# 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 witholding 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 | 11/01/2021 11:53 (SGT) |
| Date of Accident | 09/01/2021 14:30 (SGT) |
| Exact Location of Accident | Tuas Ave 8, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | YQ663B |

INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | CS CONSTRUCTION & GEOTECHNIC PTE. LTD. |
| Company Reg No | 1XXXXX338M |
| Email Address | Anthony.Tan@cschl.com.sg |
| Mobile Phone No | (Phone) +65-65004734 |
| Alternative Phone No | (Office) +65-65004734 |

VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Mitsubishi |
| Model | Fuso |
| Variant | - |
| 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 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Great Eastern |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2020-V0108600-VCV-R001 |
| Cover Note Number | - |

DRIVER

| | |
|---|---|
| Name of Driver | MOMINUDDIN MD |
| Passport No/FIN | GXXXX706L |
| Date Of Birth | 01/01/1985 |
| Occupation | Outdoor |

| | |
|---|---|
| Date Of Driving Pass | 30/08/2017 |
| Driving experience | 3 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93512379 |
| Alt. Phone Number | - |
| Email Address | Anthony.Tan@cschl.com.sg |
| Address | C/O 2 TANJONG PENJURU CRESCENT |
| Address complement | - |
| Postcode | 608968 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

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 material 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 |

PASSENGER 1

| | |
|---|---|
| Name | COLLEAGUE |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002689999 |
| Alt. Police Station Phone No | (Fax) +65-62672438 |
| Police Station Address | 700 Corporation Road Singapore 649818 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO STATEMENT ON THE 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 | PC349P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|---|
| Colour | - |
| Category | Bus |
| 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) | 2 |

## INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | MOMINUDDIN MD |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | DISCOMFORT |
| Injured person in which vehicle? | YQ663B |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|---|
| Name of injured person | PASSENGER (FRONT) |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | DISCOMFORT |
| Injured person in which vehicle? | YQ663B |
| 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.
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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.

CS CONSTRUCTION & GEOTECHNIC PTE LTD D21

Policyholder's Signature
Date & Time:

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

NOVA AUTOMOTIVE PTE LTD

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

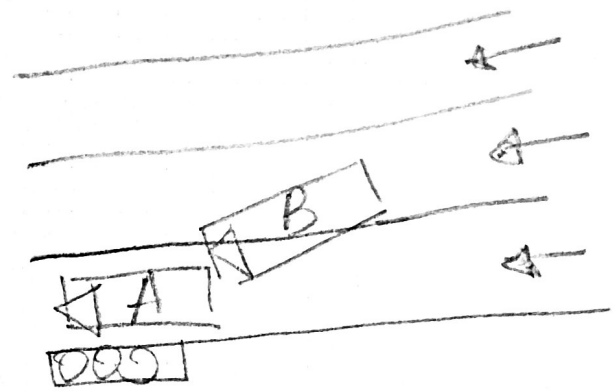
Nabilah
11/01/2021

ETCH PLAN #2

**H PLAN**

(02 pax)
A= YQ663B
B= PC349P
(02 pax)

ALONG TUAS AVE 8




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

| | |
|---|---|
| LICENSE PLATE: YQ663B | ACCIDENT DATE & TIME: 09/01/2021 @ 1430hrs |
| CONTACT NUMBER: 9355 2379 | E-MAIL ADDRESS: |
| LOCATION: Along Tuas Ave 8 | |

My vehicle was initially stationary on the extreme left lane, along Tuas Ave 8. When the traffic light turned green, I slowly moved off. When suddenly, veh B came from behind and hit onto the rear portion of my vehicle. Due to the impact, my vehicle was pushed forward. There were no vehicles infront of me. I wish to state that my passenger and I felt a discomfort due to the impact of accident and will seek medical treatment if necessary. Thats all.

Remarks: After the accident, my vehicle was not as smooth as before.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

( ) Claim Own Policy (✓) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

**DECLARATION**

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

GEOTECHNIC PTE LTD D21 CONSTRUCTION PTE LTD

Policyholder's Signature
Date & Time:

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

NOVA AUTOMOTIVE PTE LTD

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

Nambah
11/01/2021