



## 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	03/02/2021 17:19 (SGT)
Date of Accident	03/02/2021 09:50 (SGT)
Exact Location of Accident	Pioneer Rd, Singapore
Additional Location Information	ROUND-ABOUT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP384L
-----------------------------	--------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GEOMETRA WORLDWIDE MOVERS PTE. LTD.
Company Reg No	[REDACTED]
Email Address	[REDACTED]
Mobile Phone No	(Phone) [REDACTED]
Alternative Phone No	(Office) [REDACTED]

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
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	Sompo
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPCVE003359
Cover Note Number	-

#### DRIVER

Name of Driver	JASMANI BIN MD NOOR
NRIC No	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	Outdoor

Date Of Driving Pass	05/03/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) - [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	RASHID
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

#### 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	GBD6640T
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 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 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 lodging 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 as aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
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 enquiry 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/are 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 (a) 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIME LIMIT FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature  
Date & Time:

*[Signature]*

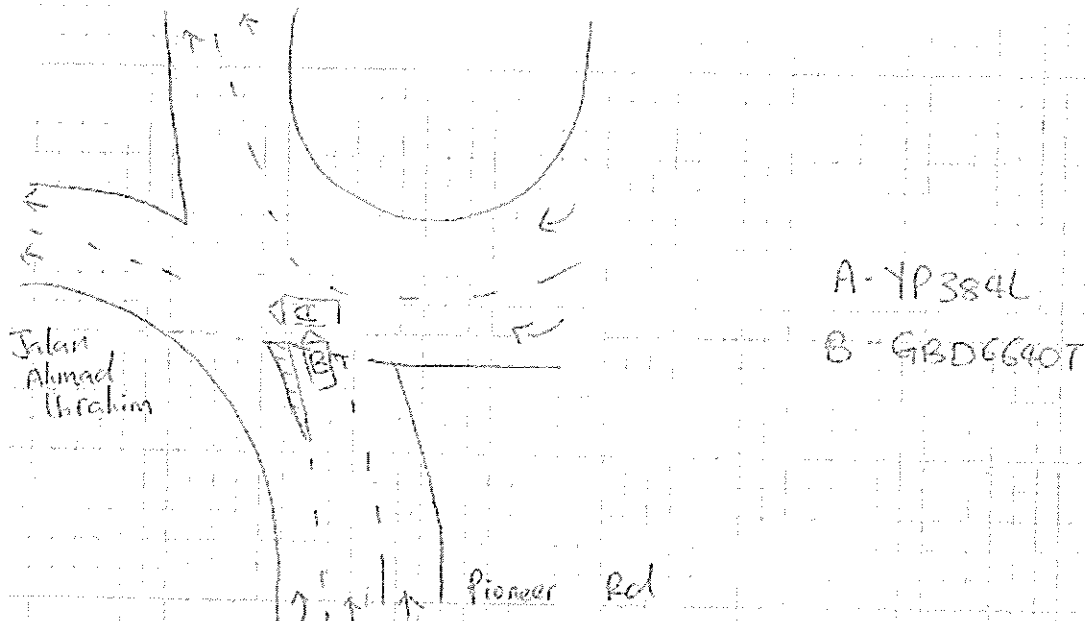
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/02/2021 (w)

While I was travelling on Pioneer Rd Round-about turning towards Jln Ahmad Ibrahim Teras direction.

I saw that Vehicle B is stationary at Pioneer Rd. waiting to turn out. When I pass over Vehicle B.

Suddenly I feel an impact of my left side portion.

I notice that Vehicle B coming out from Pioneer Rd and collided onto left side portion of my vehicle.

No one was injured.

