

## 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 Actual 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 First Submission .....	11/09/2024 14:39 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	09/09/2024 11:10 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	AYE TOWARDS TUAS BEFORE EXIT 22
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP9086M
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DC TRANSPORT PTE LTD
Company Reg No .....	2XXXXX348E
Email Address .....	DCTransport.PTE.LTD@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81527829
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hino
Model .....	Fd9jpna
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? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	5123
Vehicle Fuel .....	Diesel
First Registration Date .....	31/07/2018
Chassis no .....	FD9JPN10032
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2008742906

#### DRIVER

Name of Driver .....	JOSEPH SEBASTIN AROCKIARAJ
Passport No/FIN .....	GXXXX182P
Date Of Birth .....	13/05/1985
Occupation .....	Outdoor
Driving Pass Date .....	17/04/2019
Driving License Pass Class .....	4
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81527829
Alt. Phone Number .....	-
Email Address .....	DCTransport.PTE.LTD@GMAIL.COM
Address .....	711 WOODLANDS DRIVE 70 #03-63
Address complement .....	-
Postcode .....	730711
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 .....	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 .....	3
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) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD2017J
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBD6100K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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****IMPORTANT NOTICE**

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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.



Ryder Auto Pte Ltd

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AYE TOWRDS TUAS BEFORE EXIT 22

A-YP9086M  
B-XD2017J  
C-GBD6100K

**Describe Circumstances of the Accident**

I (YP9086M) WAS TRAVELING ALONG AYE TOWARDS TUAS BEFORE EXIT 22, SUDDENLY VEHICLE B (XD2017J) REAR ENDED MY VEHICLE. WHEN I ALIGHT I REALISE I WAS INVOLCE IN A 3 VEHICLE CHAIN COLLISION

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time



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

**Ryder Auto Pte Ltd**

Witnessed by Reporting Centre Personnel



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: \_\_\_\_\_ Vehicle Registration No: \_\_\_\_\_

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:

*To upload photos.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

**Ryder Auto Pte Ltd**

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

GIARMC Addendum Form



Allianz Insurance Singapore Pte. Ltd.

**POLICY SCHEDULE  
COMMERCIAL MOTOR INSURANCE POLICY**

Date of Issue	: 30 November 2023		
Policy Number	: SP2008742906		
Type of Cover	: ALLIANZ COMMERCIAL MOTOR INSURANCE		
Plan Type	: COMPREHENSIVE - AUTHORISED WORKSHOP		
Intermediary Code	: 0000396		
Intermediary	: ALLINK INSURANCE AGENCY PTE. LTD.		
Policyholder/Insured	: DC TRANSPORT PTE. LTD.		
UEN	: 201909348E		
Nature of Business	: MOVING SERVICES		
Correspondence Address	: 50 EAST COAST ROAD #02-39 ROXY SQUARE SINGAPORE 428769		
Replacing Cover Note Number	: AIS/2023/0000375-2/002070		
Period of Insurance	: From: 08 December 2023 To: 07 December 2024 (both dates inclusive)		
Premium Payable	: S\$ 3,495.00		
GST 8%	: S\$ 279.60		
Total Premium Payable	: S\$ 3,774.60		
Make and Model	: HINO FD9JPNA 10.4 TON MT		
Body Type	: VAN - POWER TAILGATE		
Registration Number	: YP9086M	Private Hire Use	: NO
Year of Registration	: 2018	Seating Capacity	: 3
Cubic Capacity	: 5123 CC	Windscreen Limit	: UNLIMITED
Tonnage	: 4.57 TONNES	No Claim Discount	: 0 %
Chassis Number	: FD9JPN10032		
Engine Number	: J05EUL10609		
Hire Purchase Owner / Leasing Company	: NA		
Excess	: Own Damage	S\$	800.00
	Windscreen	S\$	100.00
	Liabilities to third Parties	S\$	0.00



**HH**  
Group  
**Hoe Heng**

**HOE HENG PTE LTD**  
7 Pioneer Place  
Singapore 627824  
Tel: 6898 5566 Fax: 6898 6556

Chassis Number  
**FD9JPN10032**

Unladen Weight  
**5260**

Max Laden Weight  
**10400**

Passenger Capacity  
1 Driver  
Tyre Size  
**F235 x 75R x 175 (S)**  
**R235 x 75R x 175 (D)**  
2 Others







































