

## 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 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 Report	12/07/2019 16:16
Date Of Accident	11/07/2019 10:30
Exact Location Of Accident	817 KEAT HONG LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7940X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BABA PRODUCTS (S) PTE LTD
Co Reg No	199507324H
Email Address	TAGORE@BABA.COM.MY
Mobile Phone No	
Alternative Phone No	OFFICE-65540466

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCPHQ19-001225
Cover Note Number	

### Driver

Name of Driver	ROSSLY BIN JURI
NRIC No	S7611255Z
Date Of Birth	25/04/1976
Occupation	INDOOR
Date Of Driving Pass	09/02/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84959347
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 548B SEGAR ROAD #14-672
Postcode	672548
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : SALESGUY GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	YP5695G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THIYAGARAJAN VINOTHKUMAR
NRIC/Passport Number	G3342325Q
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

From:

To: 64583896

12/07/2019 11:17

#008 P.003/004

### SKETCH PLAN

#### 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 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. 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 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

BABA PRODUCTS (S) PTE LTD

No. 705, Sims Drive, #01-09

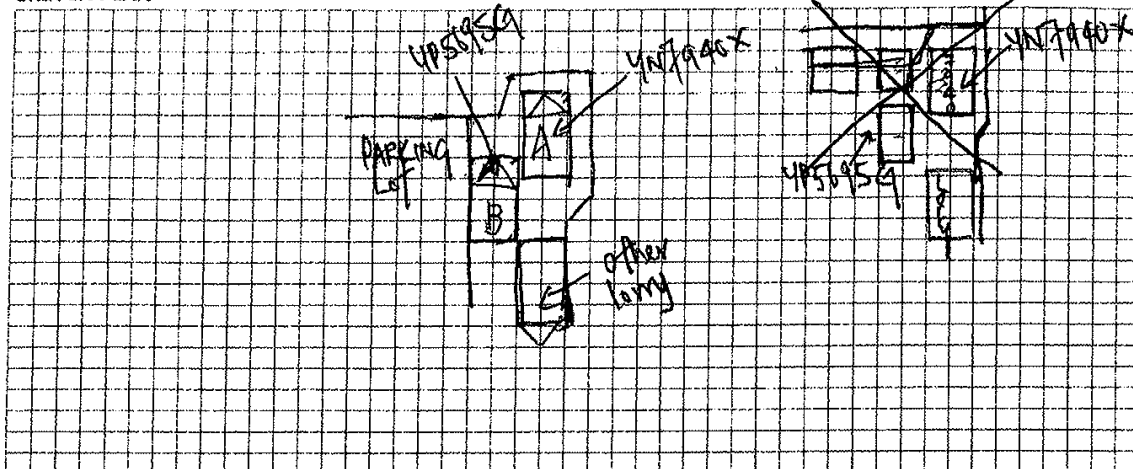
Shun Li Industrial Complex

GIARMIC, Sketchy Singapore 387384

Tel: 6841 6436 Fax: 6741 7053



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/7/19 at around 1032hrs I was doing delivery at 817 Keat Hong Link.

While I was going to reverse my lorry was block by other lorry.

My friend Valight from the lorry to inform the other driver, lorry number YP5695G to reverse and I also started to reverse the lorry at the same time but ~~stop~~ suddenly the driver of YP5695G stop and my friend quickly bang on my lorry cabin to stop but it too late and cause this accident to happen.

It cause their lorry right mirror holder to crack and their headlight to have a slight crack.

DECLARATION

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

Signature: *[Signature]*  
Date & Time: 12/07/19 @ 11.am.

Signature: *[Signature]*

Policyholder's Signature  
Date & Time: 705, Sims Drive, #01-09  
Shun Li Industrial Complex  
Company: *[Signature]*  
Tel: 6841 6436 Fax: 6741 7053

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

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



From:

To: 64583895

12/07/2019 18:06

#009 P.001/001



## CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr. Rossly Bin Juri NRIC/FIN S7611255Z Residing at Blk 548B Segar Road #14-672 S(672548) has reported to the Police a non-injury traffic accident, which occurred at Blk 817 Keat Hong Link on 11/07/2019 at about 1032hrs.

Involving the following vehicle:

I V1) Complainant's vehicle: (YN7940X, Red and Yellow Isuzu Lorry)

II V2) Other Party's vehicle: (YP5695G, White Lorry)

Brief Facts:

On 11/07/2019 at about 1030hrs, V1 was doing delivery at Blk 817 Keat Hong Link. While V1 was going to reverse, V1 was blocked by another lorry, V2. V1's friend friend alighted from the lorry to inform V2 to reverse and V1 also started to reverse the lorry at the same time but suddenly V2 stopped and V1's friend quickly hit the lorry to signal V1 to stop but it was too late and collided onto the V2's right mirror holder and their headlight causing a crack. No one was injured.