DECLARATION

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

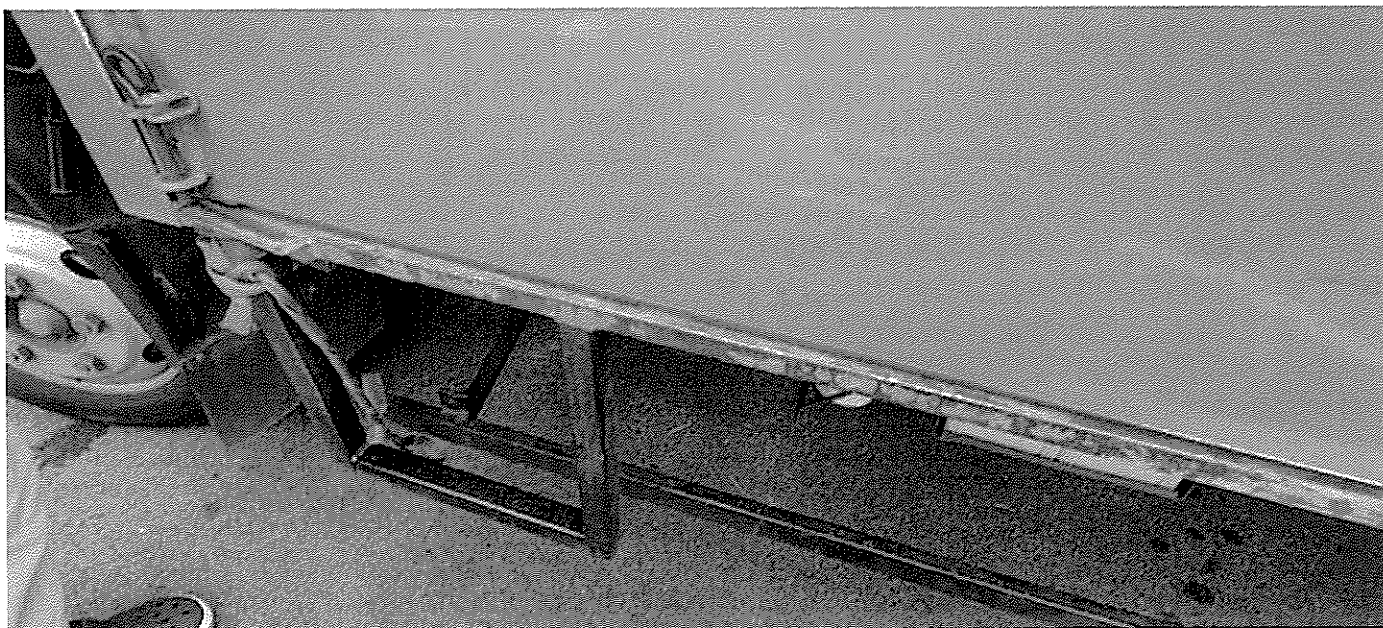
Policyholder's Signature  
Date & Time:

