

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 Authorised 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 ability.
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 Report	20/02/2018 14:34
Date Of Accident	12/02/2018 14:30
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3561H
Insured/Policyholder	
Name Of Registered Owner	GMS SUPPLIES & TRADING PTE LTD
Co Reg No	200708513M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67770920

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MCV17B00006501
Cover Note Number	

Driver

Name of Driver	SOH TONG YEW
NRIC No	S7127237J
Date Of Birth	05/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91999058
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 697B JURONG WEST CENTRAL 3 #15-23
Postcode	642697
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

Attachment(s)

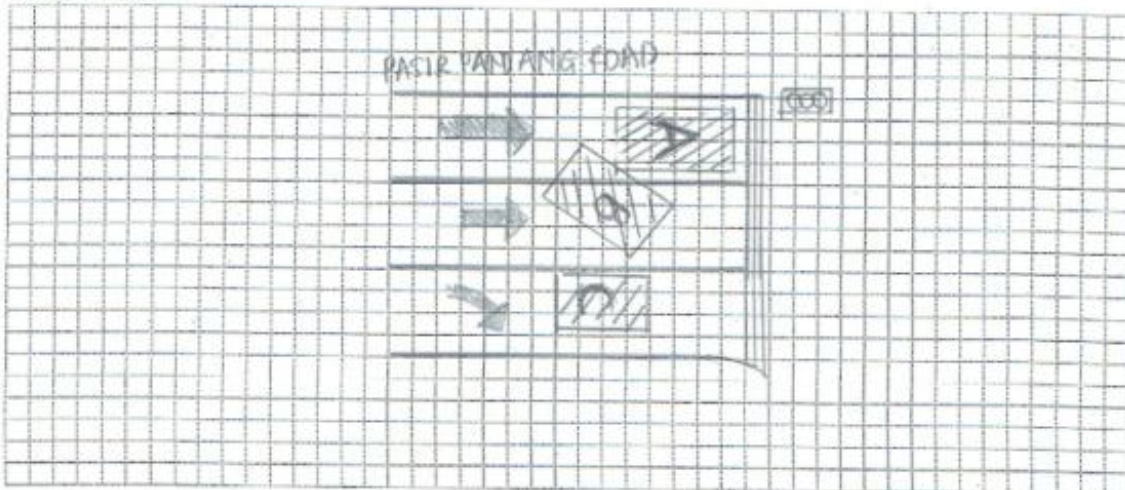
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9811H
Vehicle Make/Model/Colour	TOYOTA DYNA, WHITE COLOUR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD ZAID BIN ABDUOL WAHAB
NRIC/Passport Number	S6911803H
Contact Number	8710 0464
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(G603561H)

On 12/02/2018, around 1430 HRS, I was driving Vehicle A along Pasir Panjang Rd. There were some ongoing roadworks around that area with a auxiliary police on duty. I came to a halt before the traffic light as it was red. Behind me was vehicle B (G603561H). He tried to change from Lane 1 (behind me) to Lane 2. However, he did not change successfully & he hit onto the rear of my lorry with a hard impact. I alighted my lorry & the rear area ~~of~~ was damaged. I then took down the third party's vehicle details which includes contact no & driving license.

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:

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

Individual Statement

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident

12/02/18

Time

1430HRS

Location of Accident

ALONG PASIR PANJANG ROAD

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

G8D3561H

Name of Policyholder

GMS SUPPLIES & TRADING PTE LTD

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

200708513M

Address

192 PANDAN LOOP, PANTech BUSINESS HUB #04-08 SC(28381)

Contact Number

Tel 67770920

Hp 97696749

Occupation

SHIP SUPPLIES

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

MITSUBISHI CANTER FEADIBK2S DEB (CBU)

Type of Vehicle

Saloon, MPV, CRV, Van, Com, Bus M/cycle, Others

Exact Purpose for which vehicle was being used at the time of accident

DELIVERY

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks COMPANY'S POLICY

Vehicle category

☐ Private

☒ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

ECICS INSURANCE

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

MCV17800006901

DRIVER

Name of Driver

SOH TONG YEW

NRIC/ FIN/ Passport

S1727237J

Date of Birth

05-08-1971

Occupation

DRIVER

Driving Pass Date

16/02/1995

Gender

☒ Male

☐ Female

Contact Number

Tel 91999058

Hp

Address

APT BLK 697B TURONG WEST CENTRAL 3 #15-23 S(642697)

Email Address

Was driver an employee of the Insured's Company?

☒ Yes

☐ No

If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

SIDE TO REAR COLLISION

Weather Conditions

☒ Clear

☐ Raining

☐ Others

Road Surface

☐ Wet

☒ Dry

☐ Others

Damage Area

REAR

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No

☐ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number 4BB9811H

Vehicle Make/ Model/ Colour TOYOTA DYNA, WHITE (OLD)

Details of Properties (If Other Party is not a Vehicle)

Damage Area SIDE OF THE LORRY (SLIDING DOOR)

Name of Driver MOHAMMAD SE ZAIID BIN ABDUL WAHAB

NRIC/ FIN/ Passport S6911803H

Contact Number / Email Address 8710 0464

Address _____

Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle)

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

DETAILS OF WITNESS

Name _____

Phone / Email Address _____

Address _____

NRIC/ FIN/ Passport _____

MAHD ARIFF (AUXILIARY POLICE ON DUTY)
86938478

DETAILS OF INJURED PERSON 1

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

2

Signature of Policy Holder
(Company Seal if applicable)

[Signature]

Date & Time 20/02/18

6

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time 20/02/18

Individual Statement

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 20/02/18

Driver's Signature
(if driver is not the policyholder)

Date & Time: 20/02/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

IDENTITY CARD & DRIVING LICENCE (FRONT)



IDENTITY CARD & DRIVING LICENCE (BACK)



CHASSIS NO.:

U.W.:

M.L.W.:

TYRE SIZE:

WFE:

PASSENGER CAPACITY:

FF401BA00495

1760

3500

F 185/75R15

R 185/75R15(0)

1 DRIVER 2 OTHERS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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 : MBH A18024480 Vehicle Registration No : G8D3561H
Name(as shown in NRIC): GMS Supplies & Trading Pte Ltd
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 20070851311
Address : _____
Contact (Tel) : 6777 0920 (H/P) : _____
(Email) : info@globalmarine.com.sg
Date of Accident : 12/02/2018 Time of Accident : 14:30
Place of Accident : Along Pasir Panjang Road
Insurance Company : ECIES

(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: Reporting change to Third Party claim


Signature of Vehicle Owner / Driver
Date: