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

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.

4. The issue and acceptance of this report of the Police for Investigation.

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 aferesaid.

ACCIDENT STATEMENT

29/04/2022 16:30 (SGT) Date of Submission 27/04/2022 17:30 (SGT) Date of Accident **Exact Location of Accident** Singapore **BUKIT BATOK WEST AVENUE 5 Additional Location Information**

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

SLL3464U Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? **BUKIT BATOK DRIVING CENTRE LTD** Name Of Registered Owner 1XXXXX155R Company Reg No TANBOONKIAT@BBDC.SG **Email Address** (Phone) +65-65943515 Mobile Phone No +65-65943515 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Jazz 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 No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Manual **Transmission** 1498 CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Comprehensive Type of Coverage Fleet Policy 5114124556-02-000007 **Policy Number** Cover Note Number

DRIVER

Name of Driver NRIC No Accident report SK0J224T0003 VANESSA TAN JIA WEN SXXXX791C

SKETCH PLAN

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- 6. 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

BUKIT BATOK DRIVING B15 BUKIT BATOK WE ALL SINGAPORE 6 (TEL 6561 1233 FAX	STAVENUE 5			
Policyholder's Signature / Call Time	te & Driver's Signature (& Time	f driver is not the pol	cyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	John Jan's			
Etrada Ro	ot .	\		
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