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

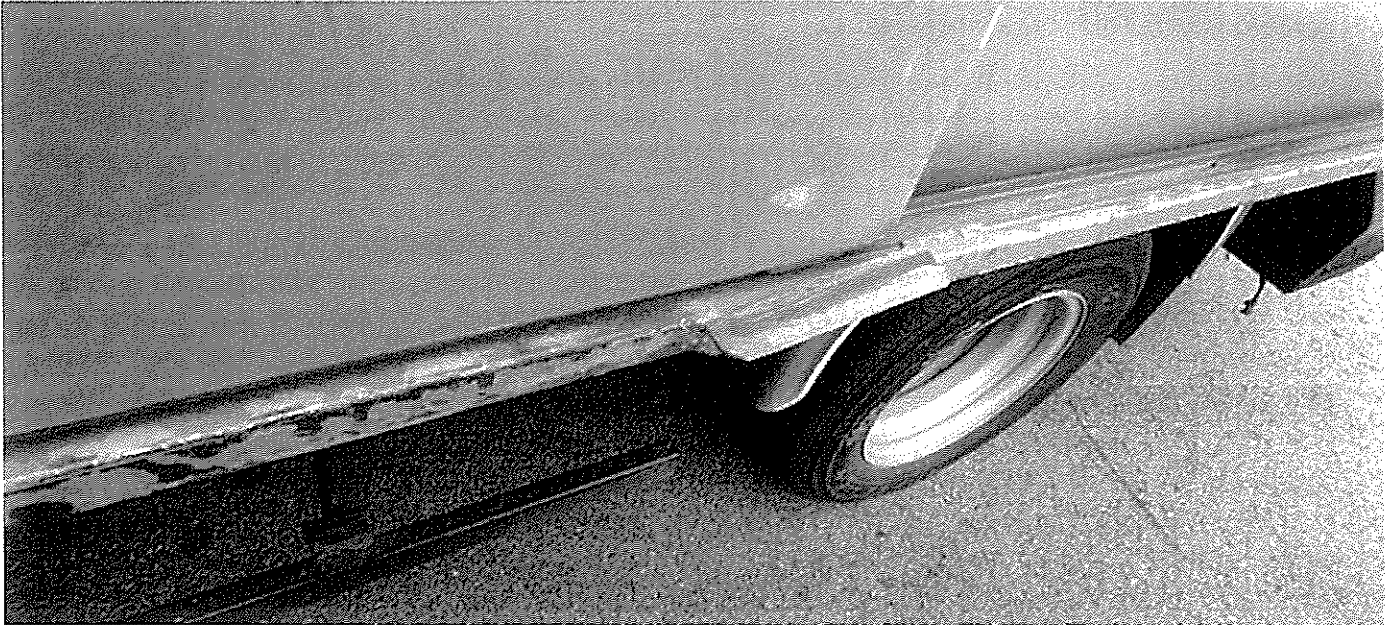
Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No.:

☐ Claim own policy  
☒ Claim third party  
☒ Claim CO (TP) at other workshop  
☐ For record purpose  
Policy No. D20MTPCNE003359  
Insurer SOMPO Veh No. YP384L













偉利摩哆公司  
**WILLY MOTOR COMPANY**

27-A Jurong Port Road #01-32 Singapore 619101

Tel: 6261 7873, 6268 0977 Fax: 6265 1726

Branch: 3 Pioneer Road North #01-17 Singapore 628457

Tel: 6264 1596, 6261 1238

Business Reg. No: 225146/00B GST Reg. No: M8-8003347-6

---

17 May 2021

GEOMETRA WORLDWIDE MOVERS PTE LTD

C/O 27A Jurong Port #01-32

Singapore 619101

FINAL REPAIR BILL FOR VEHICLE NO. YP 384 L

Total Repair cost ( Part – By – Part ) \$5,550.00

Add 7% GST \$ 388.50

Total: \$5,938.50



# PRECISION APPRAISAL SERVICES



Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 6444 4886 Company Registration No. 53139926E

**To:**  
**GEOMETRA WORLDWIDE**  
**MOVERS PTE LTD**  
**C/O 1 27A Jurong Port Road**  
**#01-32 Singapore 619101**

**Invoice No.: 210517**

**DATE : 17 May 2021**

<b>DESCRIPTION</b>			<b>AMOUNT</b>
<b>Vehicle Registration No.</b>	<b>: YP 384 L</b>		
<b>Type of Claims</b>	<b>: Third Party Claims</b>		
<b>Our Reference No.</b>	<b>: PAS/WM/210517/TP</b>		
<b>Your Reference No.</b>	<b>: -</b>		
<b>Inspection Report Fees</b>	<b>: ( including transportation charges &amp; photographs )</b>		<b>\$560.00</b>
<b>Reinspection Report Fees</b>	<b>: -</b>		
<b>Transportation Charges</b>	<b>: -</b>		
<b>Additional Photographs</b>	<b>: -</b>		
<b>Others ( Specify )</b>	<b>: -</b>		
<b>DOLLARS</b>	<b>FIVE HUNDRED &amp; SIXTY ONLY</b>	<b>TOTAL:</b>	<b>\$560.00</b>



PRECISION APPRAISAL SERVICES



# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



## AUTOMOBILE INSPECTION REPORT

To:

**GEOMETRA WORLDWIDE  
MOVERS PTE LTD  
C/O 1 27A Jurong Port Road  
#01-32 Singapore 619101**

### INSURANCE DETAILS

Insured : -  
Policy No. / Claim No. : -  
Sum Insured : -  
Excess Clause : -  
Windscreen Coverage : -  
Type of Claims : Third Party Claims  
Third Party Insurer : -  
Third Party Policy No. : -

### REFERENCE

Assigned By : As above  
Accident Date : 03 February 2021  
Assignment Date : 23 April 2021  
Inspection Date : 23 April 2021  
Our Reference No. : PAS/WM/210517/TP

**Inspection Report Date : 17 May 2021**

**Workshop Name :**

**WILLY MOTOR COMPANY**

**Inspection Address :**

**27A Jurong Port Road #01-32  
Singapore 619101**

### PARTICULARS OF VEHICLE

Registration No.	: YP 384 L	Mileage	: 73345	Km/h
Make/Model	: ISUZU NNR85UH4A	Radio/Cassette	: Fitted	
Yr of Manuf/Regn	: 17 Dec 2015	CD Disc Player	: Fitted	
Carrying Capacity	: -	Air Conditioner	: Fitted	
Chassis No.	: JAANNR85HF7100229	Clock	: Fitted	
Engine No.	: 4JJ12B4694	Seat Belt	: Fitted	
Colour	: Metallic Blue	Wing Mirror	: Fitted	
Class	: Goods ( Lorry )	Other Accessories	: Fitted	

### PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good  
Paint Work : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Any Apparent : None  
Eng Modifications : None

### VEHICLE VALUE

Market Value : -  
Wreck Value (Parf) : -

### TYRE SIZE & CONDITION

Front N/s Size	: 195/85R16LT	80 %	Front O/s Size	: 195/85R16LT	80 %
Make	: BRIDGESTONE		Make	: BRIDGESTONE	
Rear N/s size	: 185/80R15LT	80 % 80	Rear O/sSize	: 185/80R15LT	80 % 80
Make	: BRIDGESTONE		Make	: BRIDGESTONE	
Spare Size	: 195/85R16LT	80 %	Spare Size	: 195/85R16LT	
Make	: BRIDGESTONE		Make	: BRIDGESTONE	
			Jack & Tools	: Intact	

**Type of Wheel Rims: Standard**

**Note: The above percentage % represent the estimated remaining tyre threads.**

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/Adjusters Cargo Surveyors & Licensed Appraisers



VEHICLE REGISTRATION NO. : YP 384 L

APPENDIX A

## POINT OF IMPACT

(Diagram A)  
FRONT

(Diagram B)  
FRONT

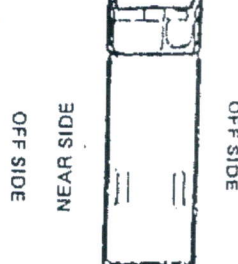
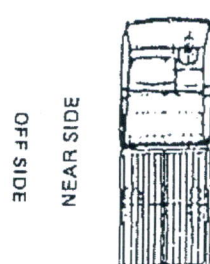
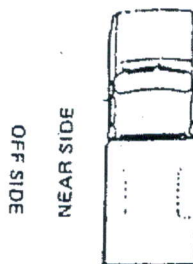
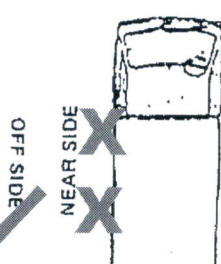
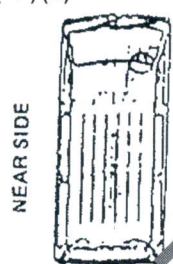
(Diagram C)  
FRONT

(Diagram D)  
FRONT

(Diagram E)  
FRONT

Direction of impact/damage marked (→) (X)

