

## 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	12/03/2022 08:36 (SGT)
Date of Accident	11/03/2022 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Henderson Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL1975X
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEMBWASTE PTE LTD
Company Reg No	199507280G
Email Address	mohamad.rani@sembcorp.com
Mobile Phone No	(Phone) +65-68612288
Alternative Phone No	(Office) +65-68612288

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR 71L
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	5118185064-01
Cover Note Number	-

#### DRIVER

Name of Driver	SIM SAI HUAT
NRIC No	S1223220I

Date Of Birth	15/10/1956
Occupation	Outdoor
Date Of Driving Pass	20/02/1986
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91377790
Alt. Phone Number	-
Email Address	mohamad.rani@sembcorp.com
Address	APT BLK 321 WOODLANDS STREET 32
Address complement	#09-247
Postcode	S730321
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	UNKNOWN
Gender	Male

#### 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 to sketch plan

#### 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	GBE4947S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	PERIYASAMI ARJUN
Passport No/FIN	G2912723P
Contact Number	(Phone) +65-83445846
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# SKETCH PLAN

## 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. 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.
7. 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.
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;
- (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;

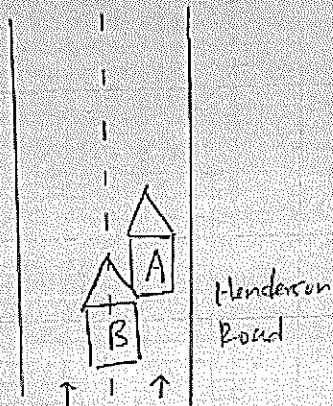
Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12/08/2024  
081044

Reporting Centre Personnel's Signature  
Name: Eugene Lee  
NRIC/IN No: S791827

080044

SKETCH PLAN



A: YL1975X  
B: GRE49475

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary carrying out litter picking  
on right lane, suddenly vehicle B collided onto my rear.

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  
12/09/2022  
0810 5X

Reporting Centre Personnel's Signature  
Name: Eugene Lok  
NRIC/FIN No: 5991883



IMAGES



IMAGES #2













16 November 2020

Kasbola bin Adam  
TPG1

SembWaste Pte Ltd  
CO REGN NO 199507280G  
30 Hill Street #05-04  
Singapore 179360  
Tel (65) 6723 3113  
Fax (65) 6822 3254  
www.sembcorp.com

Dear Kasbola,

#### **ADDENDUM TO EMPLOYMENT CONTRACT**

We refer to our letter dated 12 June 2020 informing you of the change of employer to SembWaste Pte Ltd. The updated terms and conditions of employment which be effective from 1 January 2021 are as follows: -

#### **1. PERIOD OF CONTRACT**

This extension of contract of service shall be valid for a period of 12 months commencing 1 January 2021 and shall expire on 31 December 2021 (date inclusive) unless earlier terminated pursuant to the terms herein.

#### **2. REPORTING LINE**

1.1 You shall report to the **Executive, TPG1** or any other officer nominated by him/her from time to time.

1.2 During your period of employment, the Company reserves the right to transfer you to other roles, department or subsidiary company based on needs and exigencies of service.

#### **3. EMPLOYMENT TERMS & CONDITIONS**

You may refer to the following documents for details:

2.1 Annex 1 – Compensation Table

2.2 Annex 2 – Benefits Schedule

#### **4. GENERAL TERMS & CONDITIONS OF SERVICE**

All other terms and conditions of employment will be in accordance with the prevailing Company policies which may be modified by the Company from time to time.

A handwritten signature in black ink, appearing to be "K. S. A.", located at the bottom right of the page.