Your NCD will be affected due to late reporting

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	14/01/2021 16:08 (SGT)
Date of Accident	05/01/2021 13:20 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1089H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YOKE MAH PLASTERCEIL PTE LTD
Company Reg No	2XXXXX528D
Email Address	account@yokemahplasterceil.com.sg
Mobile Phone No	(Phone) +65-88942623
Alternative Phone No	(Office) +65-64846679

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
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?	Yes
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900254013
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD TAHIR BIN AZMI
NRIC No	SXXXX350E
Date Of Birth	13/12/1987
Occupation	Outdoor

Date Of Driving Pass	12/01/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-88942623
Alt. Phone Number	-
Email Address	tahimza@gmail.com
Address	BLK 489A TAMPINES STREET 45 #10-219
Address complement	-
Postcode	521489
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210106/7066

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	XB8327K
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)	-

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**.
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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.

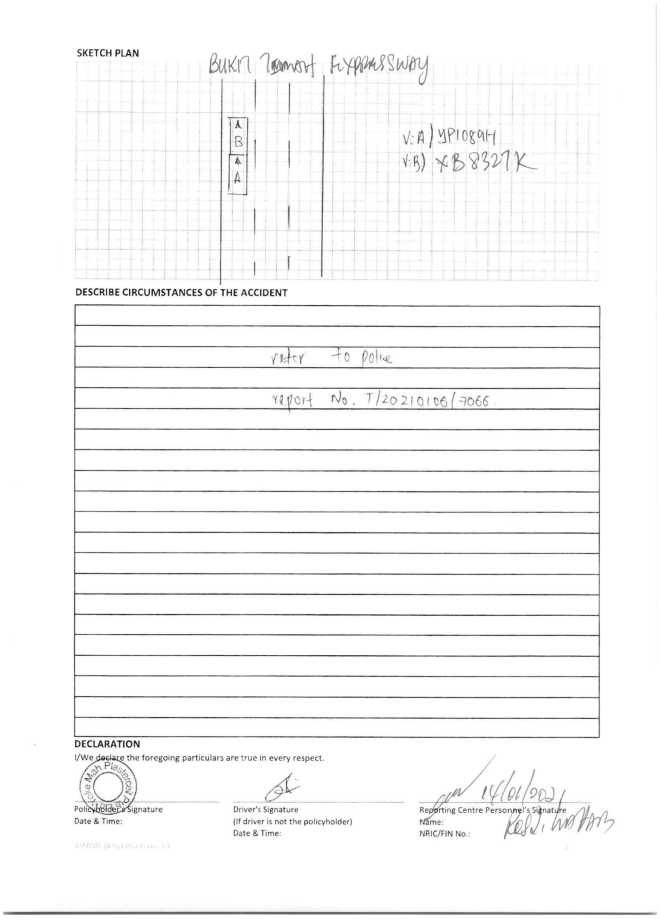
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN #2



SKETCH PLAN

Bukit Timah Expressway

A
B
A
A

V: A) SJP1089H
V: B) SB8327K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police

report No. T/20210106/7066

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.:

14/01/2021

IMAGES

IMAGES #2


MITSUBISHI FUSO
TRUCK & BUS CORPORATION
MODEL
FEB71E
CHASSIS NO.
FEB71EA20085
MAX G.V.W.
6700 kg
MAX AXLE LOADS FRONT
3100 kg
REAR
6000 kg

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


EXIT
T:6484 6679 F:6858 6090
60
km/h
YOKE MAH PLASTERCEIL PTE. LTD.
089H

IMAGES #7


YOKE MAH PLASTERCEIL PTE. LTD.
www.yokemahplasterceil.com.sg
YOKE MAH PLASTERCEIL PTE. LTD.
T:6484 6679 F:6858 8080

IMAGES #8


YOKE MAH PLASTERCEIL PTE. LTD.
www.yokemahplasterceil.com.sg
60 km/h
STA

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

SINGAPORE POLICE FORCE

T/20210106/7066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210106/7066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/01/2021 18:27		