**The vehicle sustained impact on its N/s Centre Portion (See Diagram B)**



REAR

REAR

REAR

REAR

REAR

## GENERAL DESCRIPTION OF DAMAGES

Parts damaged were : **The n/s centre door and rail were dented**

## ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 23/04/2021 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s WILLY MOTOR COMPANY as per attached Appraisement Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Part - By - Part Repair Basis of \$ 5,550.00 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	3820	00	3820	00
Towing Charges	X	X	X	X
PB Labour Charges	800	00	680	00
Others Misc Charges	300	00	250	00
Paintwork	1000	00	800	00
Total	\$ 5920	00	\$ 5550	00

Under normal circumstances, the duration of repairs should not exceed Eleven ( 11 ) days including Pre-Repair Inspection ( PRI ) / Pre-Repair Survey ( PRS) waiting time frame & Public Holidays.

Attached photographs taken during inspection Forty ( 40 ) Photographs

## SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 28/04/2021, we examined the new replacement parts.
3. On 03/05/2021, we examined the repaired vehicle.

Yours Faithfully

T F NG PHILIP FOO  
ACII CAE, AMIMI  
AIAME, AMSAE-A  
Licensed Appraiser/Adjuster

Inspection Report Date: 17 May 2021



VEHICLE REGN NO : YP 384 L  
 OUR REFERENCE : PAS/WM/210517/TP  
 INSPECTION REPORT DATE : 17-May-21

# APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO : 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount \$ cts	Recommendation / Revised Amount \$ cts
<u>PARTS SUPPLY - SPECIAL NETT ITEMS</u>					
1	1pc	N/s Centre Aluminium Door	Badly Dented	3000.00	3000.00
2	1pc	N/s Centre Aluminium Door lock	Dislodged	220.00	220.00
3	1pc	N/s Centre Aluminium Door logo and lettering	Necessary	600.00	600.00
				3820.00	3820.00
<u>LABOUR &amp; MISC. CHARGES</u>					
1		Remove the necessary affected parts,  straighten n/s centre aluminium door  lower frame and rail and replace parts		800.00	680.00
2		Remove and refit n/s centre door parts		300.00	250.00
3		Spraypaint on all affected parts		1000.00	800.00
SUB / GRAND TOTAL				5920.00	5550.00

PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES





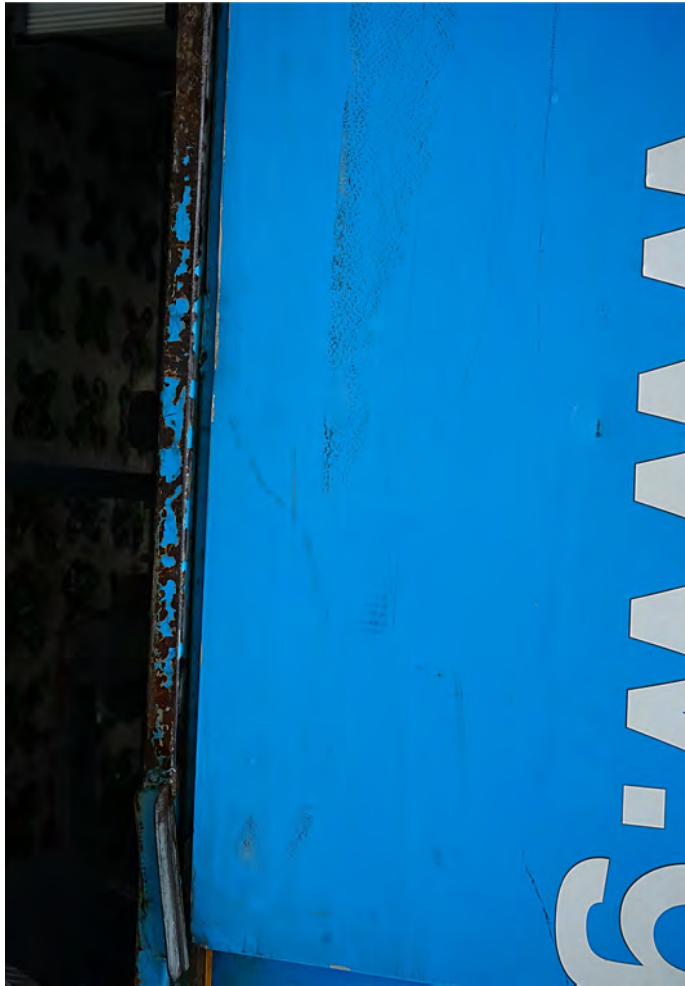
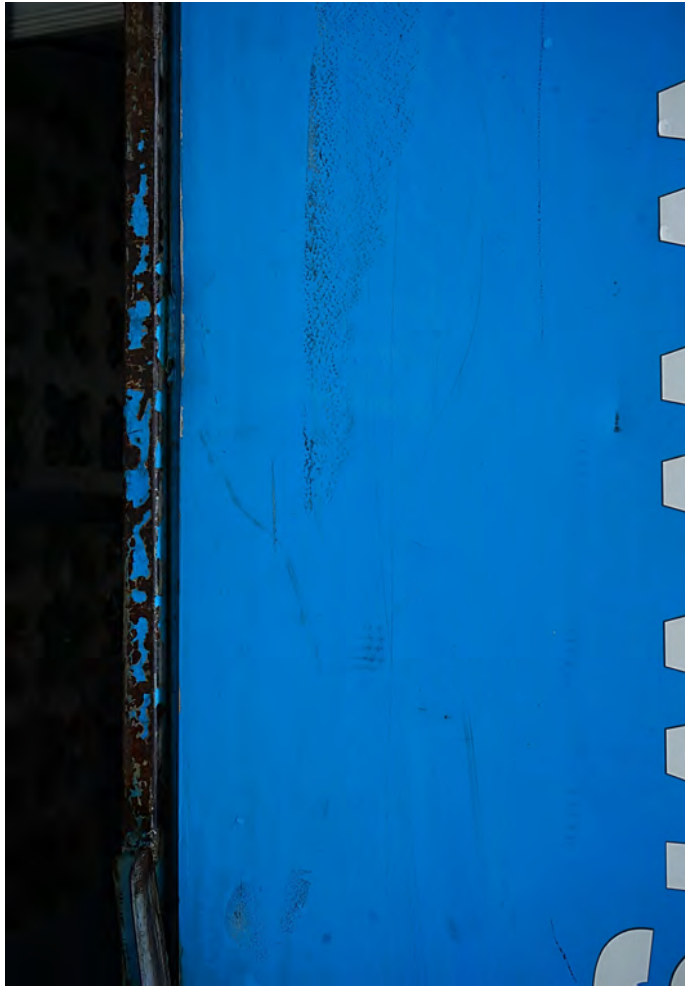


