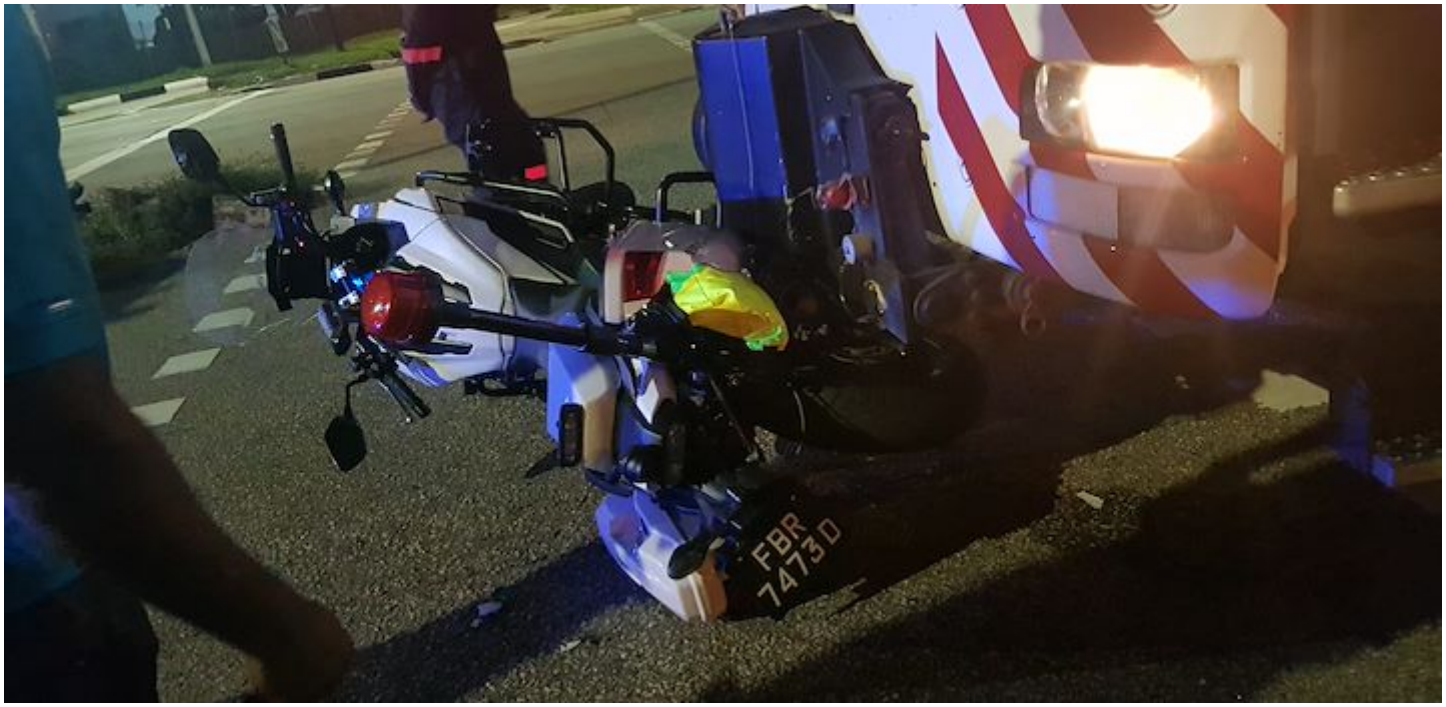
IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10



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