Your NCD will be affected due to late reporting

G^A 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 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 First Submission	15/05/2024 17:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/05/2024 14:15 (SGT)
Exact Location of Accident	Moulmein Rd & Sinaran Dr, Singapore
Additional Location Information	SINARAN DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8703Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SILVERAY PTE LTD
Company Reg No	2XXXXX069R
Email Address	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	TOYOTA / HIACE HIGH ROOF COMMUTER TURBO AUTO
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	Bus
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCFHQ23-000065

DRIVER

Name of Driver	JUMANI BIN SENGARI
NRIC No	SXXXX991D
Date Of Birth	24/09/1953
Occupation	Outdoor

Driving Pass Date	24/05/1977
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-BARC@smrt.com.sg
Address	60 WOODLANDS INDUSTRIAL PARK E4
Address complement	60 WOODLANDS INDUSTRIAL PARK E4
Postcode	757705
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	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 13 MAY 2024 AT 1415HR, I WAS DRIVING PC8703Y ALONG MOULMEIN RD HEADING TO SINARAN DRIVE TO DROP OFF PASSENGERS. AFTER MAKING A RIGHT TURN INTO THE RIGHT LANE OF THE 2 LANE SINARAN DRIVE, I SLOWED DOWN AS I WAS APPROACHING A ZEBRA CROSSING. A FEW SECONDS LATER, I FELT AN IMPACT FROM THE REAR LEFT OF MY VEHICLE. I THEN NOTICED YD6129M THAT WAS APPROACHING FROM MY REAR HAD ITS FRONT RIGHT PORTION COLLIDED INTO THE REAR LEFT OF MY VEHICLE. THERE WERE 4 PASSENGERS IN MY BUS AND YD6129M ONLY HAD ONE MALE CHINESE DRIVER. NO ONE WAS HURT IN THIS ACCIDENT.

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	YQ6129M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

CCC|05|24|0012 - PC8703Y

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)

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.