PRECISION APPRAISAL SERVICES





**PRECISION APPRAISAL SERVICES**



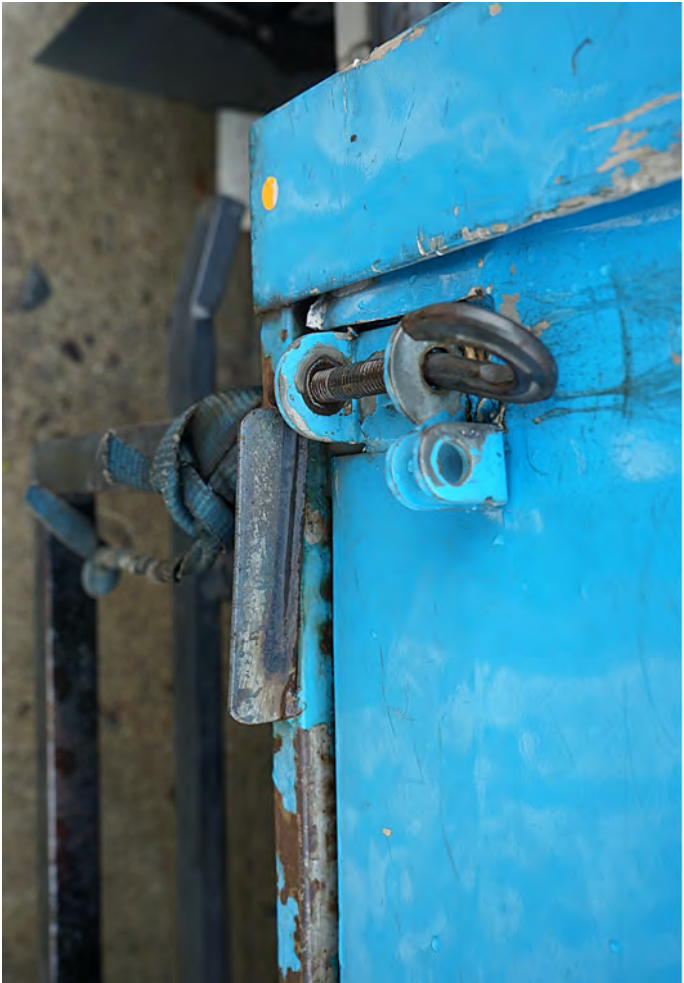




PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES



Your Ref : GBD 6640T  
Our Ref : **YP 384L/WM/ms/cl**  
Date : 23 April 2021

Fax : 6538 3708  
Tel : **3152 0981**  
Email : accident@kscgp.com

GREAT AMERICAN INSURANCE COMPANY

BY EMAIL ONLY

**DATE OF ACCIDENT: 03 FEBRUARY 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of YP 384L to notify you of a road traffic accident on 03 February 2021 at about 9.50 a.m. along Pioneer Road, involving our client's vehicle registration number YP 384L and vehicle registration number **GBD 6640T** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*f CL*

Enc.



Your Ref : CLMOMVC00003959

Our Ref : **YP 384L/WM/ms/cl**

Date : 26 April 2021

Fax : **6538 3708**

Tel : **3152 0981**

Email : **accident@kscgp.com**

GREAT AMERICAN INSURANCE COMPANY

BY EMAIL ONLY

**DATE OF ACCIDENT: 03 FEBRUARY 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 26 April 2021

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services
4.	Dave Chang	Sincere Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
9.	Michael Yap	Mc-Coy Appraiser Pte Ltd
10.	Nicky Seah	Absolute Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Willy Motor Company  
27A Jurong Port Road  
#01-32  
Singapore 619101  
Contact Person/Tel : Ms Khoo / Tel: 9276 7180

Yours faithfully,

*f CL*

Your Ref : CLMOMVC00003959

Our Ref : YP 384L/WM/ms/cl

Date : 26 April 2021

### Acknowledgement

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of \_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 25/03/2021

Your Ref No: GS/21/YP384L/WM/ms/hk

Dear Sir/Madam,

Date of Accident: 03/02/2021 00:00 (SGT)

Vehicle No: YP384L

Place of Accident: Near Jln. Ahmad Ibrahim, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBD6640T	Near Jln. Ahmad Ibrahim, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

# 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 ..... 03/02/2021 18:27 (SGT)  
Date of Accident ..... 03/02/2021 09:53 (SGT)  
Exact Location of Accident ..... Near Jln. Ahmad Ibrahim, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD6640T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TUNNEL LINK CONSTRUCTION PTE LTD

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... Great American Insurance Company  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MOMVC000008334-00-000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PEH ZHEN ZHI  
NRIC No ..... S9907115Z  
Address ..... BLK 437 HOUGANG AVENUE 8  
Address complement ..... #10-1525  
Postcode ..... 530437  
Does Driver Own Other Vehicles? ..... No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Was anybody injured in the Accident? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1

#### CIRCUMSTANCES OF ACCIDENT

On 03/02/2021 at 0953hrs, I was travelling along the Pioneer Road North Roundabout. As I've successfully merged into the roundabout, Vehicle B (YP384L) which was in the inner lane collided onto my vehicle as he abruptly cut into my lane wanting to exit the roundabout towards Jalan Ahmad Ibrahim.

