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 witholding 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 04/04/2022 12:05 (SGT) Date of Accident 01/04/2022 15:10 (SGT) Exact Location of Accident Admiralty Rd W, Singapore Additional Location Information T-junction with Keramat Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XF2776X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DYNA-LOG SINGAPORE PTE LTD Company Reg No 2XXXXX311D **Email Address** calvinlim@dyna-log.com.sg Mobile Phone No (Phone) +65-96662345 Alternative Phone No (Office) +65-67779315

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fuso Variant FP51SDR3VDEA 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 Auto CC 11967

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA561441 Cover Note Number

DRIVER

Name of Driver YING HUAQI Passport No/FIN GXXXX762M Date Of Birth 08/11/1988 Occupation Outdoor Date Of Driving Pass 09/10/2018 Driving experience 3 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-88280113 Alt. Phone Number Email Address calvinlim@dyna-log.com.sg Address BLK 607 JURONG WEST ST 65 #10-566 Address complement Postcode 640607 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 01/04/2022 @ ABT 1510HRS. I WAS DRIVING MY COMPANY LORRY XE2776X ALONG ADMIRALTY ROAD WEST ON THE LEFT LANE. WHEN THE VEHICLE B (XE6860J) WHICH IS IN FRONT OF ME HAS MADE LEFT TURN INTO KERAMAT ROAD, I THEN PROCEED TO MOVE FORWARD. WHEN THE VEHICLE ALMOST FULLY TURN INTO KERAMAT RD, SUDDENLY THE SAID VEHICLE REVERSE & KNOCKED ONTO MY VEHICLE AT FRONT LEFT PORTION. NO ONE WAS INJURED IN THIS ACCIDENT. THAT'S ALL. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number XF6860.J Vehicle Manufacturer Vehicle Model

Commercial vehicle

MOHAMMAD SOFIAN BIN MOHAMMAD RAZALI

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver

NRIC No	SXXXX352D
Contact Number	(Phone) +65-83455997
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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.
- 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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

O NA. LOG SECTION OF THE PROPERTY OF THE PROPE

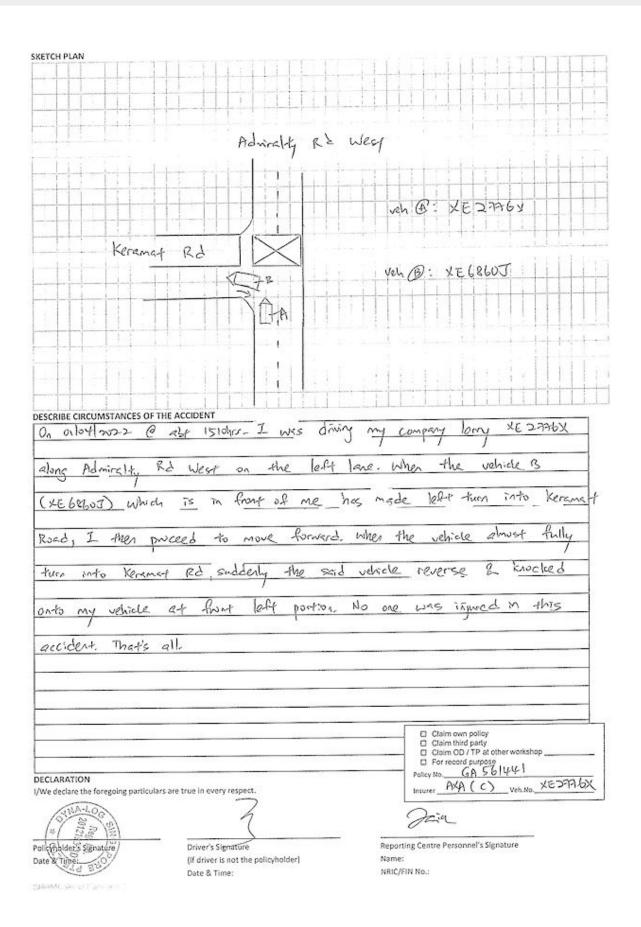
Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)
Date & Time:

Sair

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



<u>Dyna-Log Singapore Pte Ltd</u> Business Regn No / GST Regn No: 201219311D

10 Buroh Street #08-30 West Connect Building, Singapore 627564

Date: 01-Apr-22

Attn: Whom it may concern

This Letter is to authorised Ying Hua Qi G8091762M using XE2776X for work , trucking of container

Dyna-Log Singapore Pte/Ltd

Tel: 6777 9315







