

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	23/12/2021 13:47 (SGT)
Date of Accident	23/12/2021 08:30 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	SLIP ROAD FROM BKE TO WOODLANDS AVE 3 /WOODLANDS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1150D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MHL ENTERPRISES PTE LTD
Company Reg No	200718029R
Email Address	mhlsg@singnet.com.sg
Mobile Phone No	(Phone) +65-96354983
Alternative Phone No	+65-96354983

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	0100487625-16
Cover Note Number	-

DRIVER

Name of Driver	LEONG MUN HING
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NRIC No	S2549213G
Date Of Birth	16/11/1951
Occupation	Outdoor
Date Of Driving Pass	14/11/1975
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96354983
Alt. Phone Number	-
Email Address	mhlsg@singnet.com.sg
Address	BLK 117 BUKIT BATOK WEST AVENUE 6 #18-242
Address complement	-
Postcode	S(650117)
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COMPANY DIRECTOR
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 - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RAHMAN MD MAZANUR
Gender	Male

PASSENGER 2

Name	MURUGAIAH PETCHI MUTHU
Gender	Male

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

KINDLY REFER TO SKETCH PLAN.

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	SMB180Z
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Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	YEOH KIEN SENG
NRIC No	F7576143X
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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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.
- (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.

MHL ENTERPRISES PTE LTD

18, BOON LAY WAY

#10-137 TRADEHUB 21

SINGAPORE 609966

TEL: 626 8888 FAX: 626 78116

EMAIL: mhlsg@sigonet.com.sg

Date & Time:

23 Dec 2021

Driver's Signature

(If driver is not the policyholder)

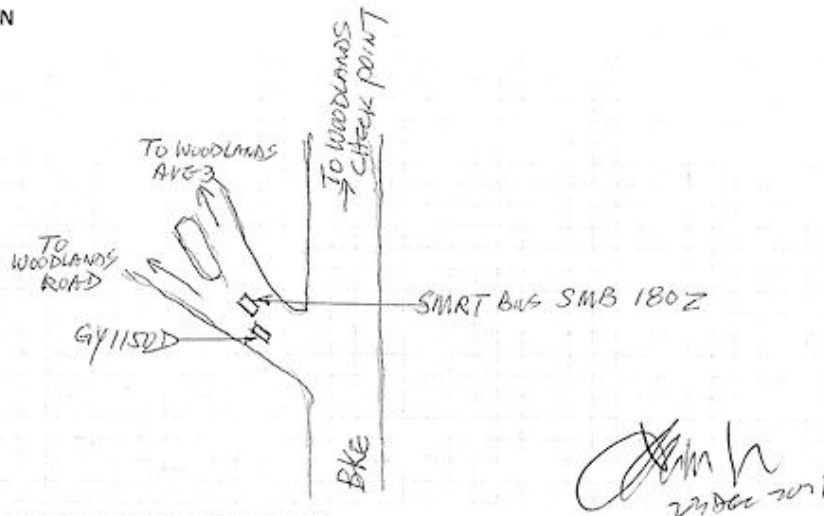
Date & Time: 23 Dec 2021

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23 DEC 2021 AT ABOUT 0830 HR, I WAS DRIVING OUR COMPANY Lorry GY115DD TOGETHER WITH 2 COMPANY EMPLOYEES FROM BKE TO WOODLANDS INDUSTRIAL PARK D. AT THE SLIP ROAD TO WOODLANDS AVE 3, I WAS TRYING TO FILTER LEFT OF THE SLIP ROAD TO THE SLIP ROAD JUNCTION IN THE DIRECTION OF WOODLANDS LOOP ROAD.

I MISSED AND HIT THE REAR OF SMRT BUS SMB 180Z AT THE LEFT SIDE.

THE BUS DRIVER MR YEOH KIEN SENG, DRIVING LICENCE NO F7576143X WAS NOT INJURED.

John W
23 Dec 2021

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

MHL ENTERPRISES PTE LTD

18, BROWN LAY WAY
#01-13/14, SINGAPORE 21
SINGAPORE 004986/
TEL: 62678248 FAX: 62678116
EMAIL: mhlsg@singnet.com.sg
23 Dec 2021

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23 Dec 2021

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

































