

# 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 .....	08/04/2021 14:40 (SGT)
Date of Accident .....	23/03/2021 02:15 (SGT)
Exact Location of Accident .....	Bedok North Ave 4, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YN5689K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	RAMKY CLEANTECH SERVICES PTE LTD
Company Reg No .....	2XXXXX246G
Email Address .....	fong.jiayuan@ramky.com.sg
Mobile Phone No .....	(Phone) +65-81318314
Alternative Phone No .....	+65-81318314

### VEHICLE PARTICULARS

Manufacturer .....	Dulevo
Model .....	5000 VELOCE EU5 A/T 2WD ROAD SWEEPER
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? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	5883

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	Yes
Policy Number .....	D-20096614MFVS/3
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ROSLI BIN YUSOFF
NRIC No .....	SXXXX823C

Date Of Birth .....	21/07/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	20/07/2002
Driving experience .....	18 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98247648
Alt. Phone Number .....	-
Email Address .....	roslibp1964@gmail.com
Address .....	BLK 748 PASIR RIS ST 71
Address complement .....	#07-16
Postcode .....	510748
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 .....	Fire, explosion or lightning
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
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

PLS REFER TO THE ATTACHED 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

# SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**



**Describe Circumstances of the Accident**

*Pls refer to the attached statement.*

**Declaration**

We declare the foregoing particulars are true in every respect.



\*

Policyholder's Signature / Date & Time

*[Signature]* 8/4/21

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

*[Signature]* 08/04/21

Witnessed by Reporting Centre Personnel



**Description of Accident / Incident:**

(Please be as descriptive as possible:

What were the events that led to the incident?

What machines/ equipment/ tools were involved?

What are the details of 3<sup>rd</sup> Party (Full name, NRIC, contact number, company name), if relevant

Provide photos/ sketches if available.)

by MS YN5689K

on 23/03/2021 at around 0215hrs, I was travelling along East Coast Parkway. I noticed that there was hydraulic oil leaking from side brush. Hence, I drove back to depot to change vehicle. When I reached the bus stop opposite depot at around 0230hrs, the engine was suddenly off itself and the signal (Engine Stop) on. I tried several times to start the vehicle but could not. Then I smelled burning and immediately got down from vehicle to check. I saw the smoke coming out from engine parts and there was a lady who passed by called SCDF. It was around 0230hrs and two men from bus stop team assisted to put out the fire using their equipment. About 0240hrs SCDF and police reached the scene while the fire had been totally put out. They have done their investigation at 0240hrs and the vehicle was towed to the workshop. No injury involved.