Informant's Particulars

Name of Informant:			Address:
MUHAMMAD TAHIR BIN AZMI			489B TAMPINES STREET 45 #10-219 SINGAPORE 521489
ID Type / ID No.:			Contact No.: Home/Office: Mobile: 88942623
NRIC NO / S8740350E			
Nationality:			Email:
SINGAPORE CITIZEN			TAHIMZA@GMAIL.COM
Sex:	Age:	Date of Birth:	Type of Informant:
Male	33	13/12/1987	Driver
Race:			Language: / Institution / School Name:
Malay			English
Occupation:			Driving Licence Information: Date of Expiry:
Lorry Driver			Class: 3

General Information of the Accident

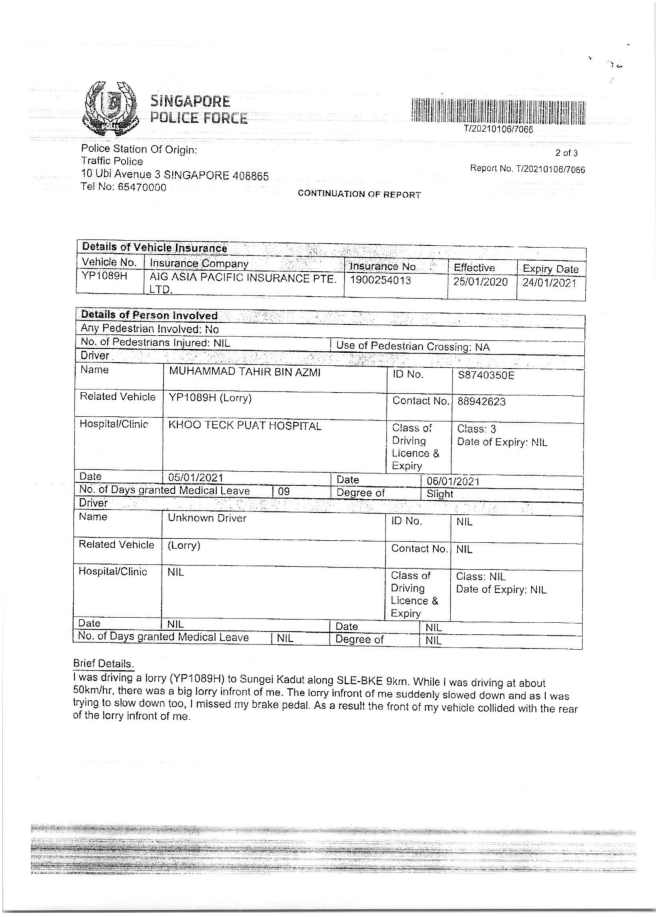
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	05/01/2021 13:20	Straight Road

Location:
BUKIT TIMAH EXPRESSWAY

Weather:	Road Surface:	Road Speed Limit:
Sunny	Dry	70 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
Dual Carriage Way	Not Controlled	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
YP1089H	Lorry	MITSUBISHI	Canter 4 Ton	Orange	Seriously Damaged	0
XB8327K	Lorry			Blue	Slightly Damaged	0



SINGAPORE POLICE FORCE

T/20210106/7066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YP1089H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900254013	25/01/2020	24/01/2021

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL — Use of Pedestrian Crossing: NA

Driver

Name	MUHAMMAD TAHIR BIN AZMI	ID No.	S8740350E
Related Vehicle	YP1089H (Lorry)	Contact No.	88942623
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/01/2021	Date	06/01/2021
No. of Days granted Medical Leave	09	Degree of	Slight

Driver

Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.
I was driving a lorry (YP1089H) to Sungei Kadut along SLE-BKE 9km. While I was driving at about 50km/hr, there was a big lorry infront of me. The lorry infront of me suddenly slowed down and as I was trying to slow down too, I missed my brake pedal. As a result the front of my vehicle collided with the rear of the lorry infront of me.

SINGAPORE POLICE FORCE

T/20210106/7066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2021 18:27
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:

Authentication Stamp
NP168