

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	16/11/2021 19:42 (SGT)
Date of Accident	16/11/2021 09:30 (SGT)
Exact Location of Accident	24 Penjuru Rd, Singapore 609128
Additional Location Information	ALONG 24 PENJURU ROAD OPEN SPACE CAR PARK, INSIDE ALOG COMMODITY HUB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1791K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DIGILIFE TECHNOLOGIES LIMITED
Company Reg No	1XXXXX568R
Email Address	RAKSHAN-RAI@SEV.COM.SG
Mobile Phone No	(Phone) +65-81565506
Alternative Phone No	(Home) +65-81565506

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6h
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SPMF1000000478
Cover Note Number	-

DRIVER

Name of Driver	YEOH SU ANG
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NRIC No	SXXXX340D
Date Of Birth	23/08/1975
Occupation	Outdoor
Date Of Driving Pass	12/12/2008
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84990077
Alt. Phone Number	-
Email Address	OPS@SEV.COM.SG
Address	BLK 989A JURONG WEST STREET 93, #12-717, SINGAPORE
Address complement	-
Postcode	641989
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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

ON 16.11.2021 AT ABOUT 0930 HOURS, I WAS TRAVELLING STRAIGHT ALONG 24 PENJURU ROAD OPEN SPACE CAR PARK WITH ONE FEMALE PASSENGER ONBOARD. VEHICLE B (GBJ3275C) WHICH WAS TRAVELLING IN FRONT OF ME MADE A RIGHT TURN TO PARK HIS VEHICLE AT ONE OF THE EMPTY PARKING LOT WITHOUT TURNING THE SIGNAL LIGHT ON. THUS, I PROCEED TO DRIVE OFF MY VEHICLE WITHIN MY OWN LANE. SUDDENLY, VEHICLE B MOVE FORWARD HIS VEHICLE FROM THE CAR PARK LOT WITHOUT CHECKING FOR ONCOMING VEHICLE AND HIT ONTO MY VEHICLE RH SIDE PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3275C
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Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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:

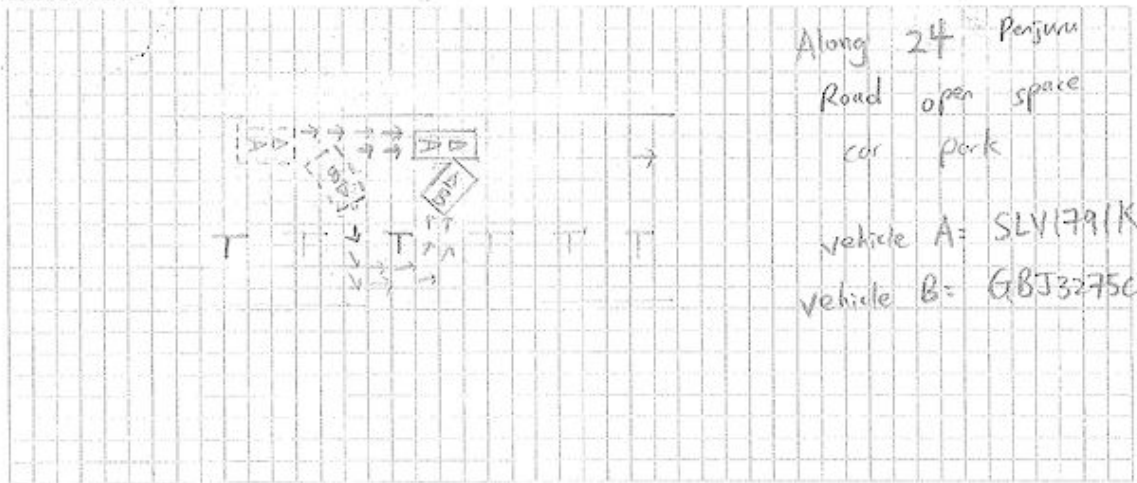
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/11/2024 at about 0:30 hrs, I was travelling straight along 24 Perum Road open space car park with one female passenger onboard vehicle B (GBJ 3275C) which was travelling in front of me made a right turn to park his vehicle at one of the empty parking lot without turning the signal lights on. Thus, I proceed to drive off my vehicle within my own lane. Suddenly, vehicle B moved forward his vehicle from the car park lot without checking for oncoming vehicle and hit onto my vehicle RH side portion.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GLAMC SketchPlanForm M3















