

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	07/08/2024 16:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/08/2024 11:30 (SGT)
Exact Location of Accident	1 Genting Link, Singapore 349518
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8747K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOMENTS LOFT LOGISTICS PTE LTD
Company Reg No	201829805G
Email Address	LOG.ADMIN@ORANGECLOVE.COM.SG
Mobile Phone No	(Phone) +65-97736192
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCP24B00000200

DRIVER

Name of Driver	THU RA ZAW
Passport No/FIN	G3325991W
Date Of Birth	31/03/1989
Occupation	Outdoor
Driving Pass Date	20/03/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87787685
Alt. Phone Number	-
Email Address	LOG.ADMIN@ORANGECLOVE.COM.SG
Address	1 KAKI BUKIT RD #05-03/34
Address complement	-
Postcode	415934
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)	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	UNKNOWN
Gender	Male

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 7/8/24 @ ABOUT 11.30AM I WAS PARKED MY COMPANY VAN (GBH8747K) AT LOADING BAY OF NO 1 GENTING LINK PERFECT ONE, ME & MY PASSENGER(ASSISTANCE) WENT TO DELIVERY FOOD CATERING AT ABOUT 11.36AM I RECEIVED A CALLED FROM HP85305565, SHE STATED IS FROM THIS BUILDING SECURITY AND SHE WITNESSED A TRUCK (YN3754T) COLLIDED ONTO MY COMPANY VAN UPON REVERSED INTO THE LOADING BAY LOT ON MY RIGHT I THEN WENT TO CHECK ON MY COMPANY VAN AND REALISED THAT THE RIGHT-SIDE MIRROR DISLODGE, DRIVER SIDE DOOR AND RIGHT SLIDING DOOR ALSO SUSTAINED DAMAGES. THE TRUCK DRIVER OF YN3754T ALSO ON THE SCENE AND THE DRIVER ONLY PROVIDE ME HIS DETAILS VIA WROTE ON PAPER HENCE, I HERET LODGE THIS REPORT TO CLAIM AGAINST THE TRUCK (YN3754T) 'S INSURANCE OR MY ACCIDENT DAMAGES

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 YN3754T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number (Phone) +65-98571083
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

Describe Circumstance of the Accident

On 07/08/24 @ about 11:30am, I was parked my company van (GSH 8747K) at loading bay of No 1 Genting Link Perfect One, me & my passenger (assistance) went to delivery food catering.

At about 11:36am, I received a called from hp: 8530 5565, she stated is from this building security and she witnessed a truck (YN 3754T) collided onto my company van upon reverse into the loading bay lot on my right.

I then went to check on my company van and realized that the right side mirror dislodge, driver side door and right sliding door also sustained damages. The truck driver of YN 3754T also on the scene and the driver only provide me his details via wrote on paper.

Hence, I hereto lodge this report to claim against the truck (YN 3754T)'s Insurance for my accident damages.

Declaration

I/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

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

07/08/24 @ 1512hrs

SKETCH PLAN

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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



