

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 Submission 19/10/2020 19:50 (SGT)
Date of Accident 17/10/2020 09:40 (SGT)
Exact Location of Accident 1 Joo Yee Rd, Singapore 619197
Additional Location Information ENTRANCE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5345C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LINCOTRADE & ASSOCIATES PTE LTD
Company Reg No 1XXXXX725K
Email Address cindy@lincotrade.com.sg
Mobile Phone No (Phone) +65-88895524
Alternative Phone No +65-88895524

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model CANTER FEB21ER4SDEB (CBU)
Variant undefined
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00038862002
Cover Note Number -

DRIVER

Name of Driver HOSSAIN MOHAMMAD MONIR
Passport No/FIN GXXXXX981M

Date Of Birth	01/05/1988
Occupation	Outdoor
Date Of Driving Pass	04/04/2018
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88895524
Alt. Phone Number	(Office) +65-63668500
Email Address	cindy@lincotrade.com.sg
Address	39 SUNGEI KADUT LOOP
Address complement	-
Postcode	729494
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 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	GZ9255C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HOSSAIN MOHAMMAD MONIR
Gender	-
Phone No	-
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	YN5345C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



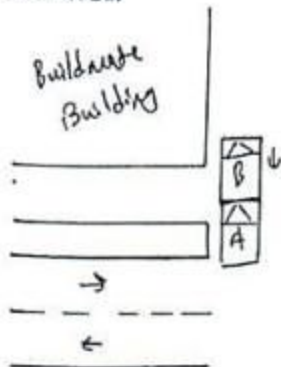
Policyholder's Signature
Date & Time:

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

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

Scanned with CamScanner

SKETCH PLAN



A → YN 5345 C

B → G2 9255 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In my vehicle, (YN 5345 C),

On the stated time & date, I was stationary, waiting to enter the building compound. A vehicle B, bearing (G2 9255 C) suddenly reversed and knocked onto the front portion of my car. We exchanged particulars and decided to proceed with insurance claim.

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.:

Scanned with CamScanner























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: MNA120091614 Vehicle Registration No: YN5345C
 Name (as shown in NRIC): Lincotrade & Associates Pte Ltd NRIC/FIN/Passport No: 199105725K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 39 Sungei Kadut Loop Singapore (729494)
 Contact (Tel): 63668500 Mobile No.: _____
 Email Address: cindy@lincotrade.com.sg
 Date of Accident: 17/10/2020 Time of Accident: 0940hrs
 Place of Accident: 1 Joo Yee Rd Entrance
 Insurance Company: China Taiping Insurance

(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:

Add email address as follow:-
cindy@lincotrade.com.sg

Cindy
 Policyholder / Driver's Signature
 Date:

23/10/2022
 Reporting Centre Personnel's Signature
 Name: Rashid
 NRIC/FIN No.: W011111B
 Date: