

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 12/09/2024 17:57 (SGT)
Reported by Actual Driver
Date of Accident 09/09/2024 17:00 (SGT)
Exact Location of Accident Jln Pemimpin, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF566D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PRIME DELI TRADING PTE LTD
Company Reg No 199100445K
Email Address ACCOUNTS@PRIMEDELI.COM.SG
Mobile Phone No (Phone) +65-91882759
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant TOYOTA DYNA 150 MANUAL
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? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982
Vehicle Fuel -
First Registration Date 10/06/2016
Chassis no JTFAT35Y70K206343
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D24MTPCVE001715

DRIVER

Name of Driver	THAW ZIN KO KO
Passport No/FIN	G2473380M
Date Of Birth	01/05/1994
Occupation	Outdoor
Driving Pass Date	16/11/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84603889
Alt. Phone Number	-
Email Address	ACCOUNTS@PRIMEDELI.COM.SG
Address	19, CHIN BEE CRESCENT
Address complement	-
Postcode	619899
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 Parked Vehicle
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)	1
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?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT NO: T/20240909/2068

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBP6331Y
Vehicle Manufacturer	-
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

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.



Policyholder's Signature / Date & Time

[Signature]
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Refer to Police report T/20240909/2068

Claim own policy
 Claim third party
 Claim OD / TP at other workshop
 For record purpose

Policy No. S24MTPCNE0017LS
Insurer Somp Veh. No. GBF566D

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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

