SN09218I0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/08/2021 15:19 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (18/08/2021 15:19 (SGT))

# **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 witholding 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.

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   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 18/08/2021 15:19 (SGT) Date of Accident 16/08/2021 15:30 (SGT) Exact Location of Accident 6 Jurong Pier Way, Singapore 619134 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Kia

Vehicle Registration Number GBJ2976U

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SIANG HOCK CAR RENTAL PTE LTD Company Reg No **Email Address** CAR.RENTAL@SIANGHOCK.COM.SG Mobile Phone No (Phone) +65-86505791 Alternative Phone No +65-86505791

## VEHICLE PARTICULARS

Manufacturer

Model K2500 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2500

#### **INSURANCE COMPANY**

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D-21097524MFCV/56 Cover Note Number

### DRIVER

Name of Driver RUSLIHAN BIN MOHAMED SURADI NRIC No. SXXXX182H

Date Of Birth 05/08/1957 Occupation Outdoor Date Of Driving Pass 06/04/1984 Driving experience 37 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-86505791 Alt. Phone Number Email Address CAR.RENTAL@SIANGHOCK.COM.SG Address BLK 24 MARSILING DRIVE #11-173 Address complement Postcode 730024 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number XE1152C Vehicle Manufacturer Vehicle Model Vehicle Variant

Goods vehicle

verlicle Category
Name of Driver
Contact Number
Address
Address complement
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Accident report SN09218I0007

Vehicle Colour

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

#### SKETCH PLAN

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- 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

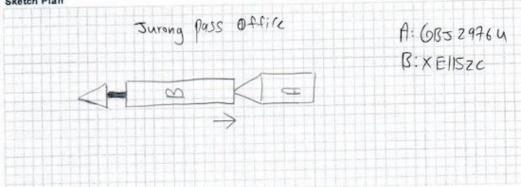
- (a) My insurer , my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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' law yers/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:
- (s) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the making 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/met packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all naurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers faw 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 thes lawyers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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cyholder's Signature / Date &	Driver's Signature (# driver is not the p	olicyholder) / Date Witnessed by Reporting Centre Personnel

On 16th Aug 2021 around 15.30 Hrs, I was driving GBJ2976U along Jurong Island Pass Office.

I was waiting in the que moving towards ICA building situated along Jurong Island Pass Office.

In the meantime, the trailer Lorry XE1152C, travelling in front of me tried to overtake the vehicle ahead of him. He was unable to complete his turn due to the traffic and had to reverse his vehicle to make way for other vehicles.

While reversing his vehicle XE1152C, collided onto the front portion of my vehicle, causing the damages.

At the time of collision, my vehicle was stationary. In the event I was unable to reverse my vehicle to save from the collision because there was already a vehicle behind me.

After the collision XE1152C try to flee the location and had to chase him down with the help of other security guards.

Later, we shared details and proceed.

1240 pm.

Accident report SN09218I0007