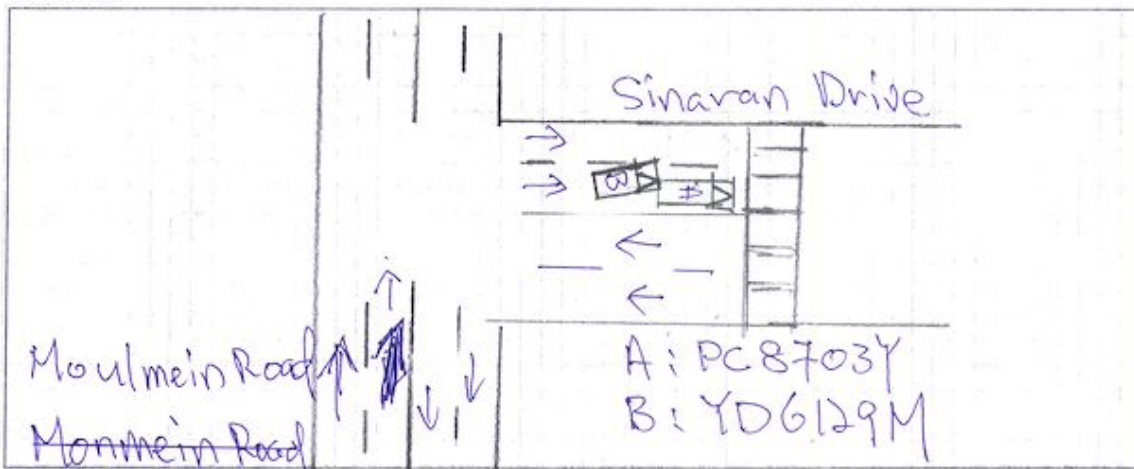Policyholder's Signature / Date & Time

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

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

Sketch Plan

vJun2022

Describe Circumstance of the Accident

Declaration

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

Policyholder Signature / Date & Time   Actual Driver's Signature (if driver is not the policyholder) / Date & Time   Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
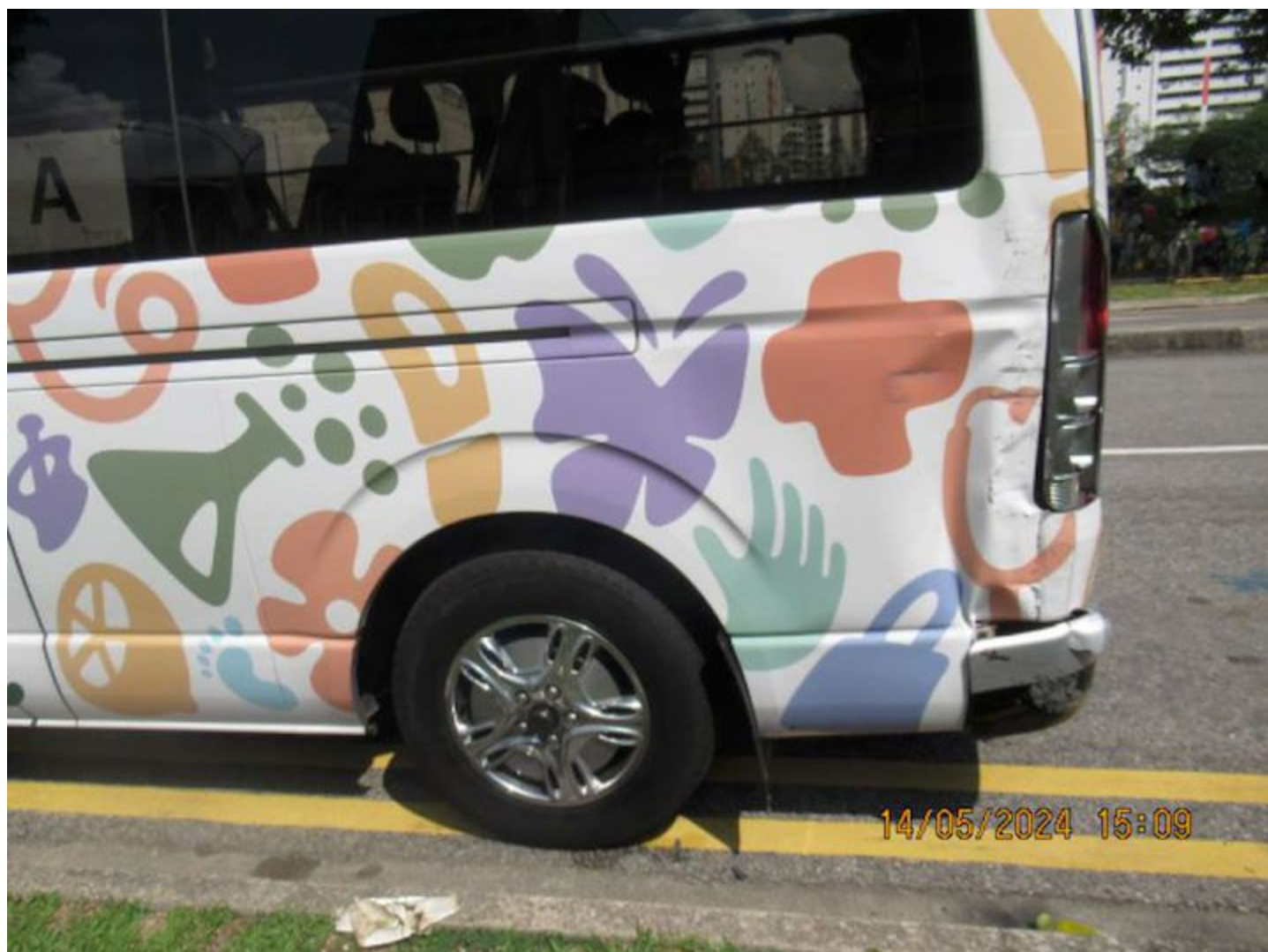
vJun2022

