

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	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
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AGILE ACCOMM PTE. LTD.
Company Reg No	2XXXXX293W
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 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	2977

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
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	Male
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?	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	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	3
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)	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 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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

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	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMV1364Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver ONG JIONG HONG (WANG JIONGHANG)
 NRIC No SXXXX027C
 Contact Number (Phone) +65-94897654
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MYO ZAW WIN
 Gender Male
 Phone No (Phone) +65-89056150
 Address -
 Address Complement -
 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

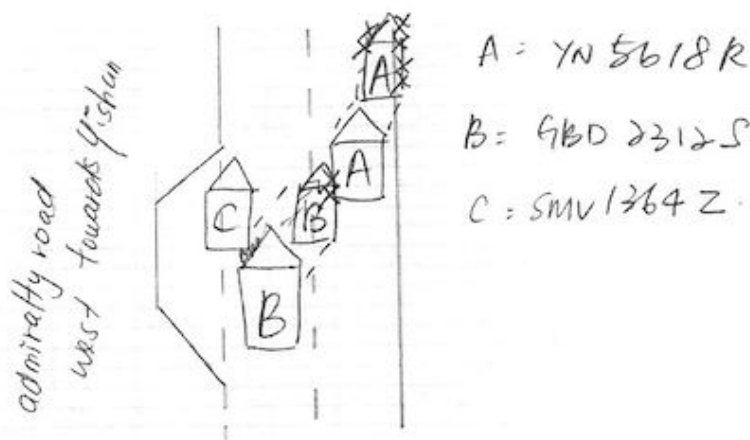
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

X  13/10/2021
Policyholder's Signature / Date & Time

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

 11/10/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to the attachment.

Declaration

We declare the foregoing particulars are true in every respect.

X  
 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel

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

12
Pavio



muhammad

11/10/2021





















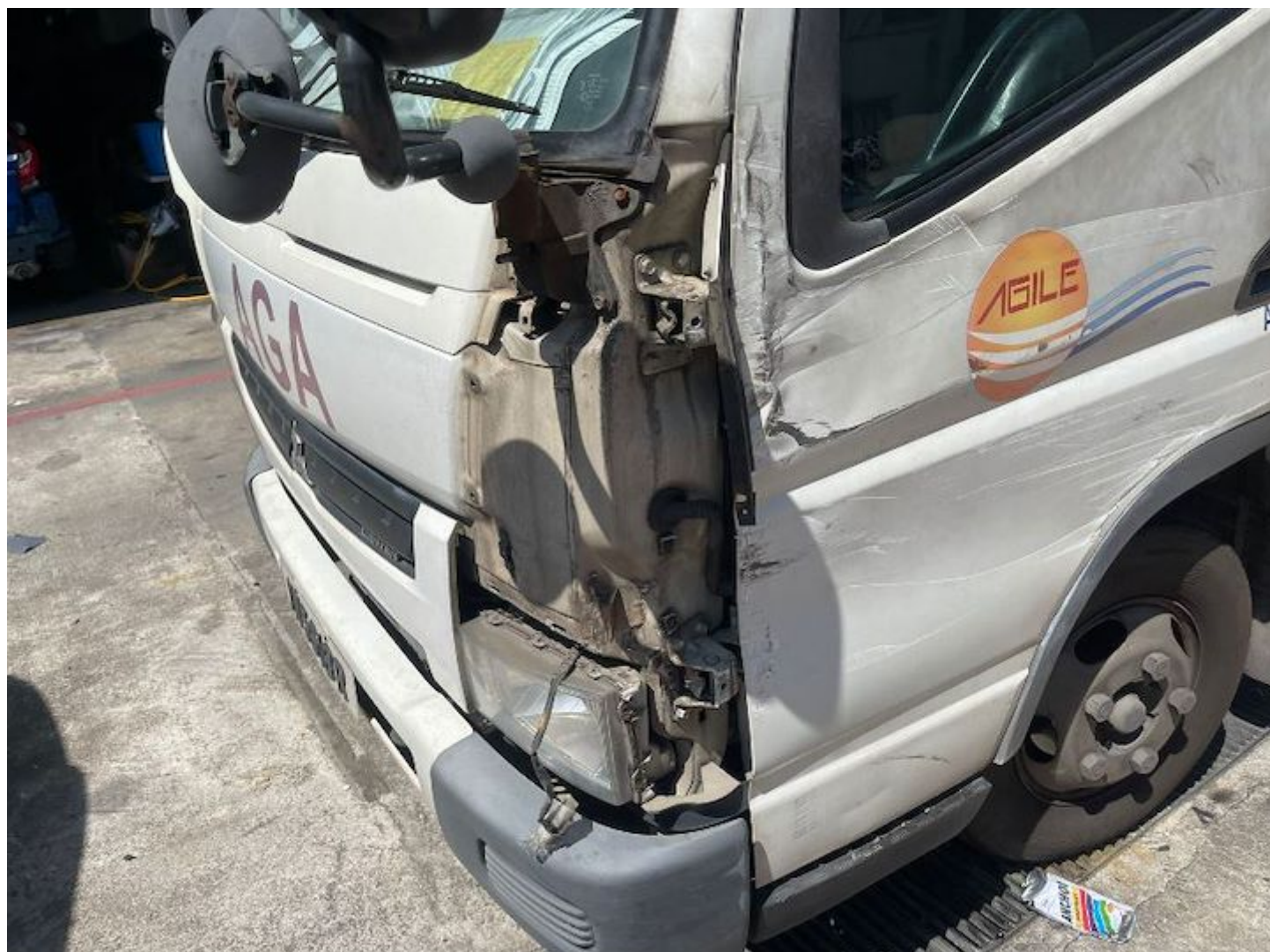






















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0821AB0004 Vehicle Registration No: Y45618R
 Name (as shown in NRIC): MYO ZAW WIN NRIC/FIN/Passport No: 9XXXX7334
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 89056150
 Email Address: _____
 Date of Accident: 19.7.21 Time of Accident: 08/10/2021
 Place of Accident: ADJUTANT ROAD WORK
 Insurance Company: _____

(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:

Company Registration Number to 2009122932

Policyholder / Driver's Signature
 Date: _____

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



11/10/2020