SN08211J0004-01 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 19/01/2021 17:58 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 2 (19/01/2021 18:07 (SGT))

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	19/01/2021 17:58 (SGT)
Date of Accident	18/01/2021 18:09 (SGT)
Exact Location of Accident	Bukit Batok East Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY4593P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARMOURFLEX COATINGS PTE LTD
Company Reg No	1XXXXX382C
Email Address	admin@armourflex.com.sg
Mobile Phone No	(Phone) +65-98551250
Alternative Phone No	+65-98551250

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNA00023362002
Cover Note Number	-

DRIVER

Name of Driver	MUSTAFFA BIN HASSAM
NRIC No	SXXXX526C
Date Of Birth	01/10/1953
Occupation	Outdoor

Date Of Driving Pass	27/05/1981
Driving experience	39 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98551250
Alt. Phone Number	-
Email Address	admin@armourflex.com.sg
Address	BLK 152B BISHAN STREET 11 #08-265
Address complement	-
Postcode	572152
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

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

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	SMF9417L
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG ECK BENG
NRIC No	SXXXX326B
Contact Number	(Phone) +65-94569294
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

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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 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.
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.

ARMOURFLEX COATINGS PTE LTD

Policyholder's Signature / Date & Time

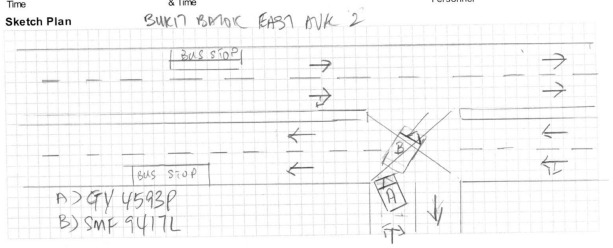
19/11/21 14:30

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

19/11/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

ON 18/01/2021 AT ABOUT 18:09HRS I WAS AT CAR PARK EXIT AND WAITED TO TURN LEFT INTO BURY BAYOK AVENUE 2. STOP INFRONT OF CAR SMF 9417L WITH HIM STARTED MOVE ; I ALSO MOVE & LOOK ON MY RIGHT BEFORE TURN, BUTTHEN I TURN BACK THE CAR SUDDENLY STOP & I COULD NOT STOP ON TIME MY WORD RIGHT SIDE HIT HIS LEFT PORTION. WE STOP AT THE ROAD SIDE & EXCHANGE PARTICULARS, HE TOLD ME THAT THERE WAS TRI COMMUTT UNTHICH ON THE LEFT MAKE HIM STOP HIS CAR IN THE MIDDLE OF THE ROAD.

Declaration

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

ARMOURFLEX COATINGS (PTE) LTD

19/1/21

19/01/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

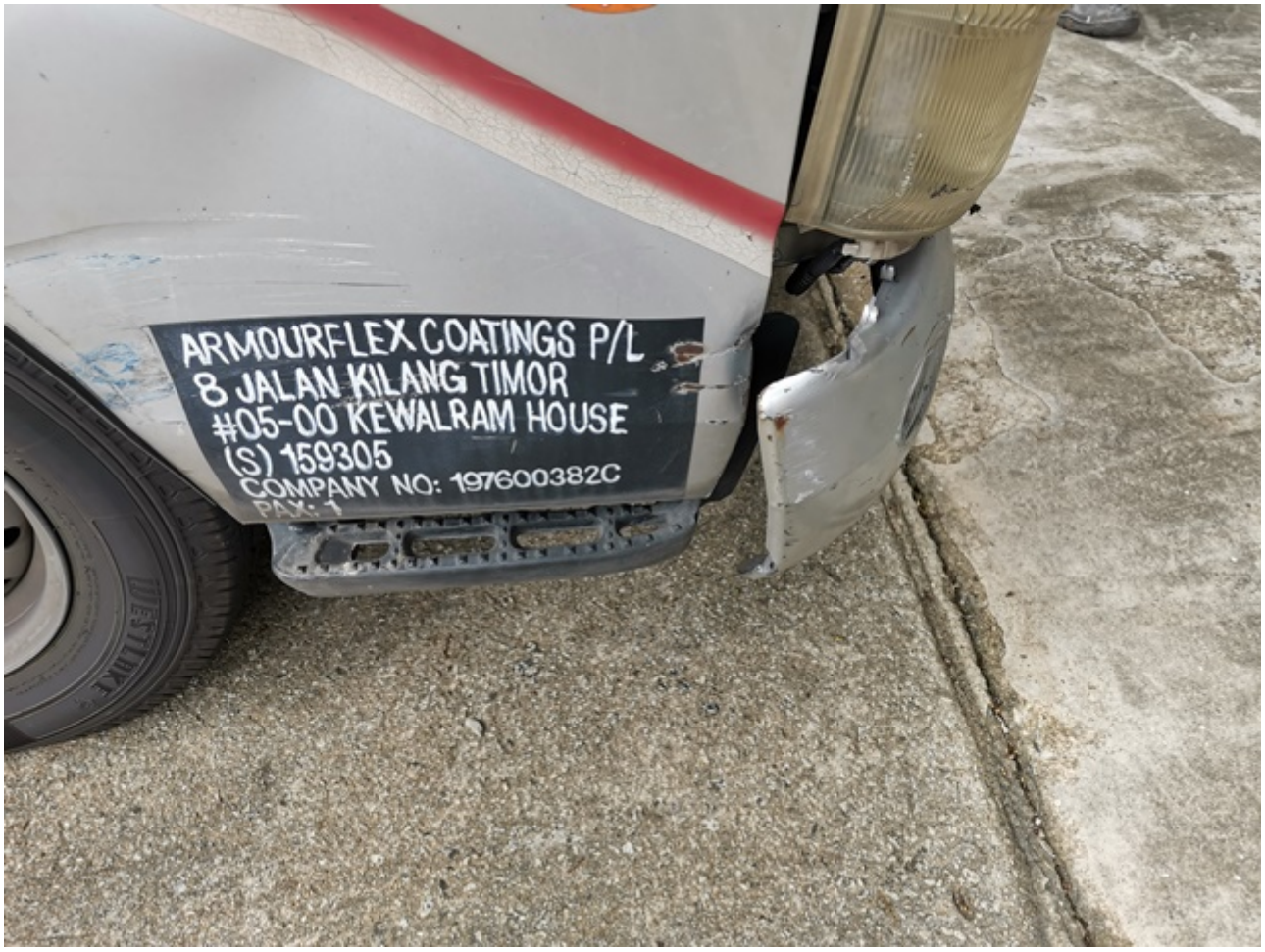
IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