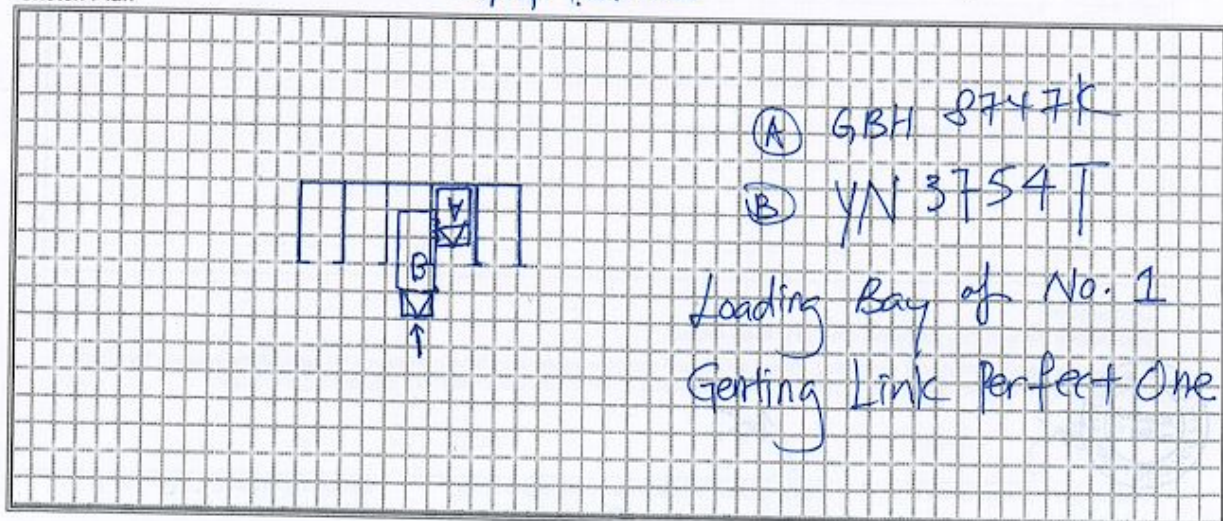
Driver's Signature (if driver is not the policyholder) / Date & Time

07/08/24 @ 1512hrs



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

Sketch Plan

















GENERAL
INSURANCE
ASSOCIATION

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: SS2X2487000H Vehicle Registration No: GBH 8747K

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: 7/8/24 Time of Accident: 11:30

Place of Accident: _____

Insurance Company: ECICS Limited

(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:

Amend Company Reg No : 201829805G

Policyholder / Driver's Signature
Date:

8/8/24 11:15am
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

**AUTHORISED
WORKSHOPS**

MZ300E
 COMPREHENSIVE
 ORIGINAL

CERTIFICATE NO: MCF24B00000200 Agency Name: Trade Risk Solutions Pte. Ltd. Agency Code: B0000031	Chassis No: JTFHT02P000245070 Engine No:
1. Index Mark and Registration Number of Vehicle: GBH8747K	
2. Name of Policyholder: Moments Loft Logistics Pte Ltd	
3. Period of Insurance (both dates inclusive): 1 April 2024 to 31 March 2025	
4. Persons or Classes of Persons entitled to drive a) Any other person who is driving on the Insured's order or with his permission, provided it is in relation to Insured's business. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car.	
5. Limitations as to use a) Use in connection with the Policyholder's Business as described in the Policy Schedule. b) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business as described in the Policy Schedule. The Policy does not cover the use for hire or reward, racing, pace-making, reliability trial or speed-testing, use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
6. EXCESS APPLICABLE WINDSCREEN SGD 100.00 SECTION I - STANDARD EXCESS SGD 600.00 (AUTHORISED DRIVERS) ADDITIONAL EXCESS: NIL	
Signed for and on behalf of ECICS Limited _____ AUTHORISED SIGNATORY	

Important Notice:

- i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

Vehicle Details

Vehicle No.	Make / Model
GBH8747K	TOYOTA / HIACE VAN TURBO 5DR MT
Vehicle Type :	Vehicle Attachment 1 :
A50 - Goods (Closed) Van/Van Panel (Delivery)	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	JTFHT02P000245070
Propellant :	Engine No. :
Diesel	1KD2826423
Motor No. :	Engine Capacity :
-	2982 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
2800 kg	1700 kg
Year Of Manufacture :	Original Registration Date :
2018	15 Oct 2018
Lifespan Expiry Date :	COE Category :
14 Oct 2038	C - Goods Vehicle & Bus
Quota Premium :	COE Expiry Date :
\$27,104.00	14 Oct 2028
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
14 Oct 2024	-
Inspection Due Date :	Intended Transfer Date :
14 Oct 2024	09 Jul 2024
CO2 Emission :	CEV/VES Rebate Utilised Amount :