

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 18/10/2021 16:17 (SGT)
Date of Accident 16/10/2021 10:50 (SGT)
Exact Location of Accident 1 Jurong West Central 2, Singapore 648886
Additional Location Information BASEMENT 2 CARPARK LOT 243
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE8284U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRUST-LINK LOGISTICS PTE. LTD.
Company Reg No 2XXXXX583N
Email Address phuaywei89@gmail.com
Mobile Phone No (Phone) +65-81230661
Alternative Phone No +65-83440641

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2754

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D18MFL0002083_03
Cover Note Number -

DRIVER

Name of Driver MUNIR BIN MANSOR
NRIC No SXXXX847C

| | |
|--|----------------------------------|
| Date Of Birth | 03/05/1979 |
| Occupation | Outdoor |
| Date Of Driving Pass | 13/10/2000 |
| Driving experience | 21 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-83440641 |
| Alt. Phone Number | - |
| Email Address | phuaywei89@gmail.com |
| Address | BLK 511 YISHUN STREET 51 #04-455 |
| Address complement | - |
| Postcode | 763511 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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) | 0 |
| 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? | Yes |
| Police Station Name | Yishun South Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008522999 |
| Alt. Police Station Phone No | (Fax) +65-68522239 |
| Police Station Address | 32 Yishun Street 81 Singapore 768456 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211016/2039

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 | UNKNOWN |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | NA / Unknown |

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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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)**

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.



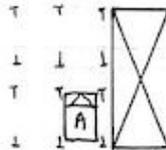
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Vehicle A: 60BES84U



Jwong Point Shopping Centre Basement 2
Carpark Lot 243













CHASSIS NO : KDH201 0179705
U.W. : 1780 KG
M.L.W. : 3225 KG
PASS. CAP. : 02
TYRE SIZE : F.195/80R-15
 : R.195/80R-15(S)

定積時 (3.50) | (4.25)
※注 軽積時：積載量500kg未満
 定積時：積載量500kg以上
26G60 MO






**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999



T/20211016/2039

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Report No. T/20211016/2039

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 16/10/2021 13:50 | Vide Report No.: | Station Diary No.: |
| | | 38 |

Informant's Particulars

| | | | |
|--|---|---|-------------------------------------|
| Name of Informant: MUNIR BIN MANSOR | | Address: APT BLK 511C YISHUN STREET 51 #04-455 SINGAPORE 763511 | |
| ID Type / ID No.: | | Contact No.: | Mobile: 83440641 |
| NRIC NO / S7912847C | | Home/Office: | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 42 | Date of Birth: 03/05/1979 | Type of Informant: Vehicle Owner |
| Race: Malabari | Language: English | | Institution / School Name: |
| Occupation: Delivery man | Driving Licence Information: Class: 3,4A | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------------------------|-------------------|--|-------------------------------|
| Type of Accident: | Non-Injury | Dirk Drive: No | Date/Time of Accident: 16/10/2021 11:00 | Type of Location: Car Park |
| Location: JURONG WEST CENTRAL 2 | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: | Traffic Control: Not Controlled | | Traffic Volume: Light | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|--------|--------|------------------|-----------------|
| GBE8284U | Car | | TOYOTA | Silver | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |


**SINGAPORE
POLICE FORCE**


T/20211016/2039

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Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20211016/2039

CONTINUATION OF REPORT

| Vehicle Owner | | | |
|-----------------------------------|------------------|--|------------------------------------|
| Name | MUNIR BIN MANSOR | ID No. | S7912847C |
| Related Vehicle | NIL | Contact No. | 83440641 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 16/10/21 at about 1050hrs, I parked my vehicle at Jurong Point Shopping Centre basement 2 carpark, lot 243. I then went up to do some delivery.

On 16/10/2021 at about 1100hrs, when I returned back to my vehicle, I discovered that my vehicle (GBE8284U) left tail-light was damaged. I did not suspect anyone and there were no CCTV around the said location. I do not have in car camera. I am lodging this report for my company as the vehicle belongs to my company(TrustLink express/logistics).



**SINGAPORE
POLICE FORCE**



T/20211016/2039

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20211016/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
L/
Sgt 2 LEE CHANG HONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/10/2021 13:50

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476361

Classification Of Case:

Authentication Stamp Signature

NP168

Singapore Police Force