

# SINGAPORE ACCIDENT STATEMENT

- 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

- 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 21/04/2022 14:50 (SGT) Date of Accident 20/04/2022 06:45 (SGT) Exact Location of Accident 41 Jln Tiga, Singapore 390041 Additional Location Information LOADING AREA Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number YM7943T

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner F&N FOODS PTE LTD Company Reg No 1XXXXX390K Email Address yanli.sim@fnnfoods.com Mobile Phone No (Phone) +65-64612425 Alternative Phone No +65-64612425

### VEHICLE PARTICULARS

Manufacturer ......

Model FE83BC6SRDEA 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 Auto 3000

#### INSURANCE COMPANY

Name of Insurance Company Allied World Assurance Company, Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number BVFCSB0013662102 Cover Note Number

# DRIVER

Name of Driver **TOH THIAM HOCK** SXXXX774Z

Date Of Birth 04/03/1967 Occupation Indoor Date Of Driving Pass 18/12/1986 Driving experience 35 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97357590 Alt. Phone Number Email Address yanli.sim@fnnfoods.com Address BLK 194A BUKIT BATOK AVE 6 #12-219 Address complement Postcode 651194 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 Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Nο Number of vehicles involved in the accident 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) 1 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Νo **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP4757T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **GUANG MING** 

(Phone) +65-93358818

Contact Number

Address complement

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the applicant to speed up the claims process.
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- 8. Consunt under the Personal Data Protection Act (POPA)

Lunderstand, 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' tawyers/taw times, the Magnetary Authority of Singapore and any relevant government agency/authority (turk as the police), for the purposets!
  - (i) processing, handling and/or dealing with my claims including this settlement of the claims and any necessary investigations relating to the claims;
  - [fil] investigating the accident and/or my claims;
  - (III) exercising our and/or dealing with my histourcions or responding to any enquiries by inc;
  - (iv) administering my raims (including the making 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 administrator, processing, handling and/or dealing with my claims (contradively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this arcident and the insurers' lawyers/law ferms, 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 und/or GiA to their third party service providers of agents(including their lawyers/law firms), which may be sited outside of Successors, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and issed 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;
  - to all insurers ami/or any other third partles that assist in evaluating, investigating, controlling or managing leads, regulators, law enforcement and government agenties as reasonably required for the purposes states, or
  - (ii) for complete, with requirements under any regulations, laws or court orders.

F & N FOODS PTE LTD

214 Pandan Loop Singapore 128405

Tel No. 6210 8108 Policyholder's Signature p

Date & Time

Driver's Signature

(if driver is not the policybulder). Date & Date: Reporting Contro Personnel's Signature

Name:

NUME/EIN No.:

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1/2

Cran

SKETCH PRAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was all halde the colon to Set the stock for unforcing, and
Unicle A was posted at beside of an truck when they lift up the
to look lifter they don't notice that my door pareys and
hit way dear .
ARATION

Policybolder's Signalia folio, 152 10 8 100 peace's Signalia folio, 152 10 8 100 peac

Reparting Contre Personne?'s Signature

Name: WRICHIN No.:

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DMMERCIAL VEHICLE (SCH I)

# CERTIFICATE OF INSURANCE

MZJ60.C E SB R950SD0 Cov.Type: T KUKTASB

THE MOTOR VEHICLES (THIRD-PARTY BISES AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987, ROAD TRANSPORT (AMENOMENT) ACT 2019, AND THE MOTOR VEHICLES (THIRD PARTY BISES) RULES 1959 OF MALAYSIA
THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS BUREAU OF SINGAPORE DATED 22 FEBRUARY 1973
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 13 IANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

BVFCSB0013662102

ChoNo:FES3BCA10022

L. Index Mark and Registration

Number of Vehicle:

YM 7943 T

2. Name of Policyholder:

of the Ordinance:

FARCEOODS PTF LTD

3. Effective Date of Commencement of Insurance for the purposes

01 October 2021

4. Date of Explry of Instirance:

30 Séptémber 2023

5. Persons or Classes of Persons entitled to drive" (For certificate references MXI and MX4; see overleaf)

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Metor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Truffic Act and its registration under the Road Truffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to the (For certificate reference MX1; see overlest)

A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES

THE POLICY DOES NOT COVER

L USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.

2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Enginee-theorem and the Motor Vehicle (United Party Risks and Componsation)
 Onlineaux 1960 (Republic of Singapore) are not to be included under the headings.

I/We hereby certify that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Mulaysia), the Road Transport (Amendment) Act 2019 (Malaysia), the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).



Approved bearers

Emmined VI.