

## 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 rescind 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 12/04/2020 18:36  
Date Of Accident 12/04/2020 11:30  
Exact Location Of Accident 30 ATTAP VALLEY RD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number XD8783R  
**Insured/Policyholder**  
Name Of Registered Owner SEMBWASTE PTE LTD  
Co Reg No 199507280G  
Email Address MOHAMAD.RANI@SEMBCORP.COM  
Mobile Phone No (LOCAL) +65-86732738  
Alternative Phone No OFFICE-86732738

### Vehicle Particulars

Manufacturer VOLVO  
Model OTHERS  
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL  
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy YES  
Policy Number 5109310219  
Cover Note Number

### Driver

Name of Driver TAMIN BIN JOPRI  
Passport No/FIN F752T  
Date Of Birth 22/07/1957  
Occupation OUTDOOR  
Date Of Driving Pass 01/03/1984  
Driving Experience 36 YEARS AND 1 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-86732738  
Fax Number  
Contact Number  
Email Address MOHAMAD.RANI@SEMBCORP.COM

Address 20 ATTAP VALLEY ROAD  
 759909  
 Is the driver an employee of the Insured's Company YES  
 Date of Birth 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) 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

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: OI WILL EMAIL TO INCOME  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number YP6573T  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver SOH CHIN LIAN  
 NRIC/Passport Number  
 Contact Number 97513748  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 1

## Sketch Plan

### 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' 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

(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

(f) 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

(g) for complying with requirements under any regulations, laws or court orders

TAMIN BIN JOPRI

12/04/2020 17:56

Policyholder's Signature / Date & Time

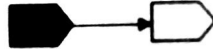
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan #2

### Sketch Plan

The sketch plan is based on the closest scenario.  
Please refer to "Circumstances of the Accident".



### Describe Circumstances of the Accident

BLACK CAR : XD8783R

WHITE CAR : YP6573T

#### DESCRIPTION :

When I was entering the Energy plant, I came to a complete stop due to vehicle YP6573T ahead who came to a complete stop. Suddenly Vehicle YP6573T reverse his vehicle and collided against my vehicle.

### Declaration

We declare the foregoing particulars are true in every respect.

TAMIN BIN JOPRI

12/04/2020 17:56

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel