

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	11/02/2021 09:57 (SGT)
Date of Accident	10/02/2021 10:30 (SGT)
Exact Location of Accident	7 Sungei Kadut Street 3, Singapore 729142
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9832R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPACEWEISS SOLUTIONS PTE LTD
Company Reg No	-
Email Address	DERRICK@SPACEWEISS.COM
Mobile Phone No	(Phone) +65-96166994
Alternative Phone No	+65-96166994

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	-
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	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V14154/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	HE WENCHANG
Work Permit No	GXXXX850L
Date Of Birth	27/07/1989
Occupation	Outdoor

Date Of Driving Pass	14/02/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-89348412
Alt. Phone Number	-
Email Address	DERRICK@SPACEWEISS.COM
Address	BLK 145 BEDOK RESERVOIR RD #06-1613
Address complement	-
Postcode	470145
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	0
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)	0
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	YP4355U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UDDIN JASHIM
Work Permit No	GXXXX358T
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

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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.

Policyholder's Signature
Date & Time:



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

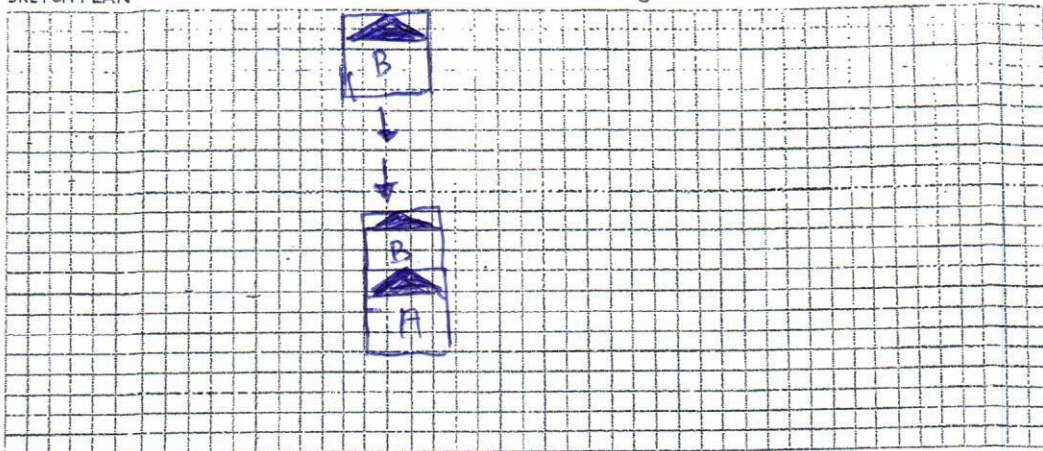
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Reporting Centre Personnel's Signature
Name: Suhaimi
NRIC/FIN No: S8040377A

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SKETCH PLAN

7 Sungei Kadut St 3



Vehicle A = GBH 9832R

Vehicle B = YP 4355U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A (GBH 9832R) was stationary at the stated venue. I was standing beside my lorry. Suddenly I saw vehicle B (YP 4355U) reversing and I screamed but the vehicle keep reversing and hit onto my lorry.

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: Suhaimi
NRIC/FIN No: S8040377A

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD20V14154 /VCV /R00										
Form	MZ300A										
Date Of Issue	05-NOV-2020										
1.Index Mark and Registration No. of Vehicle:	GBH9832R										
2.Chassis number of Vehicle:	JAANHR87EJ7100166										
3.Name of Policyholder:	SPACEWEISS SOLUTIONS PTE. LTD										
4.Effective date of Commencement of Insurance for the purposes of the Act:	14-NOV-2020 00:00 AM										
5.Date of Expiry of Insurance:	13-NOV-2021 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>										
7.Limitations as to use*:	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>										
8.The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.</p>										
<p>I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.</p>											
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr/> Authorised Signature											
<p>For Information only:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, Additional Accessories - HOOD - S/I S\$5,000/-</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - S\$3000, Windscreen Excess S\$100</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>UNITED OVERSEAS BANK LIMITED</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>CASA MERAKI PTE LTD</td> </tr> </table>		COVERAGE :	Comprehensive, Unlimited Windscreen, Additional Accessories - HOOD - S/I S\$5,000/-	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - S\$3000, Windscreen Excess S\$100	FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED	PRODUCER NAME:	CASA MERAKI PTE LTD
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FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED										
PRODUCER NAME:	CASA MERAKI PTE LTD										

Date of Accident : 10/2/2021 Accident Time: 1030 (24-HR-Format)
Accident Place : 7 Sungei Kadut Street 3 (Grandwork Interior Pte Ltd Building, carpark)
Vehicle No. (Car Plate No.) : GBH 9832R Make/Model: ISUZU
Insurance Company : Liberty Insurance Policy No: SD20VI4154/VCV/R00
Owner or Company Name /IC No. : Spaceweiss Solutions Pte Ltd
Owner or Company Contact No. : 96166994 Owner's Hp 96166994 Company Tel
DRIVER'S Name / IC No. : He Wenchang G3902850L
DRIVER'S Date Of Birth : 27/7/1989 DRIVER'S License Pass Date 14/2/2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: _____
DRIVER'S Address : B1C 145 Bedok Reservoir Road #06-16 13 S(470145)
DRIVER'S Contact No./ Alt No. : 1) 89348412 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : derrick@spaceweiss.com
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 0
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: YP 43554

Vehicle No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: Uddin Jashim

Name Driver: _____

IC No. Driver/Contact: G6561358T

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: