

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 26/08/2021 17:27 (SGT)
Date of Accident 26/08/2021 14:10 (SGT)
Exact Location of Accident Tuas Ave 9, Singapore
Additional Location Information TUAS AVE 9 CROSS TUAS AVE 8 JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM7604Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SING MAH WOODEN CASES MANUFACTURER PTE LTD
Company Reg No 2XXXXX181D
Email Address accounts@singmah.com.sg
Mobile Phone No (Phone) +65-83529709
Alternative Phone No (Office) +65-63632533

VEHICLE PARTICULARS

Manufacturer Nissan
Model Mkb37
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
Transmission Manual
CC 7684

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMCVSNW00042902100
Cover Note Number -

DRIVER

Name of Driver SUNDARARAJAN ELAVARASAN
Passport No/FIN GXXXX038T

Date Of Birth	02/06/1982
Occupation	Outdoor
Date Of Driving Pass	10/09/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83509092
Alt. Phone Number	-
Email Address	accounts@singmah.com.sg
Address	BLK 483 JURONG WEST ST 41
Address complement	#04-246
Postcode	640483
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 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

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	GBL1997E
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

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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' 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;
(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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SING MAH WOODEN CASES MANUFACTURER PTE LTD

Received by Date/Time

Goods Received Subjected to Onr Count & Inspection

Policyholder's Signature / Date & Time

SING MAH WOODEN CASES MANUFACTURER PTE LTD

Received by *S. S. I.* Date/Time

Goods Received Subjected to Onr Count & Inspection

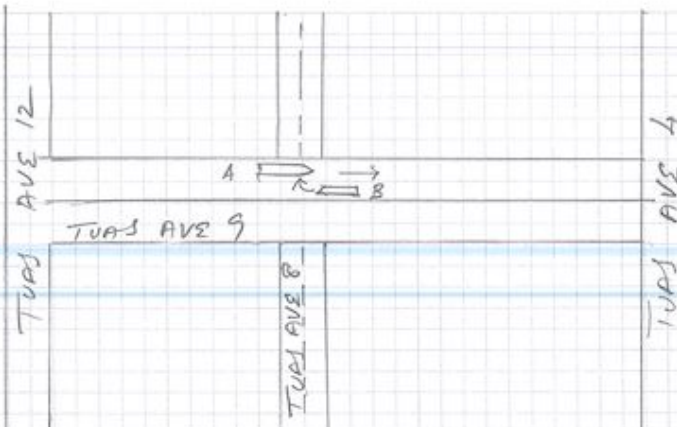
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: YM 7604 Y
Veh B: GBL 1997 E



Describe Circumstances of the Accident

AM THE DRIVER Ym #6047. ON THE TIME 14.10, ON 26 AUGUST
I DRIVE MY LORRY ON TUAL AVE 9 TOWARDS TUAL AVE 4
OPPOSITE VEHICLE B SIGNAL RIGHT AND SLOW DOWN, SO
APPROACHING JUNCTION CARRY ON MY LANE. SUDDENLY HE TURN
RIGHT, AND HIT ME DRIVER SIDE.

Declaration

SING MAH WOODEN CASES MANUFACTURER PTE LTD

Received by Date/Time

Goods Received Subjected to Qty Count & Inspection

SING MAH WOODEN CASES MANUFACTURER PTE LTD

Received by *S. Gh* Date/Time

Goods Received Subjected to Qty Count & Inspection



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SG0F218Q0003 Vehicle Registration No: YM7604Y
SING MAH WOODEN CASES MANUFACTURER PTE LTD
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: 2XXXXX181D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): +65-63632533 Mobile No.: +65-83529709
 Email Address: accounts@singmah.com.sg
 Date of Accident: 26/08/2021 Time of Accident: 14:10
 Place of Accident: TUAS AVE 9 CROSS TUAS AVE 8 JUNCTION
 Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO AMEND VEHICLE REGISTRATION NUMBER TO YM7604Y.

SING MAH WOODEN CASES MANUFACTURER PTE LTD

Received by: _____ Date/Time: _____
 Goods Receiver: _____ Check & Inspection: _____

Policyholder / Driver's Signature
 Date: _____



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

01/01/2016 Addendum Form