

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 06/01/2022 09:57 (SGT)
Date of Accident 05/01/2022 08:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information KANDAHAR STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF370B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HWA HONG MACHINERY CO PTE LTD
Company Reg No 1XXXXX620K
Email Address sales5@hwahong.com.sg
Mobile Phone No (Phone) +65-62962629
Alternative Phone No (Office) +65-62962629

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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2998

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110156781704
Cover Note Number -

DRIVER

Name of Driver HARON BIN AHMAD
NRIC No SXXXX048H

Date Of Birth	16/02/1947
Occupation	Outdoor
Date Of Driving Pass	10/11/1981
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91802177
Alt. Phone Number	-
Email Address	sales5@hwahong.com.sg
Address	APT BLK 465 TAMPINES STREET 44
Address complement	#05-98
Postcode	520465
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

I RETURNED TO MY VEHICLE AFTER BREAKFAST AT THE SHOP NEARBY. I TRIED TO DRIVE OUT FROM THE PARKING SLOT BUT THERE IS VEHICLE PARKED VERY CLOSE TO MY VEHICLE INFRONT OF MINE. SO I LOOKED BEHIND AND MAKE SURE THERE IS NO VEHICLE BEHIND THEN I START TO REVERSE MY CAR. WHEN REVERSING SUDDENLY MY VEHICLE BANG ONTO FRONT PORTION OF VEHICLE B. I DIDN'T NOTICE THAT VEHICLE B SUDDENLY DRIVE INTO MY LANE. DAMAGE ON VEHICLE B IS ON TOP OF THE LOGO BUMPER DENTED AND LIGHT COVER SCRATCHES. THERE IS NO DAMAGE ON MY VEHICLE.

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	SDX9218T
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	RASHID
Contact Number	(Phone) +65-93711000
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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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.

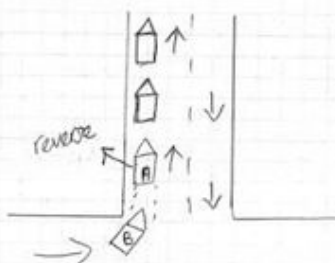


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = GBF 370B

B = SDX 9218T

Kandahar Street.

Describe Circumstances of the Accident

I returned to my vehicle after breakfast at the Shop nearby. I tried to drive out from the parking slot but there is vehicle parked very close to my vehicle in front of mine. So i looked behind and make sure there is no vehicle behind then i start to reverse my car. When reversing suddenly my vehicle bang onto front portion of vehicle B. I didn't notice that vehicle B suddenly drive into my lane. Damage on vehicle B's top of the logo bumper dented & light cover scratches. There is no damage on my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Haron, 6/1/22

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

Ru 06/1/22

Witnessed by Reporting Centre Personnel





