# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

- Any false reporting may be referred to the Police for Investigation.
   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 25/06/2024 17:23 (SGT) Reported by **Actual Driver** Date of Accident 24/06/2024 09:38 (SGT) **Exact Location of Accident** Near 89 Hougang Ave 2, Singapore 538863 Additional Location Information Country/State of Loss

Singapore

#### **DETAILS OF OWN VEHICLE**

Employment

Vehicle Registration Number XE2068G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TEE ENVIRONMENTAL PTE. LTD. Company Reg No 200106873W **Email Address** RONNIE.SHENG@TEEINFRA.COM Mobile Phone No (Phone) +65-87820115

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Scania Model P360CB6X4MHZ 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 - Claiming third party Vehicle Category Goods vehicle Transmission Manual CC 12742

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2007974748

DRIVER

Name of Driver MOHD RASHID BIN M YUNUS Passport No/FIN G7605956Q Date Of Birth 31/10/1983 Occupation Outdoor

NAMES OF THE PARTY OF	
Driving Pass Date	28/04/2011
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97785644
Alt. Phone Number	**
Email Address	RONNIE.SHENG@TEEINFRA.COM
Address	41 DEFU LANE 1 S 539494
Address complement	-
Postcode	•
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	To the second se
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Troud Guildes	5.,
OTHER INFORMATION	
	N =
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)	No
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	
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	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHE	R VEHICLE PROPERTY 1
DETAILS OF OTHE	
Vehicle Registration Number	XD1061L
Vehicle Manufacturer	¥
Vehicle Model	i <del>e</del>
The state of the s	

Goods vehicle LEEMENG CHYE S1196450H

Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

NRIC No

Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	=0
Nature Of Damage	-
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

#### IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 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.



Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



	I was & Stationary my vehicle along Hougans Ave 2 & waiting that is
ght, F	rent of the vehicle Suddenly Expensed, i Sound my horn to the vehicle
ut the	pehicle is still reversed and hit onto front portion of my vehicle &
aused	damages to my vehicle - no one was injured.
aused	damages to my vehicle - no one was injured.

### Declaration

We declare the foregoing particulars are true in every respect.

WANT TO A STATE OF THE PARTY OF

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel