





## 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	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 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

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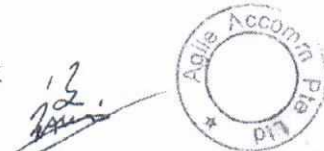
#### 8. Consent under the Personal Data Protection Act (PDPA)

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' 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.

X



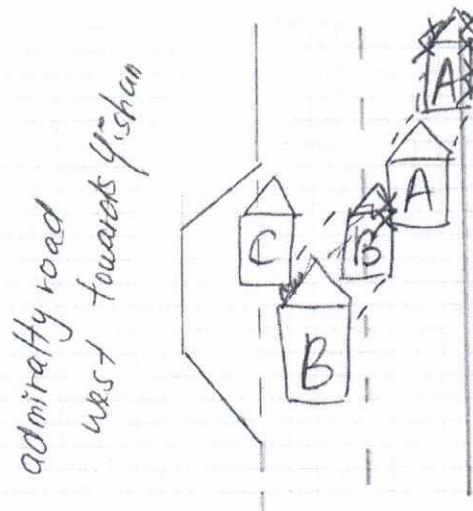
Policyholder's Signature / Date & Time

X

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

11/10/2021  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



A = YN 5618 R

B = GBD 2312 S


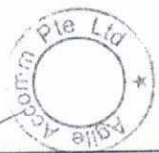
C = SMV 1364 Z

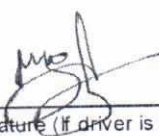
**Describe Circumstances of the Accident**

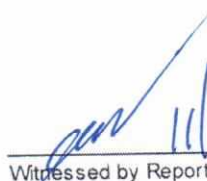
*Refer to the attachment.*

**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

 11/10/2021  
\_\_\_\_\_  
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  
*[Signature]*



*[Signature]*

*[Signature]*  
11/10/2021



M

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 08 / 10 / 2021 (dd/mm/yy) Time of Accident: 19 : 20 (24-HR-FORMAT)  
Vehicle No.: YN5618R Vehicle Make & Model / Engine (cc): Mitsubishi Canter Private Hire: (Y/N) (N)  
Exact location of Accident: admiralty road west towards Yishun.  
Policyholder's Name / IC No.: Agile Accom PR Ltd ROC/UEN (Company) 20091229BW  
Driver's Name / IC No.: Myo Zau Win (G7936733N) (As Above) ☐  
Driver's Contact No.: 89056150 Company Contact No / Owner Contact No: 87339749 Mr. Isaac  
Driver's Address: 47G TUAS SOUTH AVE 1 (637245)  
\* Owner Email address: Jeannelim@agile-accomm.com Insurance Company: China Taiping Insurance  
Driver Email address: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative ☒ Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**\*No. of Passengers (Including Driver):** 1

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female x ( )

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female x ( )

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☐ No Remarks: \_\_\_\_\_

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: MYO ZAW WIN.

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: YN 5618R.

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: Muhammad Faurel Bin Sias (S1802596E) Vehicle No: 9BD23120

Driver's Contact No: 91315338 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): Mr. Ong Jiong Hong (Wong Jiong Hong) Vehicle No: SMV1364Z

Driver's Contact No: 94897654 Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376



# AGILE ACCOMM PTE LTD

UEN: 20091229W

Date: 09/10/2021

To whom it may concern,

Dear Sir/ Madam,

VEHICLE NO: YN 5618R

MAKE & MODAL: MITSUBISHI CANTER

THIS IS TO CERTIFY THAT THE AUTHORISED USER OF VEHICLE YN 5618R.

