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.

- 4. The issue and acceptance of this is form by instrained 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 11/10/2021 14:26 (SGT) Date of Accident 08/10/2021 19:20 (SGT) Exact Location of Accident Admiralty Rd W, Singapore Additional Location Information **TOWARDS YISHUN** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5618R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AGILE ACCOMM PTE. LTD. Company Reg No 2XXXX229W Email Address jeannelim@agile-accomm.com Mobile Phone No (Phone) +65-87339749

Alternative Phone No +65-89056150

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter 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 your vehicle?

No - Claiming third party Vehicle Category Commercial vehicle Manual

Transmission CC 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive Fleet Policy

Policy Number DMCVSNW00070682102

Cover Note Number

DRIVER

Name of Driver MYO ZAW WIN Passport No/FIN GXXXX733N

Date Of Birth 12/06/1978 Occupation Outdoor Date Of Driving Pass 30/09/2020 Driving experience 1 YEAR AND 1 MONTH Gender Mobile Number (Phone) +65-89056150 Alt. Phone Number Email Address jeannelim@agile-accomm.com Address 47G Tuas south avenue 1 637245 Address complement Postcode 637245 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? No 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 PLEASE REFER TO SKETCH AND ATTACHMENT 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 **GBD2312S**

 Vehicle Registration Number
 GBD2312S

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 MUHAMMAD FAUZEE BIN SIAS

 NRIC No
 SXXXX596E

 Contact Number
 (Phone) +65-91315338

Address complement			-
Postcode			
Insurance Company Name			
Nature Of Damage		 	
Details of property damaged	d in accident	 	· · · · · · · · · · · · · · · · · · ·
No. Of Passenger (Including	Driver)		

DETAILS OF OTHER VEHICLE PROPERTY 2

SMV1364Z -
-
-
Private car
ONG JIONG HONG (WANG JIONGHANG)
SXXXX027C
(Phone) +65-94897654
<u>-</u>
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement	MYO ZAW WIN Male (Phone) +65-89056150
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YN5618R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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 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)

Lunderstand, 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;

& Time

- (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.

Policyholder's Signature / Date &

Time

Driver's Signature (# driver is not the policyholder) / Date

Winessed by Reporting Cer

Personnel

Sketch Plan

C - SMV 1364 Z.

	Refer to	the affachung.	
	<u> </u>		
Declaration			
We declare the fores	oing particulars are true i	n every respect.	
1818 L	>		/ .
2	(*) X	N	/ 1 1
13 3		Mest	M 11/10/2021
DE 8110	1	1 1	

On the 08/10/2021 at about 19.20hrs, I was driving towards Admiralty Road West towards Yishun area.

I was driving my company lorry bearing no: YN 5618R in a moderate speed. Out of sudden, I felt an impact from my front left side portion of Vehicle.

Vehicle B – bearing no: GBD 2312S which was driven by Mr. Muhammad was trying to overtake on Vehicle C – bearing no: SMV 1364Z which has break down and stationery on side of the road. He had misjudged on the gapes before overtaking on Vehicle C thus collided onto my company lorry.

The impact was so strong it pushed me forward and to the right side of the road causing me to hit onto the road curve and bush/ fence. We exchange particulars on spot.

VEHICLE A: YN 5618R

VEHICLE B: GBD 2312S

VEHICLE B: SMV 1364Z

min suit

Som III Orio Lia

[m] 11/10/2071









































