

# 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 ..... 27/07/2021 09:55 (SGT)  
Date of Accident ..... 15/07/2021 12:00 (SGT)  
Exact Location of Accident ..... 586 Balestier Rd, Singapore 329898  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YM9008E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... E'CAPES RENOVATION & CONSTRUCTION PTE. LTD.  
Company Reg No ..... 2XXXXX902G  
Email Address ..... akbbnb@gmail.com  
Mobile Phone No ..... (Phone) +65-83759528  
Alternative Phone No ..... +65-83759528

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... Nhr85aue4a  
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  
Transmission ..... Manual  
CC ..... 2999

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00102642000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HOSSAIN ABUL  
Passport No/FIN ..... GXXXX655R

Date Of Birth .....	15/01/1990
Occupation .....	Outdoor
Date Of Driving Pass .....	07/09/2018
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83759528
Alt. Phone Number .....	-
Email Address .....	akbbnb@gmail.com
Address .....	25 WOODLANDS 1
Address complement .....	-
Postcode .....	738251
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 .....	No Collision
Weather Conditions .....	Raining
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 vehicle 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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

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

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

Sketch Plan

*[Signature]*

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

*[Signature]* 27/07/2021  
Witnessed by Reporting Centre Personnel

Unable to sketch.  
refer to video footage

## Describe Circumstances of the Accident

On 13/07/2021, my company receive a letter from a company Propman Pte Ltd (MCST 811 - Eastpac Building) to claim from us the barrier arm at the premises and provide us with the CCTV video.

The management is recovering the cost of the barrier from us.

By viewing/assessing the video footage of the CCTV. We are not at any fault causing the barrier arm to be damage as my vehicle is exiting Balestier Rd with the traffic and weather condition as shown in the video. Our vehicle did not reverse nor run through the barrier. It should be the Barrier System sensing issue instead.

I hereby report to insurance to act on our behalf to reject the claim from the management.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

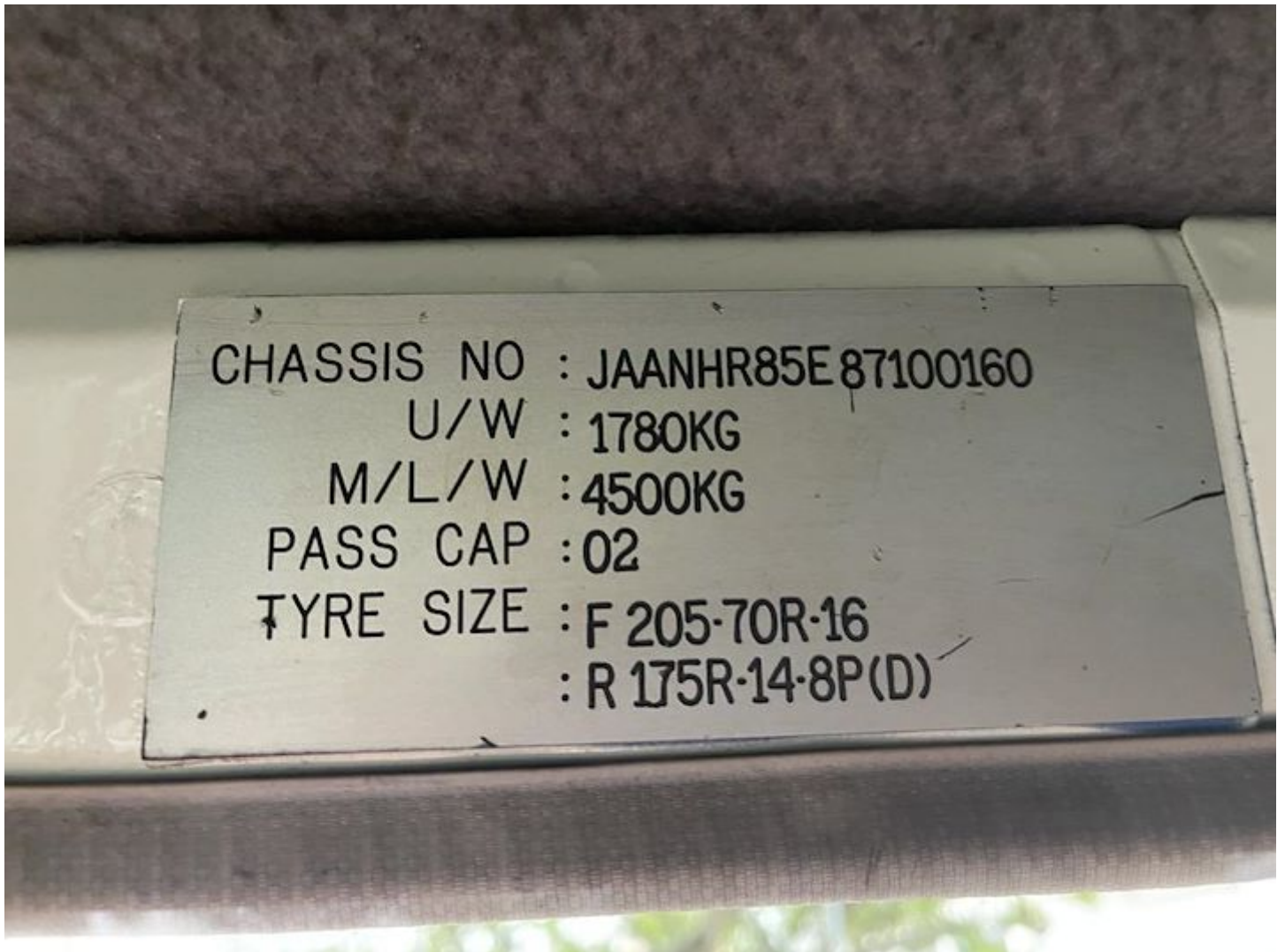
*[Signature]*

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

*[Signature]* 21/07/2021  
Witnessed by Reporting Centre Personnel



























# EastPac Building

MCST 811 – 586 Balestier Road #01-01, EastPac Building, Singapore 329898

15 July 2021

E'CAPS Renovation & Construction Pte Ltd  
Blk 424C Yishun Ave 11 #02-308  
Orchid Spring @ Yishun  
Singapore 763424

Dear Sirs

RE : DAMAGE TO GANTRY BARRIER @ EASTPAC BUILDING ON 12<sup>TH</sup> JULY 2021 BY LORRY – YM 9008E

This is to inform you, based on our CCTV images, that our auto barrier arm was caught at the back portion of your lorry when it was leaving the estate. As a result, when the lorry move forward, the barrier arm was pulled forward and dislocated.

The dislocated barrier arm was bent and beyond repaired. For security reason, we had to replace the barrier arm on the same day and the cost for repairing was \$2,300.00.

We wish to seek compensation, \$2,300.00, from your company for the replacement cost.

Kindly send your compensation by cheque to MCST 811.

If you need any clarification, please do not hesitate to contact me at 9176 9679.

Thank you.

Yours faithfully,  
PropMan Pte Ltd  
Managing Agent



Mr Jackie Lai  
For and on behalf of  
The MCST Plan No 811

Managing Agent : PropMan Pte Ltd, 3 Ang Mo Kio Industrial Park 2A #01-07, AMK Tech I, Singapore 568050