SNG AH TEE MOTOR & PANEL SVC PTE LTD

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























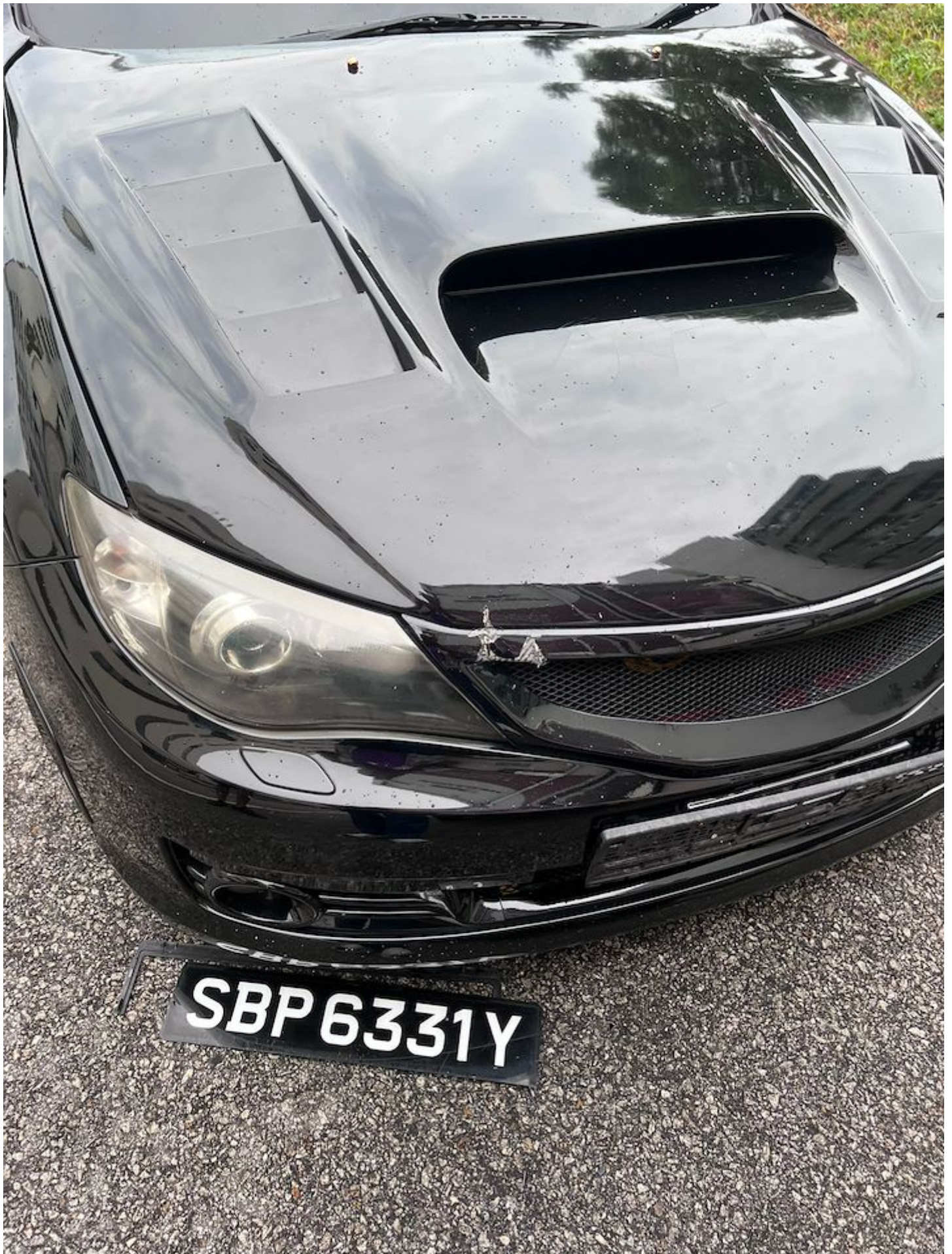


















**SINGAPORE
POLICE FORCE**



T/20240909/2068

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20240909/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2024 20:03	Vide Report No.:	Station Diary No.: 155
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Informant's Particulars			
Name of Informant: THAW ZIN KO KO		Address: 670A JURONG WEST STREET 65 #06-84 SINGAPORE 641670	
ID Type / ID No.: FIN NO / G2473380M		Contact No.: Home/Office: Mobile: 84603889	
Nationality: MYANMAR		Email: info@primadeli.com.sg	
Sex: Male	Age: 30	Date of Birth: 01/05/1994	Type of Informant: Driver
Race: Burmese		Language: English	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/09/2024 17:00	Type of Location: Straight Road
Location: JALAN PEMIMPIN				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF566D	Motor van	TOYOTA			No Damage	0
SBP6331Y	Motor car	SUBARU			Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240909/2068

Police Station Of Origin:

2 of 3

Nanyang N.P.C

Report No. T/20240909/2068

2 Jurong West Avenue 5 SINGAPORE

649482

CONTINUATION OF REPORT

Tel No: 1800-7929999

Brief Details.

On the above-mentioned date, time and place, I had parked my van, V1) GBF566D along the said road (Jalan Pemimpin) to make some delivery of goods at the nearby building (L & Y Building located at 59 Jalan Pemimpin). I wished to state that there are also other vehicles that were parking along the said road and there was no other vehicles parking behind mine. I wished to state that the road is a 2-way road with a continuous single white line. After completing my delivery duties, I then returned back to my vehicle. At this juncture, I then noticed that a car V2) SBP6331Y had already parked behind my vehicle. I noticed that the driver was still in his vehicle. I then proceed to reverse my vehicle to maneuver out to proceed to my next destination.

As I reversed my vehicle, I misjudged myself and my vehicle collided on the front bumper of V2. I then alighted from V1 and proceed to make a check for any damages due to the collision. I noticed that there was no damage to my vehicle. However, I saw that there were some damages to the front of V2.

Damages are as follows:

1. Scratches on front left headlight
2. Plate number was dislodged
3. Dents on the front hood of the car

No one was injured in the accident.

I then informed my supervisor (Ah Pong, HP: 91882759) of the accident that happened. I did not exchange particulars with the driver of V2, however the driver mentioned that he will be proceeding with insurance claims for the accident happened. I am lodging this report to facilitate in the insurance claiming process. That is all.



**SINGAPORE
POLICE FORCE**





T/20240909/2068

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3
Report No. T/20240909/2068

CONTINUATION OF REPORT

Signature of Officer Recording The J/ SI MD SHAHRULNIZAM BIN SAMSUDIN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / SR STAFF SGT LEE GUANG HUI Contact No.: 65476414

Signature Of Informant: 
Date/Time: 09/09/2024 20:03
Classification Of Case:

NP168