

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 09/03/2022 11:35 (SGT)
Date of Accident 08/03/2022 12:42 (SGT)
Exact Location of Accident Tyrwhitt Rd, Singapore
Additional Location Information JUNCTION OF PETAIN ROAD & TYRWHITT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH5578B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BAWA'S DELICACY PTE. LTD.
Company Reg No 2XXXXX417R
Email Address farook6775@yahoo.com
Mobile Phone No (Phone) +65-90079354
Alternative Phone No (Office) +65-90079354

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant PANEL VAN 2.5 5MT 5DR
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2488

INSURANCE COMPANY

Name of Insurance Company Great American Insurance Company
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT20210897
Cover Note Number -

DRIVER

Name of Driver MOHAMED MYDEEN ROWTHER NINA MOHAMED
Passport No/FIN GXXXX887T

Date Of Birth	16/05/1984
Occupation	Outdoor
Date Of Driving Pass	01/12/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93746755
Alt. Phone Number	-
Email Address	farook6775@yahoo.com
Address	49 KERBAU ROAD
Address complement	-
Postcode	219174
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 was turning left from Petain Road to Tyrwhitt Road. While doing so, i accidentally collided to Vehicle B that was on the opposite lane. No one was injured.

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	SKS409A
Vehicle Manufacturer	Honda
Vehicle Model	Hr-v
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT 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

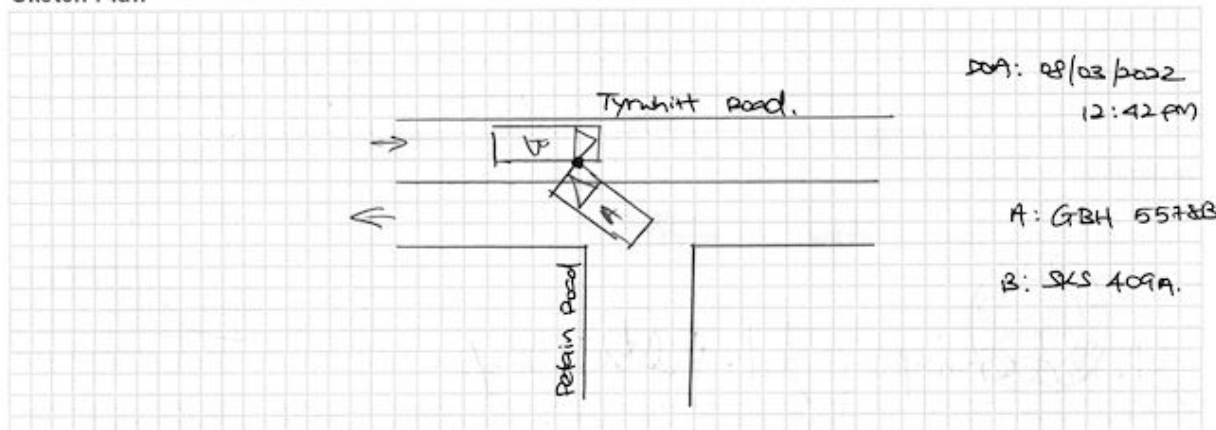
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was turning left from Deakin Road to Tyrwhitt road. while doing so, I accidentally collided to vehicle B that was on the opposite lane. no one was injured