ARMOURFLEX COATINGS P/L
8 JALAN KILANG TIMOR
#05-00 KEWALRAM HOUSE
(S) 159305
COMPANY NO: 197600382C
PAX: 1

IMAGES #6

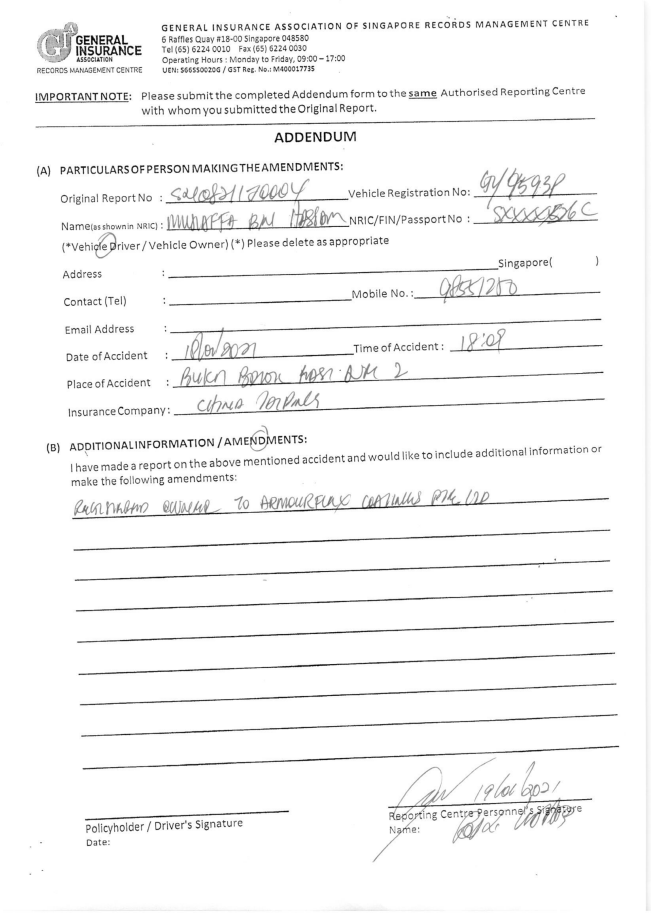

ARMOURFLEX COATINGS P/L
8 JALAN KILANG TIMOR
#05-00 KEWALRAM HOUSE
(S) 159305
COMPANY NO: 197600382C
PAX: 1

IMAGES #7


T-BELT
km/h
20
40
60
80
100
120
140
160
ODO 578918
1
2
3
4
5
6
x1000r/min

IMAGES #8


TOYOTA MOTOR CORPORATION JAPAN
MODEL LY235R-TLMGS
ENGINE 5L
FRAME No. JTFUF34Y103010432
2986
COLOR TRIM PLANT OPTION
199 EA12 P11
TRANS./AXLE R452 A01B
883 T1



GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08211J0004 Vehicle Registration No: GJ 4593P

Name (as shown in NRIC) : MUHAFFA BIN HASSAN NRIC/FIN/Passport No : SXXXX856C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 9855 1250

Email Address : _____

Date of Accident : 18/8/2021 Time of Accident : 18:09

Place of Accident : Bukit Batok West Ave 2

Insurance Company : Citimo Portals

(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:

Registered owner to Armourplus Coatings Pte Ltd

Policyholder / Driver's Signature
Date:

19/8/2021
Reporting Centre Personnel's Signature
Name: