

## 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 ..... 16/07/2022 10:07 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/07/2022 11:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MEGA@WOODLANDS 39 WOODLANDS CLOSE CARPARK  
GANTRY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ433Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MERAWOOD INDUSTRIES PTE LTD  
Company Reg No ..... 200413797M  
Email Address ..... merawoodindustries@gmail.com  
Mobile Phone No ..... (Phone) +65-91460178  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... 700 series  
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 ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 4009

#### INSURANCE COMPANY

Name of Insurance Company ..... Sampo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPCVE000378

#### DRIVER

Name of Driver ..... AUNG MYINT OO  
Passport No/FIN ..... G3400929K  
Date Of Birth ..... 22/05/1993

Occupation .....	Outdoor
Date Of Driving Pass .....	21/11/2020
Driving experience .....	1 YEAR AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84903788
Alt. Phone Number .....	-
Email Address .....	merawoodindustries@gmail.com
Address .....	304 CLEMENTI AVENUE 4 #12-485
Address complement .....	-
Postcode .....	120304
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) .....	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

REFER TO ATTACHED SKETCH PLAN

#### 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 .....	SML9512M
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-

Contact Number ..... (Phone) +65-97843030  
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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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 Purpose;
- (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.

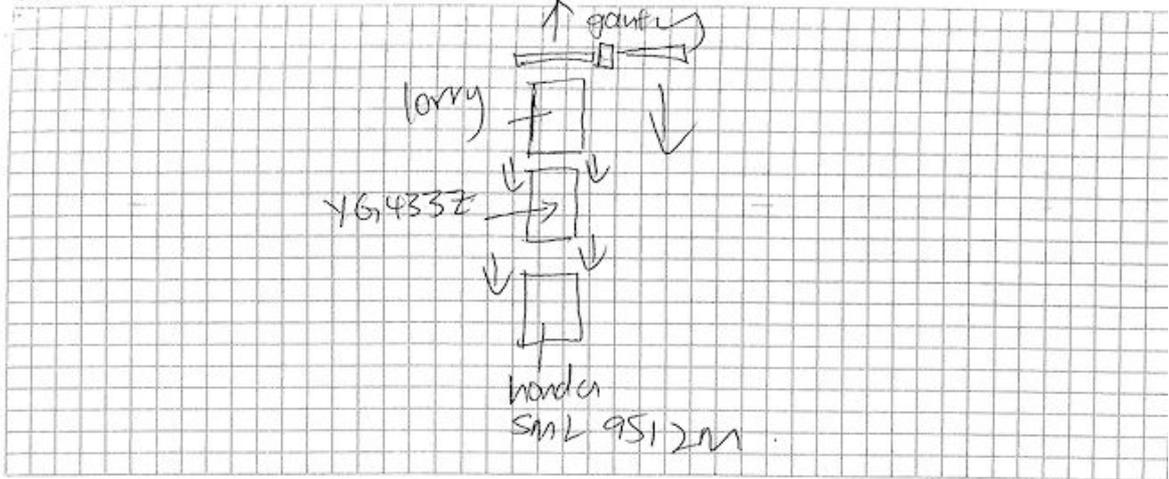
20, Singapore 229054  
 Unit 11-13 Singapore 229054  
 Tel: 6363 6333 Fax: 6363 6332  
 E-mail: merawood@merawood.com  
 Reg No: 200413797a1

Policyholder's Signature  
 Date & Time: 16/7/22 8:47am

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 16/7 8:47am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was ~~waiting~~ <sup>waiting to exit at</sup> Meppan woodlands <sup>parking</sup> gantry. The front vehicle <sup>(a lorry)</sup> could not ~~exit~~ go out and trying to reverse. The lorry is near to hit me, I have no choice, after check the behind, I was trying to reverse to so that the front vehicle could reverse out. I did not realise until I hit the behind vehicle while reversing. There is no one injured and I dented the front of the Honda car bumper.

