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\$N0821AB0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/10/2021 14:26 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/10/2021 14:26 (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.

- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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

Mitsubishi

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

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 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? 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 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? 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

SXXXX596E

(Phone) +65-91315338

NRIC No.

Address

Contact Number

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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	SMV1364Z
Details of property damaged in accident No. Of Passenger (Including Driver)	- -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address	MYO ZAW WIN Male (Phone) +65-89056150
Address Complement	-
Post Code	•
Approximate Age Years Old	-
Injuries Sustained	SUCHT IN HIDY
Injured person in which vehicle?	SLIGHT INJURY 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.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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;

X

- (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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = YN 5618 R B = 9BD 23125 C = SMU 1364 Z

escribe Circumstan	es of the Accident	
	Refer to the affachung.	
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		WIND W-W

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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an 11/10/2071



Email: 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. Time of Accident: 19: 20 (24-HR-FORMAT) Date of Accident: Of / 10 /2021 (dd/mm/yy) Vehicle No.: YN5618R Vehicle Make & Model / Engine (cc): Mits ubishi Canter admiralty road west towards Yshun Policyholder's Name / IC No. : Agile Accomm PR Ltd ROC/UEN (Company) 2009 (G7936733N) Driver's Name / IC No. : Myo Zay Win (As Above) Company Contact No / Owner Contact No: 87339 Owner Email address: Jeanne im Qagik-accomm. com Insurance Company: Chira 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 Occupation (nature of job) Indoor/ Was being used at time of accident? *No. of Passengers (Including Driver): Private use / Work purpose Gender: Male / Female x() *Passenger Name: Gender: Male / Female x() *Passenger Name: _ Weather condition & Road conditions? (On the day of accident) Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: No Remarks :__ Yes / Was there any video captured by your Car Camera? WIN. MYO ZAW Any Injuries: Yes / Any (If YES) Injured Person' Name: ____Injured Person in Which Vehicle: YN 5618P. Injuries Sustain: Yes / No (If YES) Which Police Station: Police Report filed: The Other Party(s) Details: 1. Driver's Name / IC No: Muhammad Driver's Contact No: 93/53,38 Insurance Company: 2. Driver's Name / IC No (If Any): Mr. Ong Jiong Hong (Wang Jiong hong) ehicle No: SMV 133027C Insurance Company: Driver's Contact No: 948 Contact No: _ *Independent Witness (If Any): 6509 8258 / 8338 8376 Alpha Car Services Pte Ltd Contact No: __ Preferred Workshop Name: __

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

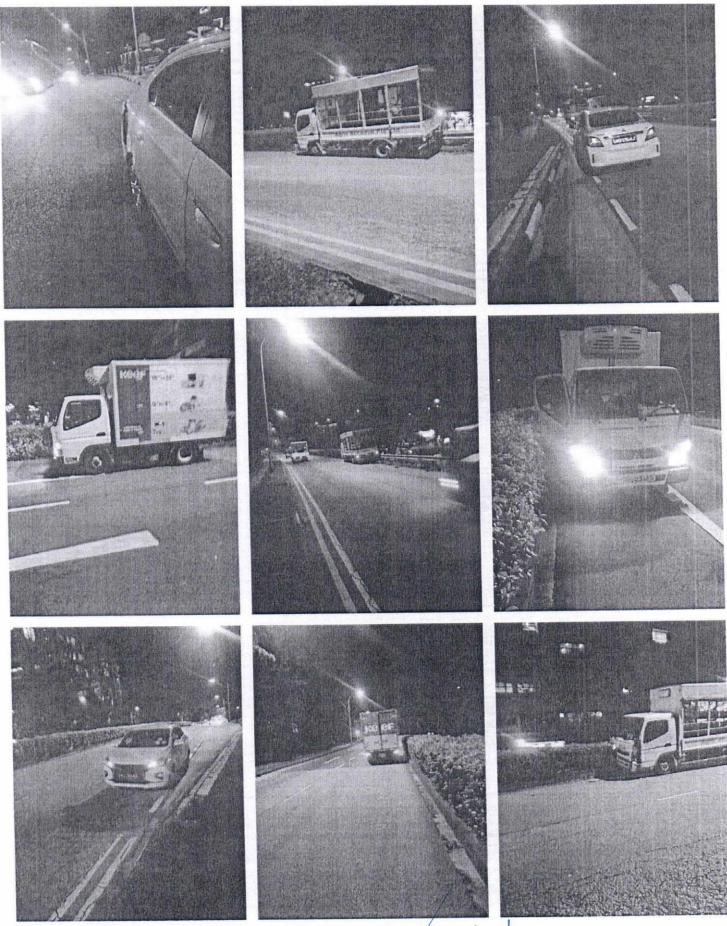
THIS IS TO CERTIFY THAT THE AUTHORISED USER OF VEHICLE YN 5618R.

NAME: MYO ZAW WIN

NRIC: G7936733N

Yours Sincerely,

Agile Accomm Pte Ltd



pl 1/10/2020





Motor Commercial

MZ300/C

SN

AN0597A Cov. Type:C

CERTIFICATE OF INSURANCE

CERTIFICATE UP 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

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

AGILE ACCOMM PTE, LTD.

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

31/07/2021

Excess Sect I.

\$\$450.00

(00:00:00)

YN5618R

EX ON WINDSCREEN .

S\$100.00

4. Date of Expery of Insurance

30/07/2022

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

Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 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

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q6389 6111

6222 1033

www.sg.cntaiping.com