

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	22/01/2021 17:39 (SGT)
Date of Accident	22/01/2021 15:00 (SGT)
Exact Location of Accident	25 Gul Ln, Singapore 629419
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1321C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Mopi Pte Ltd
Company Reg No	1XXXXX919Z
Email Address	raymond@mopi.com.sg
Mobile Phone No	(Phone) +65-98267151
Alternative Phone No	(Office) +65-67425677

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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	QBE
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	8-V0004831-MVA-R008
Cover Note Number	-

DRIVER

Name of Driver	Ong Yu Xuan
NRIC No	SXXXX682C
Date Of Birth	07/02/1994
Occupation	Outdoor

Date Of Driving Pass	28/11/2013
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92962534
Alt. Phone Number	-
Email Address	Yuxuan151@gmail.com
Address	Block 836 Yishun Street 81
Address complement	#04-356
Postcode	760836
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	Collided into Parked Vehicle
Weather Conditions	Drizzling
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 22/01/2021 at about 1500hrs, I stopped my vehicle (A: GBC1321C) at the driveway of 25 Gul Lane warehouse waiting for loading/unloading bay. Suddenly, a vehicle (B: XE117L/ trailer no. TRC8960Y) which stopped in front of me made a reversed. I immediately sounded my horn to alert him but to no avail. Thus, the vehicle B reverse and hit onto front portion of my vehicle twice. Nobody was injured in this accident.

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	XE117L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Trailer No. TRC8960Y
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- * 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 willful 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 GIACC 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 insurers who have insured vehicles involved in this accident and insurers who have insured vehicles involved in this accident shortly collectively referred to as the "Insurers", the Insurance Regulatory Authority, the Ministry of Transport, the Ministry of Home Affairs and any relevant government agency/authority (such as the police) for my insurance or;
(b) processing, handling and/or dealing with my claims including the settlement of my claims and any insurance matters relating to the claims;
(c) investigating the accident and/or my claims;
(d) carrying out and/or dealing with my insurances, responding to any enquiries to me;
(e) administering my claims, including the making of correspondence, submitting my claims reports and reports to my insurer, and/or making disclosure of certain personal data about me relating to this claim to the Insurers as well as with a external cover or any person/organisation; and/or
(f) complying with applicable law, in administering, processing, handling and/or dealing with my claims, collectively the "Purposes".
(g) all insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms may also be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes; and
(h) my Personal Information may also 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 headquartered outside of Singapore for one or more of the above Purposes.

Policyholder's Signature: _____ Date: _____
Time: _____

Driver's Signature: _____ Date: _____
Time: _____

Witnessed by: _____ Date: _____
Signature: _____

Sketch Plan

25 Oct 2021

ST0J211M0005

09/10/21

09/10/21

Describe Circumstances of the Accident

Refer to accident statement

Declaration

We declare the foregoing contents to be true and correct.

[Signature]
 Driver's Signature, Date
 04/22/11

Driver's Signature (if driver is not the policyholder), Date
 04/22/11

[Signature]
 Witness or Adjuster's Signature, Date
 04/22/11

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

919Z

Vehicle Details

Vehicle No.:

GBC1321C

Vehicle to be Exported:

No

Intended Deregistration Date:

22 Jan 2021

Vehicle Make:

TOYOTA

Vehicle Model:

DYNA 150 MANUAL 3SEATER

Primary Colour:

Silver

Manufacturing Year:

2011

Engine No.:

1KD2075994

Chassis No.:

JTFAT35Y10K201526

Maximum Power Output:

-

Open Market Value:

\$24,970.00

Original Registration Date:

13 May 2011

First Registration Date:

13 May 2011

Transfer Count:

0

Actual ARF Paid:

\$1,249.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

12 May 2021

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$30,001.00

COE Rebate Amount:

\$913.00

Total Rebate Amount:

\$913.00

The information contained herein is correct as at 22 Jan 2021

OK

