

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	10/02/2022 18:03 (SGT)
Date of Accident	10/02/2022 07:35 (SGT)
Exact Location of Accident	6A Napier Rd, Singapore 258500
Additional Location Information	GLENEAGLES HOSPITAL LOADING AND UNLOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5371E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SONGLILAI TRADING ENTERPRISE PTE LTD
Company Reg No	IXXXXX146Z
Email Address	purchasing@songlilai.com.sg
Mobile Phone No	(Phone) +65-62450907
Alternative Phone No	(Office) +65-62450907

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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPCVE001623
Cover Note Number	11/07/2021 TO 10/07/2022

DRIVER

Name of Driver	AL MAMUN SHAHIN
Passport No/FIN	GXXXX132K

Date Of Birth	13/04/1986
Occupation	Indoor
Date Of Driving Pass	18/05/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84637201
Alt. Phone Number	-
Email Address	purchasing@songlilai.com.sg
Address	171 Kampong Ampat #01-04 KAMPONG AMPAT INDUSTRIAL ESTATE
Address complement	-
Postcode	368330
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	Collision - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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

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	YQ3695P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HASHIM AMIR HAMZAH BIN ROMLEY
NRIC No	SXXXX587Z
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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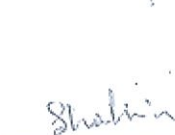
8. Consent under the Personal Data Protection Act (PDPA)

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.

Shahin


Policyholder's Signature Date
& Time:

Shahin


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



[Signature]
 10/02/2022

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

SKETCH PLAN

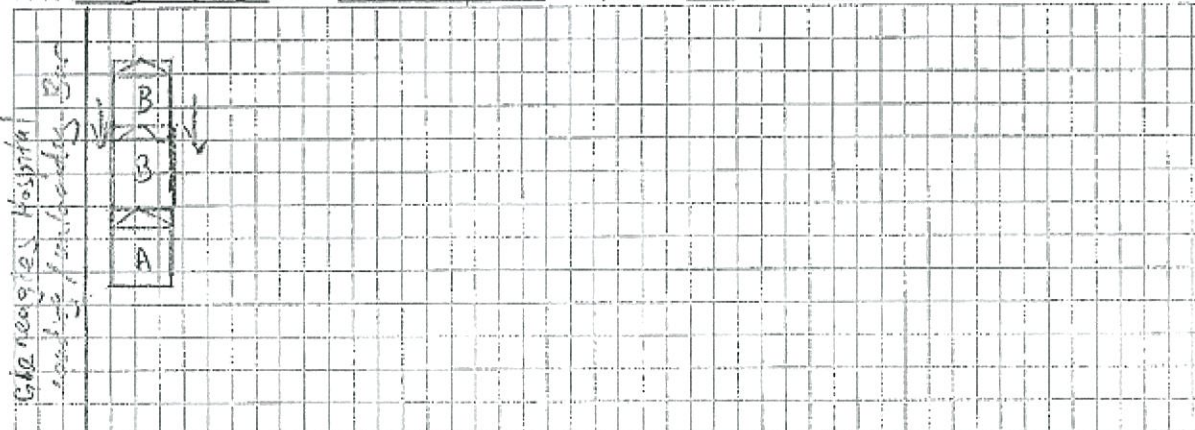
Date & Time of Accident: 10/02/2022 / 7:35AM

Location: Gleneagles Hospital loading/unloading bay

Veh A: GRH 5371E

Veh B: Y02 3695D

Veh C/Others:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date & time I parked my veh A at loading/unloading Bay for sending my goods to Gleneagles Hospital. Suddenly I heard a loud. I went out to check and saw veh B's try to parking and fail to reversed hit onto my veh A. Cause veh B's rear portion hit onto my veh A's front portion. Nobody injury. That's All

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email: admin@ltm.sg

My/Our email: purchasing@songlatai.com.sg

DECLARATION

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

Shahin
 Policyholder's Signature Date & Time:



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



Reporting Centre Personnel's Signature
 Name: 10/02/2022
 NRIC/FIN No.: