

## 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 Actual 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 ..... 15/07/2022 15:04 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 14/07/2022 16:00 (SGT)  
Exact Location of Accident ..... Near 7 Changi Business Park Central 1, Singapore 486072  
Additional Location Information ..... CHANGI BUSINESS PARK CENTRAL 1  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB9752U

#### 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 ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1300

#### INSURANCE COMPANY

Name of Insurance Company ..... Allied World Assurance Company, Ltd  
Policy Number / Cover Note Number ..... BVFCSB0013692102

#### DRIVER

Name of Driver ..... TRAN THI KIM SAO  
NRIC No ..... SXXXX513J  
Date Of Birth ..... 29/11/2021  
Occupation ..... Indoor

Date Of Driving Pass .....	22/12/2021
Driving experience .....	7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82982252
Alt. Phone Number .....	-
Email Address .....	THIKIMSAO@GMAIL.COM
Address .....	BLK558 ANG MO KIO AVE 10 #12-1774
Address complement .....	-
Postcode .....	560558
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 on collision
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SG7007Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	SONG MENG LEI
Contact Number .....	(Phone) +65-97232305

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

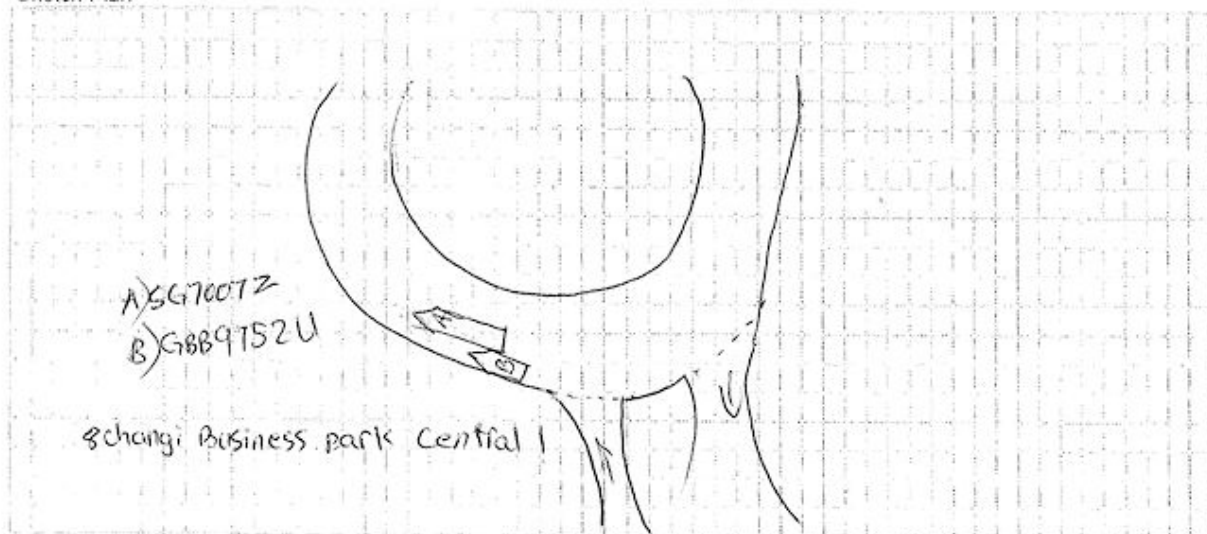
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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.

F & N FOODS PTE LTD  
214 Pandan Loop  
Singapore 128405  
Tel No. 6210 8108

Policyholder's Signature / Date \_\_\_\_\_  
Driver's Signature (if Driver is not the policyholder) / Date \_\_\_\_\_  
& Time \_\_\_\_\_

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstance of the Accident

I go from Side Road slowly run into the circle  
 after i entered about half way into ~~the~~ car  
 My car.  
 and from the back of the car a bus sped up and  
 pressed my car to the left side hit the right  
 side of my car.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

## Declaration

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

F & N FOODS PTE LTD  
 214 Pandan Loop  
 Singapore 128405  
 Tel No. 6210 8108

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



COMMERCIAL VEHICLE (SCH 1)

 MZ300/C  
 E SB  
 B900SD0  
 Cov.Type: C  
 KUKTASB

# CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE  
 THE ROAD TRANSPORT ACT 1987, ROAD TRANSPORT (AMENDMENT) ACT 2019, AND THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 OF MALAYSIA  
 THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975  
 THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968  
 ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

**CERTIFICATE No.** BVFCSB0013692102 ChaNo:ZFA26300009058548

**1. Index Mark and Registration Number of Vehicle:** GBB 9752 U

**2. Name of Policyholder:** F&N FOODS PTE LTD

**3. Effective Date of Commencement of Insurance for the purposes of the Ordinance:** 01 October 2021

**4. Date of Expiry of Insurance:** 30 September 2023

**5. Persons or Classes of Persons entitled to drive\* (For certificate references MX1 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 Motor Vehicle.

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

**6. Limitations as to Use\* (For certificate reference MX1, see overleaf)**

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 :

1. 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.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner :

\* Disputes covered in accordance with Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 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 (Malaysia), the Road Transport (Amendment) Act 2019 (Malaysia), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).

RT



Approved Insurers.

Examined By



































## Describe Circumstances of the Accident

I trying to merged into roundabout. While i entering halfway into the roundabout, the bus speed up and pressed my car to the left side. The bus hit from my right side and damage the whole front parts of my vehicle. Both front door need to open by forced.

## Declaration

We declare the foregoing particulars are true in every respect.

P & N FOODS PTE LTD

214 Pandan Loop

Singapore 128405

Tel No. 6210 8108

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09.00 – 17.00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1R227F0001 Vehicle Registration No : (188 975) U  
Name (as shown in NRIC) : TRAN THI KIM SAO NRIC/FIN/Passport No : 413 J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : 6461 2625 Mobile No. : \_\_\_\_\_  
Email Address : Yanki.sim @ fnafoods.com  
Date of Accident : 14/7/22 Time of Accident : 1600  
Place of Accident : CHANGI BUSINESS PARK CENTRAL 1  
Insurance Company : ALLIED WORLD

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

7. AMEND INCIDENT DESCRIPTION

Policyholder / Driver's Signature  
Date:

Kelvin  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: