

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	07/11/2024 15:09 (SGT)
Reported by	Actual Driver
Date of Accident	22/10/2024 16:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK OF BLK 3017 BEDOK NORTH AVENUE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9150G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOOD PARTNER PTE. LTD.
Company Reg No	201017643G
Email Address	dsscontainers@gmail.com
Mobile Phone No	(Phone) +65-89153563
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MCV0004483-04

DRIVER

Name of Driver	LOO SAY HOCK
NRIC No	S1105266E
Date Of Birth	02/02/1955
Occupation	Outdoor
Driving Pass Date	23/09/1989
Driving License Pass Class	5
Driving License Validity	Valid
Driving experience	35 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90256022
Alt. Phone Number	-
Email Address	dsscontainers@gmail.com
Address	1550 BEDOK NORTH AVENUE 4
Address complement	#03-26
Postcode	489950
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	No Collision
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LIM AI CHIN
Gender	Female

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 STATED DATE AND TIME, I WAS EXITING THE CARPARK OF BLK 3017 BEDOK NORTH AVENUE 4, I STOPPED BEFORE THE EXIT BARRIER. THE READING SHOWED THAT I HAD INSUFFICIENT FUNDS IN MY CASH CARD. I CHECKED IN RIGHT SIDE MIRROR AND WHEN I COULD NOT SEE ANY VEHICLE, I STARTED TO REVERSE SO THAT OTHER USERS CAN GET OUT OF THE CARPARK. SUDDENLY I HEARD A HORN AND STOPPED. VEHICLE B (GBD9585A) FROM BEHIND MENTIONED THAT MY VEHICLE HAD HIT ONTO HIS VEHICLE BUT I DID NOT FELT ANY IMPACT WHEN I REVERSING MY VEHICLE AND THERE IS NO ANY VISIBLE DAMAGE ON MY VEHICLE.

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 GBD9585A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver POTATO FOODSTUFF PRIVATE LIMITED
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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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

NO COLLISION

Vehicle A: G88 9150G
Vehicle B: G8D 9585A
BLK 3017 Bedok North
Avenue 4 Carpark

vJun2022

1

[illegible]

Declaration

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

✓



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)









