



## 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	29/03/2022 15:19 (SGT)
Date of Accident	24/03/2022 12:45 (SGT)
Exact Location of Accident	46 Gul Ave, Singapore 629680
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PB555R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SANKYU (SINGAPORE) PTE LTD
Company Reg No	1XXXXX116E
Email Address	MIN.ZO@SANKYU.COM.SG
Mobile Phone No	(Phone) +65-90234469
Alternative Phone No	(Office) +65-65587995

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Regius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	22-MB000005-R12
Cover Note Number	-

### DRIVER

Name of Driver	MIN ZAW OO
Passport No/FIN	GXXXX423U



SKETCH PLU

Date Of Birth	01/06/1977
Occupation	Outdoor
Date Of Driving Pass	08/12/2009
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90234469
Alt. Phone Number	-
Email Address	MIN.ZO@SANKYU.COM.SG
Address	46 GUL AVENUE
Address complement	GUL ENGINEERING CENTRE
Postcode	629680
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 by fallen tree / Other objects
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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

PLEASE REFER ATTACHED PHOTOS

#### 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

## 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 insurers 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

Sketch Plan

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



Witnessed by Reporting Centre Personnel

Please refer Attached Photos.

**Describe Circumstances of the Accident**

I was parked in designated car park at Sankyu (S) Pte. Ltd location at 46 Gul Avenue on 24 March 2022 during office hour.  
 About 12:45 pm, a dead (dry) tree drop on from another neighbour premises (49 Gul Drive) dropped on the Van (DB 555R) and dented the frame of wind screen of the car. Weather was raining.

**\*\*You had been advised by the workshop in the case that you wish to claim against own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.**

**Declaration**

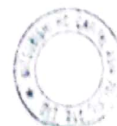
I/We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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



Witnessed by Reporting Centre Personnel



# Report

M/S MP-INC-16-F01 Rev00

Report No: / /

## Description of Problem/ Nonconformity/ Incident

Type of plant/ machinery/ production process involved (if any)

Was there any defect in plant/ machinery? If so, give details

I'm parking in designated car park in front of GEC premises on 24 March 2020 during office hour.

About 12:45 PM, A dead tree from over the fence (another owner) dropped on the Van and dented the frame of wind screen of the car. Weather was heavy rain and windy too

## Sketch (If Necessary)



## Immediate Corrective Action (Do not indicate any administrative counter measure)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## To Be Defined Functional Head

Classification : ☐ Own - CAR to be completed and submitted within 7 days after incident (including Supplier)



☐ Uncontrollable - Please fill the Justification space below

Justification : \_\_\_\_\_

(pls attached more info if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Originator	Functional Head
	
<small>Name/Title of Signatory/Date</small>	<small>Name/Title of Signatory/Date</small>

**NOTE:** For any Case - When the incident could indicate a hidden potential to cause personal injury, industrial disease and damages in the operation practice or management system. The immediate manager or higher shall initiate and chair an Investigation Meeting. The meeting shall be delegated by the line function and relevant parties concerned.

Please remember to communicate among your department personnel