

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 21/03/2022 18:41 (SGT)
Date of Accident 19/03/2022 12:58 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5916E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 800 SUPER WASTE MANAGEMENT PTE LTD
Company Reg No 1XXXXX155H
Email Address enquiries@800super.com.sg
Mobile Phone No (Phone) +65-63663800
Alternative Phone No (Office) +65-63663800

VEHICLE PARTICULARS

Manufacturer Dulevo
Model 5000 VELOCE EU5 A
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? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 5883

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SPMF1000000459
Cover Note Number 01/08/21 - 30/06/22

DRIVER

Name of Driver ROSE LEE BIN SAPARI
NRIC No SXXXX693E

Date Of Birth	27/09/1958
Occupation	Outdoor
Date Of Driving Pass	23/02/1981
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82997541
Alt. Phone Number	-
Email Address	lke@800super.coms.g
Address	BLK 684C WOODLANDS DRIVE 62 #02-163
Address complement	-
Postcode	733684
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	0
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?	-

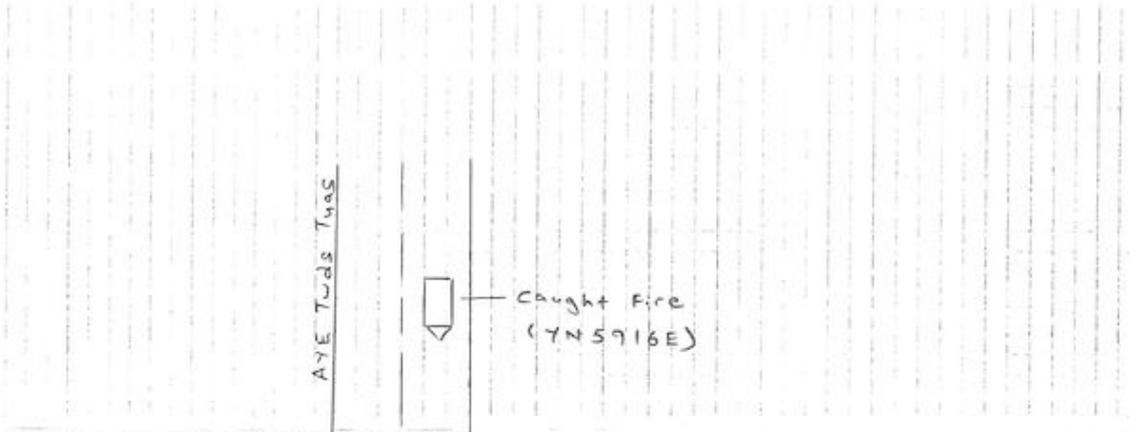
CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED (REPAIR BY AGENT WORKSHOP)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOP: 19/3/22 12.58pm

* I was traveling along AYE towards tuas, Suddenly the undercarriage caught fire. A third party signalled me, I stopped the vehicle and alighted. The entire vehicle caught fire. I informed my Sup. The scdf personals were there to put out the fire. I did not sustain any injury. My vehicle was towed from scene to agent workshop.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

<p><u>X</u></p> <p>Policyholder's Signature Date & Time:</p>	<p><u>Rouch</u></p> <p>Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p><u>(YS) sig 21/3/22</u></p> <p>Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
<p><input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Reporting Only</p> <p><input type="checkbox"/> Claim OD/TP at other workshop (_____)</p>		

Date : 21/03/22

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) ROSE LEE BIN SAPARI
 NRIC/FIN S1316693E, our employee / employee of 800 Super Waste Management Pte Ltd to drive our m/vehicle no. YN5916E
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting Only) which occurred on (date) 19/03/22 @ (time) 12.58pm
 along (location) AYE TOWARDS TUAS

Thank you.

Regards,




* SIGN & STAMP at the above *

Name of Owner : 800 Super Waste Management Pte Ltd

NRIC / ROC : 198601155H

Contact No : 63663800

Email : enquiries@800super.com.sg











19 Mar 2022 14:46:31
Singapore