2

14/05/2024 15:09

14/05/2024 15:09

14/05/2024 15:09

14/05/2024 15:09

14/05/2024 15:09

14/05/2024 15:09

14/05/2024 15:09

14/05/2024 15:10

14/05/2024 15:10
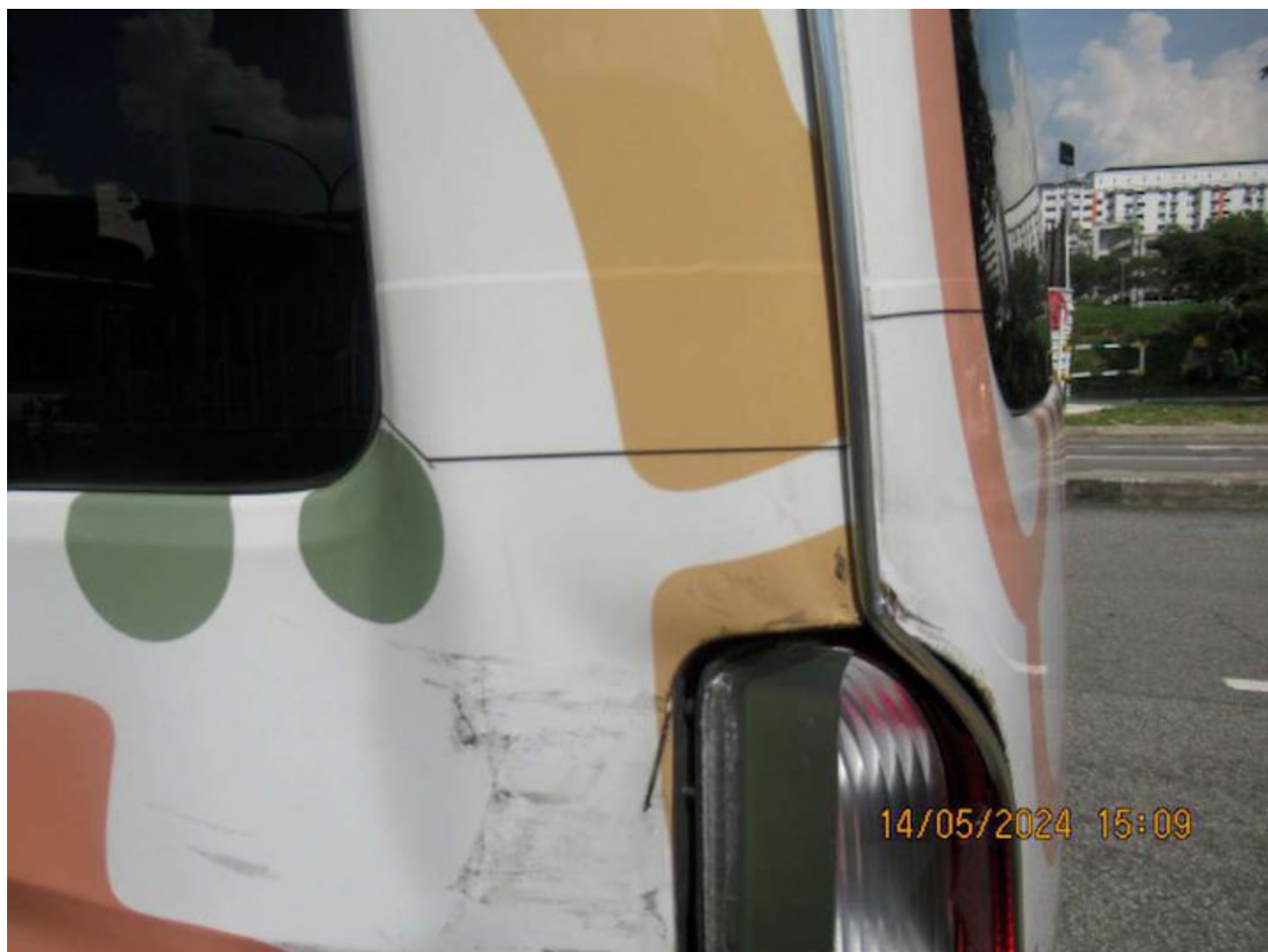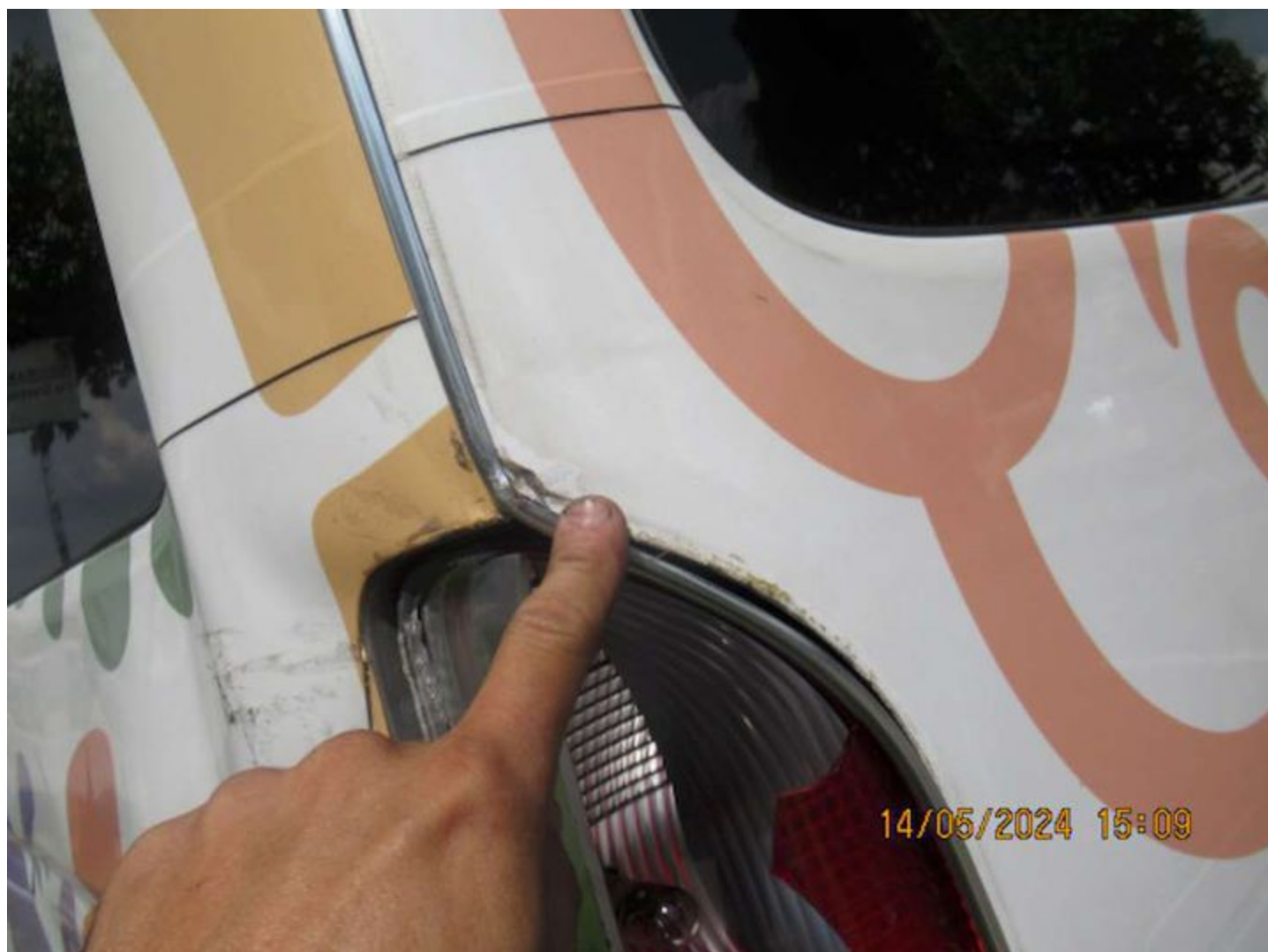
14/05/2024 15:10

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010   Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS4B245F000C   Vehicle Registration No: PC8703Y

Name (as shown in NRIC) : SILVERAY PTE LTD   NRIC/FIN/Passport No : 200912069R

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address   : 60 WOODLANDS INDUSTRIAL PARK E4   Singapore (757705)

Contact (Tel)   : 68662672   Mobile No. :

Email Address   : Auto-Svcs-BARC@smrt.com.sg

Date of Accident : 13/05/2024   Time of Accident : 14:15 HR

Place of Accident : Moulmein Rd & Sinaran Dr, Singapore

Insurance Company: MS First Capital Insurance Ltd

(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:

Update TP vehicle no., TP insurance co. and upload photo

_____ / Driver's Signature
Date:

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

GIARMC addendumform_V3