2. If the accident was reported to Police within 24 hours of its occurrence, He/she therefore had complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of issuing Officer : SSgt Firdaus  
 Date : 12/07/2019  
 Time : 1718 hrs  
 S/D Ref : 58  
 Police Post/ Unit : Bukit Panjang NPC

*Mary S. Aida*  
 Bukit Panjang NPC  
 1 Segar Road #01-05  
 Singapore 677736  
 Tel : 6892 8889

Original - To be issued to informant  
 Duplicate - To be retained at NPC or Police Post

Accident Photo



Accident Photo





Accident Photo



Accident Photo



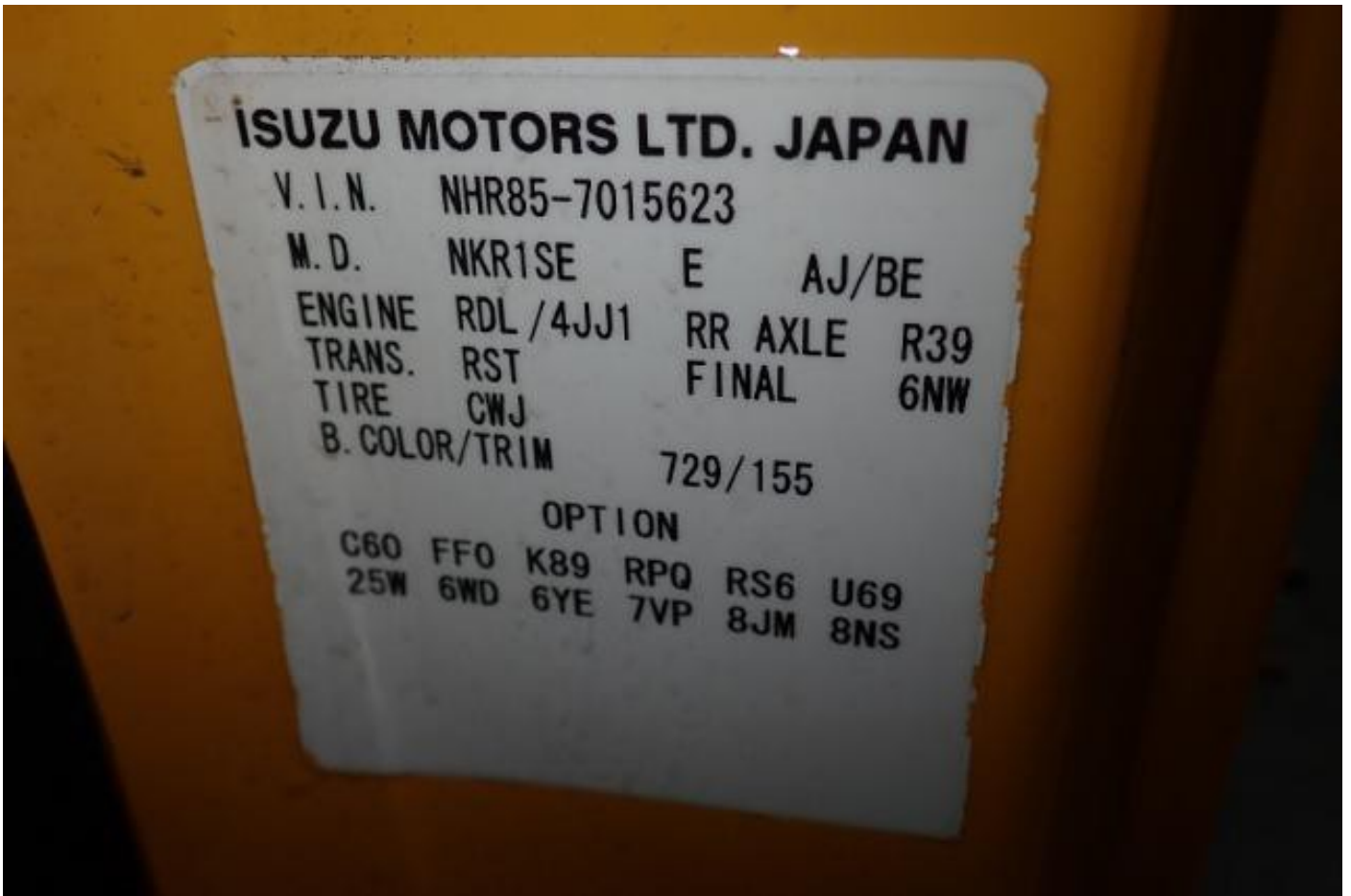
Accident Photo





Accident Photo





Accident Photo



Accident Photo