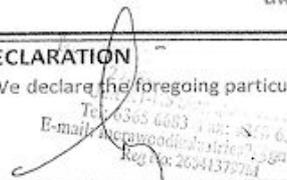
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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

Tel: 6365 6883 Fax: 636 6382  
 E-mail: [accident@woodlands.com.sg](mailto:accident@woodlands.com.sg)  
 Reg No: 26341379764

Policyholder's Signature:   
 Date & Time: 16/7/22 8:47am

GIARMC SketchPlanForm\_V3

Driver's Signature (If driver is not the policyholder):   
 Date & Time: 16/7 8:47am

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









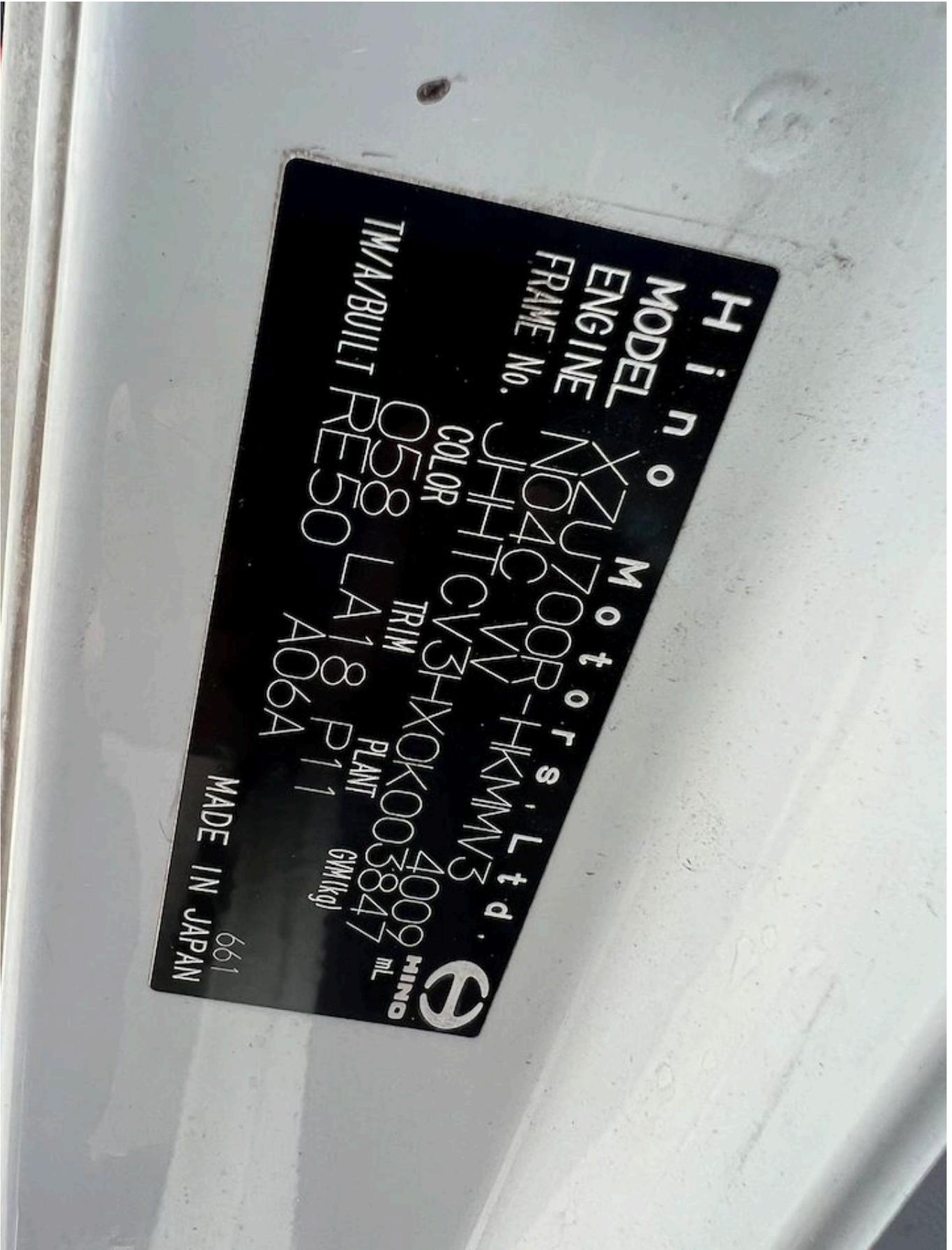




