

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 02/04/2022 15:49 (SGT)
Date of Accident 02/04/2022 12:05 (SGT)
Exact Location of Accident Upper Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC4246S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SAKAE HOLDINGS LTD
Company Reg No 199604816E
Email Address jymtan@sakaeholdings.com
Mobile Phone No (Phone) +65-96815229
Alternative Phone No (Office) +65-96815229

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant 150 MANUAL 3SEATER
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 Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0017141
Cover Note Number -

DRIVER

Name of Driver LIM MENG SON (LIN MINGSONG)
NRIC No S7724673H

Date Of Birth	29/08/1977
Occupation	Outdoor
Date Of Driving Pass	30/11/2004
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91874829
Alt. Phone Number	-
Email Address	jymtan@sakaeholdings.com
Address	BLK 829 YISHUN STREET 81 #09-498
Address complement	-
Postcode	760829
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Passenger
Gender	Female

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 stationary along Upper Paya Lebar Road. Suddenly, i felt an impact from the rear of my vehicle. Then i realised that vehicle B has collided to the rear of my vehicle. 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	GBH7479R
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red

Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD NORHEITI MUALIF
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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sakae Holdings Ltd.
28 Tai Seng Street
Sakae Building, Level 7
Singapore 534166

Policyholder's Signature / Date &
Time 2 / 4 / 2022, 1435 hours

Driver's Signature (If driver is not the policyholder) / Date
& Time 02/04/2022, 14:15 PM.

Witnessed by Reporting Centre
Personnel

Sketch Plan

DIA: 02/04/2022
12:05 PM
A: GBC 42465
B:

Describe Circumstances of the Accident

I was stationary along Upper Paya Lebar Road.

Suddenly, I felt an impact from the rear of my vehicle. Then I realised that vehicle B has collided to the rear of my vehicle.

no one was injured.

Suf

Declaration

We declare the foregoing particulars are true in every respect.

Sukae Holdings Ltd.
28 Tai Seng Street
Sukae Building, Level 7
Singapore 534108

Policyholder's Signature / Date &
Time 2 / 4 / 2022, 1435 hours

Suf

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

JH



Witnessed by Reporting Centre
Personnel

































INTERVIEW FORM

Name (Driver) : LIM MENG SENG (LIM MENGKONG)

Policy No : M0017141

Vehicle No : GBC 4246S

Place of Accident : UPPER PAYA LEBAR ROAD

Insured Driver's relationship with Insured : EMPLOYEE

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : 1 + 1 (FEMALE)

Injury to Insured and/or Insured driver, please indicate which hospital:
—

Third Party Vehicle No (if any) : GBH 7479R

No of passenger(s) in Third Party Vehicle : —

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
—

Type of collision and the extensiveness of the damages to all vehicles involved:
HEAD TO REAR

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
—

Traffic Police report (enclosed) : Yes / (No)

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

SJ Sekae Holdings Ltd.
28 Tai Seng Street
Sekae Building, Level 7
Singapore 534106
Driver (Name & Signature)
I, affirmed the above information is given to
my best knowledge

[Signature] 
Attended by (Name & Signature)
Workshop Name: —

Etiqa Insurance Berhad (Company Reg. No. T09FC05410)
21 Robinson Road, #04-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

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