M. Peltz mny...

Declaration

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



 Witnessed by Reporting Centre Personnel





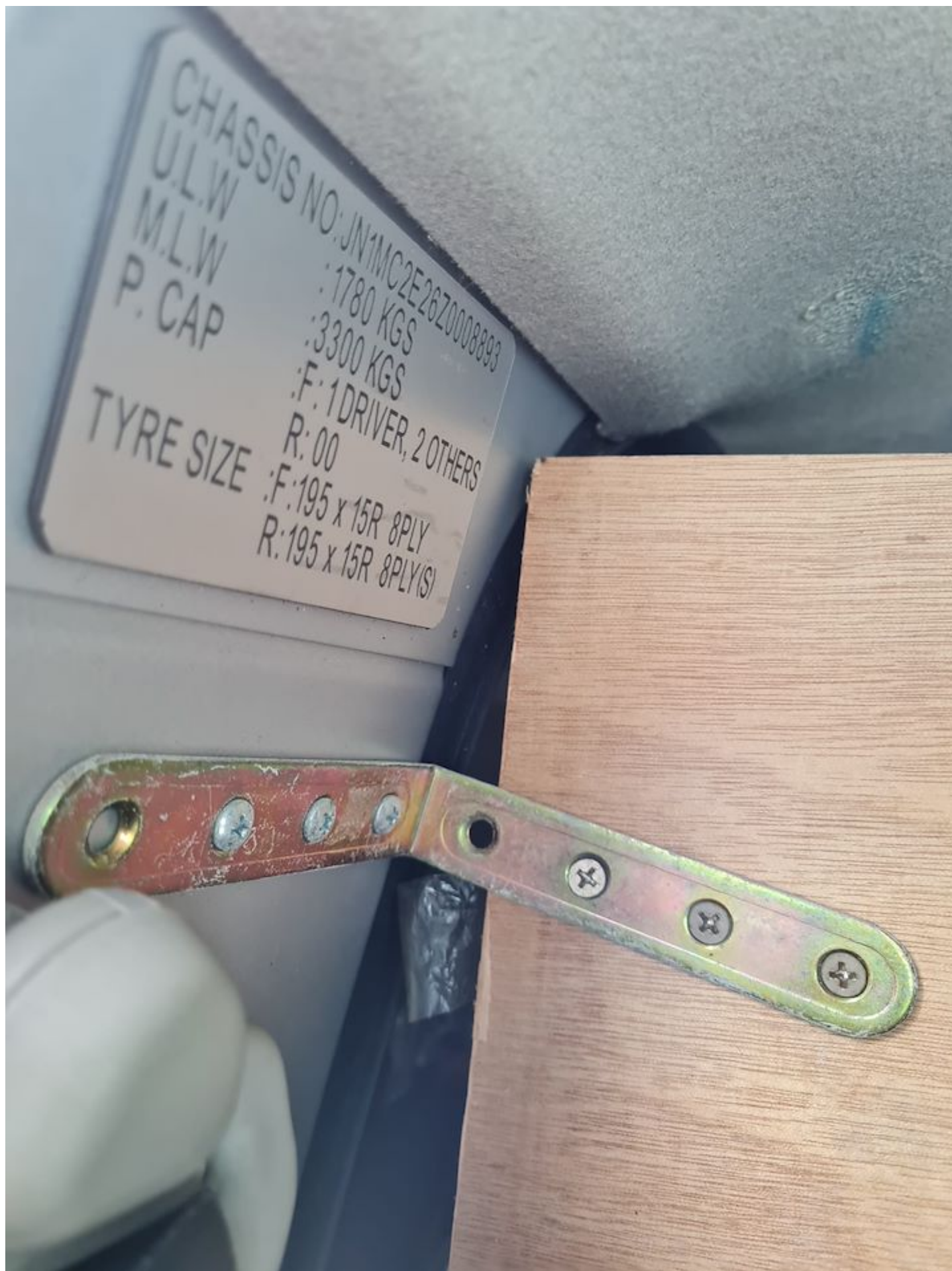






























Bawa's Delicacy Pte Ltd
No. 3 Lorong Bakar Batu
01-01 Union Industrial Building Singapore 348471
Email:farook.6775@yahoo.com Tel: 6749 6687

Date: 09/03/2022

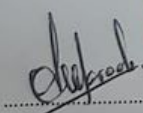
To Whom It May Concern

This letter is to certify that Mr. Mohamed Mydeen Rowther Nina Mohamed , Fin no.G5166887T of DOUBLE I TRADING has been driving the vehicle no. GBH5578B of BAWA'S DELICACY PTE LTD.

Should you have any questions please do not hesitate to contact me at 90079354.

Yours truly,

Bawa's Delicacy Pte Ltd


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