# **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 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? 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 **Employment** accident 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 Nο Policy Number M0017141 Cover Note Number

#### DRIVER

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

Date Of Birth Occupation	29/08/1977 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	(Pilotte) +00-91674629
Email Address	iumatan @aakaabaldin sa aana
Address	jymtan@sakaeholdings.com
Address complement	BLK 829 YISHUN STREET 81 #09-498
•	70000
	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	-
insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	
Road Surface	Clear
Noau Sullace	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)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	Passenger
Gender	Female
	Terraic
DETAIL OF DOLLOF ACTION	
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	
Lucia della contra di	Supposed from the manufacture of the Tolland St. D. Co. St. Co. St. Co.
	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
•	
	VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHICLE PROPERTY 1

GBH7479R

Mercedes

Red

## CACcident report SJ0B22420003

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

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

- 1. Rease report correctly the details of the accident to speed up the claims process.
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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.
- 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. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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 law yers/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, Lefter 7
Singapore 534166
Policyholder's Signature / Date &

So

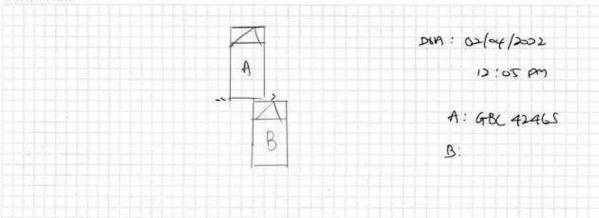
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Policyholde's Signature / Date Time 2 / 4 / 2022, 1435 hours Driver's Signature (if driver is not the policyholder) / Date & Time 02(0+12-02), 14-117 PM.

Witnessed by Reporting Centre Personnel

#### Sketch Plan



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#### Declaration

We declare the foregoing particulars are true in every respect.

Sakae Holdings Ltd. 28 Tai Seng Street Sakae Building, Leyel

Policyholder's Signatuel Da Time 2 / 4 / 2022, 1435 hours

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

Witnessed by Reporting Centre Personnel













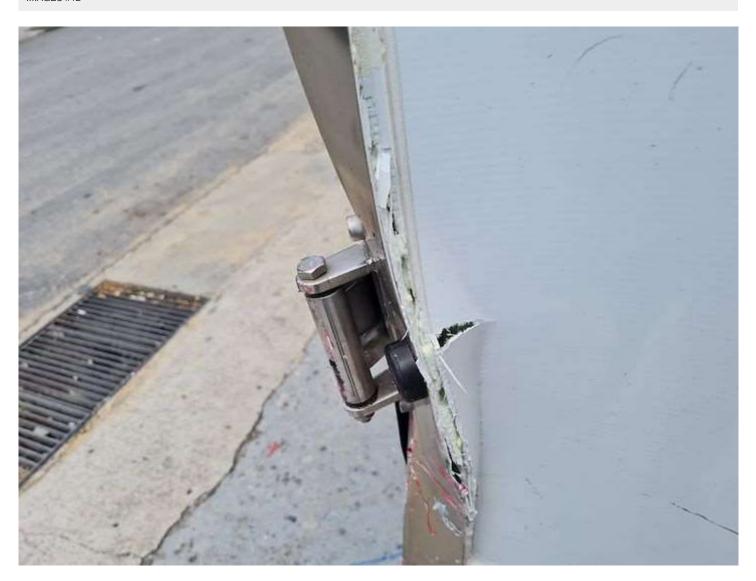




















### INTERVIEW FORM

Name (Driver)	:_ LIM I	MONG SONGY (LIN MINGROSS)
Policy No	: Moo	17141
Vehicle No	GBC	42465
Place of Accident	. UPPBE	PAYA LEBAR PORD
	hip with Insured :	EMPLOYEE
	and/or Insured Driver :	
No of passenger(s) in Insu	red vehicle :	1+ 1 (Pemale)
	sured driver, please indic	
	_	
Third Party Vehicle No (i	fany):GBt	H 7479R
No of passenger(s) in Thi	rd Party Vehicle :	
		ease indicate which hospital:
Type of collision and the	extensiveness of the dama	ages to all vehicles involved:
HEND 70 PA	TAR	
Any witness to the accide	nt (if yes, please indicate	Name, Contact No and a copy of the statement):
Traffic Police report (enc	osed) : Yes-/(No)	
Please obtain a copy of t worker is involved)	he driving licence of Ins	sured driver and/or work permit (where foreign
		S SERVICE
26 Tax S	foldings Ltd. ang Street oilding, Level 7	
Driver (Name & Signama	g 534106	Attended by (Name & Signature)
l, affirmed the above inf	ormation is given to	
my best knowledge		Workshop Name:
Etiqa Insurance Berhad (Co	impany Reg. No. Tog-FCcc5AK)	
Lingth Company and or High-	treet-Centre,-Singapore 179094	The state of the s

