

## 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 .....	29/12/2021 18:13 (SGT)
Date of Accident .....	28/12/2021 11:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	NO 7 JLN BUROH, COMMONWEALTH KOKUBU LOGISTICS P/L LOADING/UNLOADING BAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN8632D

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GOODCROP PTE LTD
Company Reg No .....	2XXXXX611N
Email Address .....	caroltan@goodcrop.sg
Mobile Phone No .....	(Phone) +65-91053216
Alternative Phone No .....	+65-91053216

#### VEHICLE PARTICULARS

Manufacturer .....	Hino
Model .....	HINO XZU710R-HKFMS3
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 .....	4009

#### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D21MTPCVE001780
Cover Note Number .....	-

#### DRIVER

Name of Driver ..... SABAPATHI PRABAKARAN

Passport No/FIN .....	GXXXX053M
Date Of Birth .....	30/06/1989
Occupation .....	Outdoor
Date Of Driving Pass .....	06/12/2012
Driving experience .....	9 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-87320025
Alt. Phone Number .....	-
Email Address .....	prabhasaba1989@gmail.com
Address .....	BLK 668A JURONG WEST ST 64
Address complement .....	#05-118
Postcode .....	641668
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 .....	Side Swipe
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) .....	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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP5796Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SALVA RAJ A/L MUTHUSAMI
Contact Number .....	(Phone) +65-91886076

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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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' 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.



Policyholder's Signature / Date & Time

*[Signature]*

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

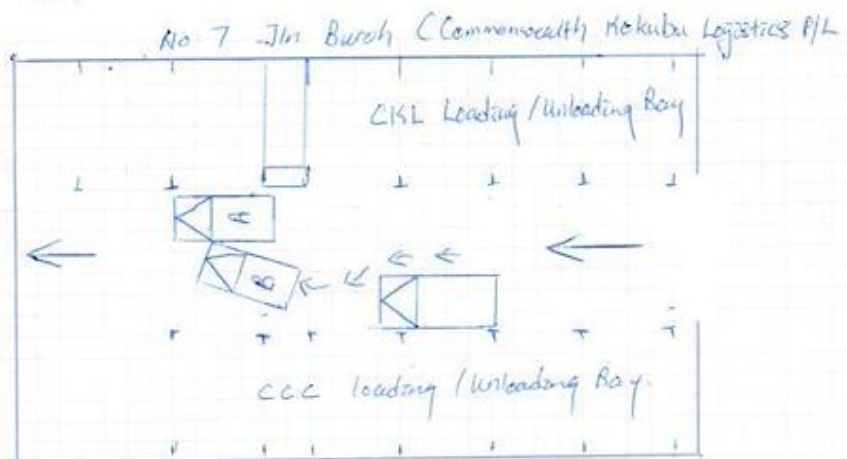
*[Signature]* 29/12/21

Witnessed by Reporting Centre Personnel

## Sketch Plan

A- 4N86320

B- 4P5796Z



Describe Circumstances of the Accident

On 28/12/2021 at @ 11:35 hrs, I was driving in my lorry (YN 86320) along the driveway of No.7 Jalan Bawal (Commonwealth Kokabu Logistics Pte Ltd) loading / unloading Bay. There was a big truck parked on the left of the driveway. The lorry (YP 57962) in front of me overtook the said parked lorry and kept to the left of the driveway after overtaking. I proceed straight to exit, suddenly, the lorry (YP 57962) made a sudden right turn without checking. As a result the said lorry collided onto the left side of my lorry.

Declaration

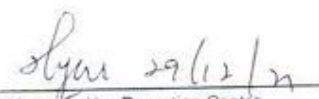
We declare the foregoing particulars are true in every respect

 GOODCROP PTE LTD

Policyholder's Signature / Date & Time



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

 29/12/21

Witnessed by Reporting Centre Personnel

