NAME: MYO ZAW WIN

NRIC: G7936733N

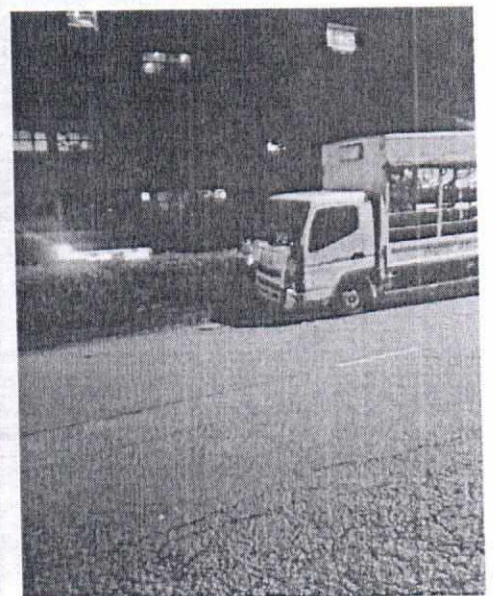
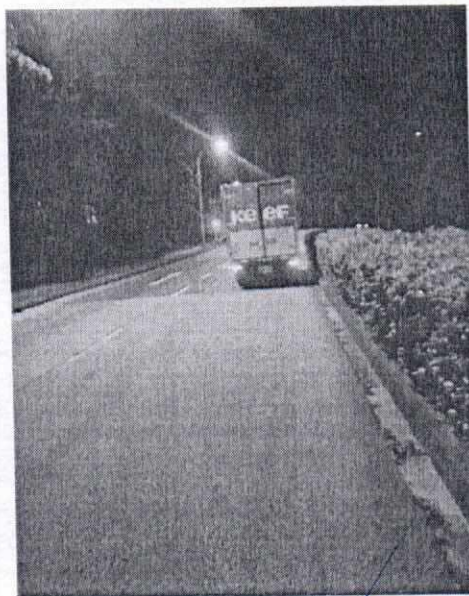
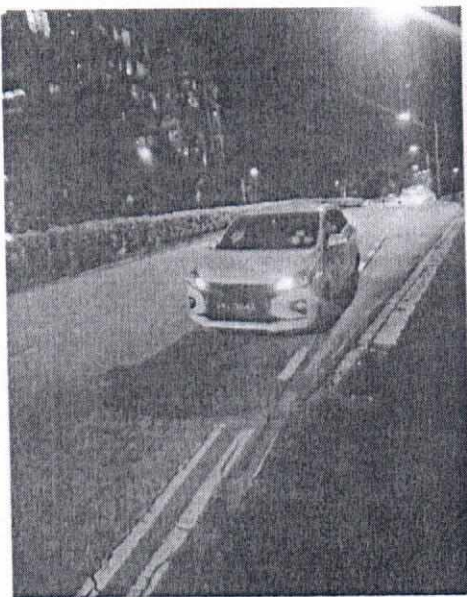
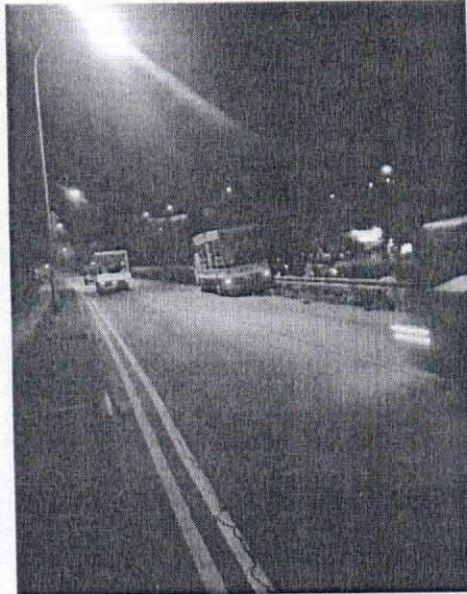
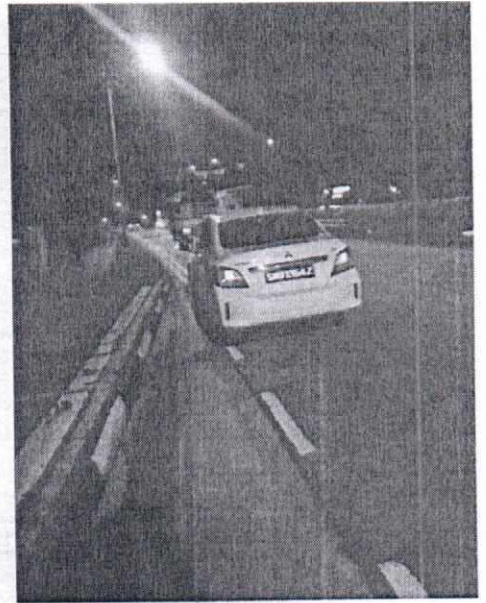
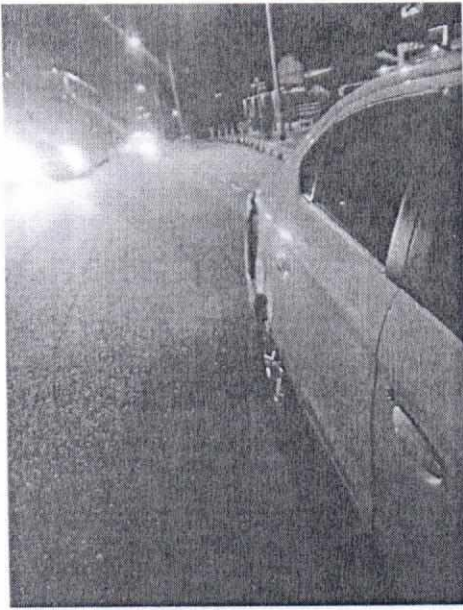
Yours Sincerely,



A handwritten signature in black ink, appearing to read "Myo Zaw Win", written over a horizontal line.

Agile Accom Pte Ltd





gaw 11/10/2024





Motor Commercial

MZ300/C

R SN

AN0597A

Cov. Type:C

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No

DMCVSNW00070682102

Engine No.: 4P10B20074

Cha. No.: FEB21EA00533

1. Index Mark and Registration  
Number of Vehicle

YN5618R

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

AGILE ACCOMM PTE. LTD.

3. Effective date of the Commencement of  
insurance for the purposes of the Regulations,  
Ordinance or Enactment

31/07/2021  
(00:00:00)

Excess Sect I. \$450.00  
EX ON WINDSCREEN. \$100.00

4. Date of Expiry of Insurance

30/07/2022

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABS INSURANCE AGENCY PTE LTD  
Authorised Officer

  
Authorised Signatory