ⓖ SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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. <u>Any false reporting may be referred to the Police for investigation.</u>
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	23/05/2022 18:12 (SGT)
Date of Accident	20/05/2022 10:30 (SGT)
Exact Location of Accident	57 New Upper Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3473M

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	H.W AGRI-FOOD TRADING PTE. LTD.
Company Reg No	2XXXXX739W
Email Address	ohsinsurance@yahoo.com
Mobile Phone No	(Phone) +65-98796053
Alternative Phone No	+65-98796053

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	5193

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V12861/VCV/R04
Cover Note Number	-

DRIVER

Name of Driver	TAN KAR CHUN
NRIC No	SXXXX327A

Date Of Birth	27/12/1962
Occupation	Outdoor
Date Of Driving Pass	27/10/2010
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98796053
Alt. Phone Number	-
Email Address	ohsinsurance@yahoo.com
Address	211 JURONG EAST STREET 21
Address complement	#06-327
Postcode	600211
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SGH233U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG TIN YONG
NRIC No	SXXXX637E
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
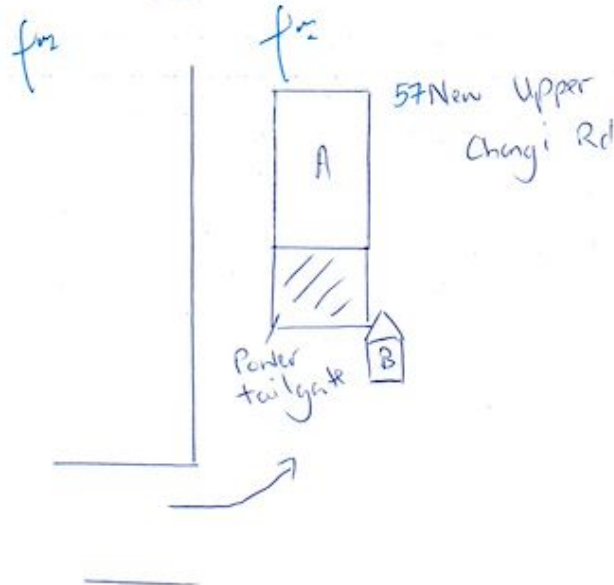
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		23/5/22

Sketch Plan

57New Upper Chengi Rd

DOA: 20/5/22

A: YQ 3473 M

B: SGH 2334

Describe Circumstances of the Accident

My lorry was parked stationary with my power tailgate opened, suddenly veh 3 drive pass & hit onto the edge of my power tailgate

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time   X

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

R— 23/5/22

Witnessed by Reporting Centre Personnel

CHASSIS NO: JAANPR75HM7100259
U.W.: 4020 KG.
M.L.W.: 7500 KG.
TYRE SIZE : F 215 75R 175
R 215 75R 175 D
PASSENGER CAPACITY : 1 DRIVER 2 OTHERS
WFE :

ISUZU MOTORS LIMITED
G.V.W. 7500 kg
· ENGINE SERIAL NO. OFV873
· VIN
JAANPR75HM7100259
P. NO. 8971156800