There were no injuries involved.

#### 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 .....	YP384L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	JASMANI BIN MD NOOR
Insurance Company Name .....	-

**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.
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 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:

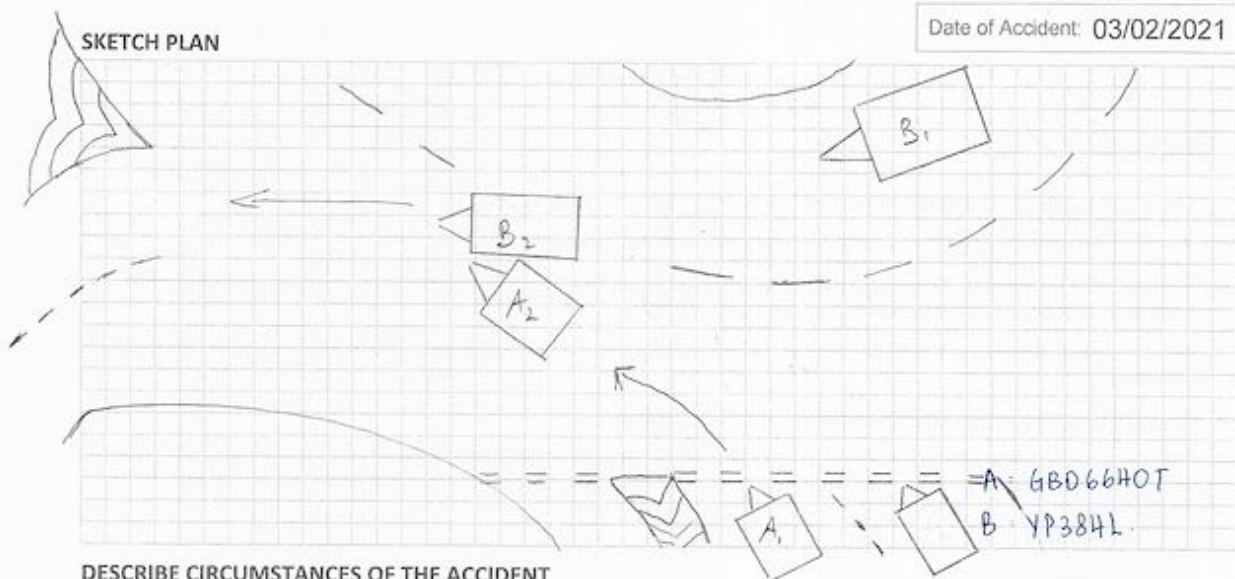
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

GIAEMC SketchPlanForm\_V2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/02/2021 at 0953hrs, I was travelling along the Pioneer Road North Roundabout. As I've successfully merged into the roundabout, Vehicle B (YP384L) which was in the inner lane collided onto my vehicle as he abruptly cut into my lane wanting to exit the roundabout towards Jalan Ahmad Ibrahim.

There were no injuries involved.

- ☐ Own Damage Claim  
☐ Third Party Claim  
☐ OD/TP Claim at another workshop :  
☐ Reporting Only

DECLARATION

I/We declare the following 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.:

RMARS/C Sketch/PlanForm\_V3

















Enquire Vehicle's Insurance Particulars ( As At 03 Feb 2021 / 09:53:00 )

Vehicle No.:

**GBD6640T**

Make Description/Model:

**TOYOTA / DYNA 3.0 M**

Insurance Company Name:

**GREAT AMERICAN INSURANCE COMPANY**

Business Transaction Reference No.:

**20210524142150013758**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).