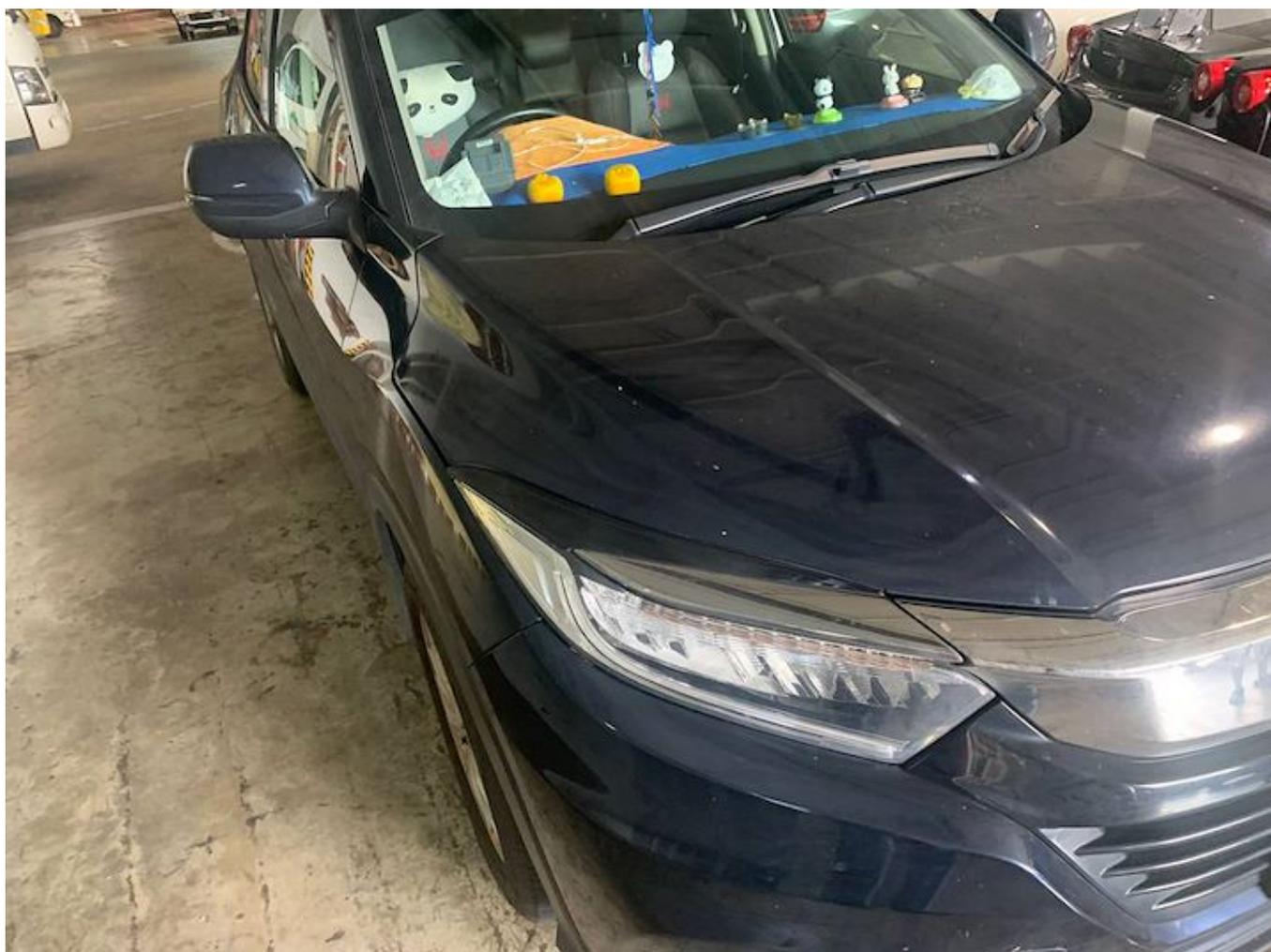


















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**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 : SE0M227G0001 Vehicle Registration No: YG433Z  
 Name (as shown in NRIC) : MERAWOOD INDUSTRIES PTE LTD NRIC/FIN/Passport No : 2XXXXXX797M  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 91460178  
 Email Address : merawoodindustries@gmail.com  
 Date of Accident : 15/07/2022 Time of Accident : 11:45  
 Place of Accident : MEGA@WOODLANDS 39 WOODLANDS CLOSE CARPARK GANTRY  
 Insurance Company: Sompo Insurance Singapore Pte. Ltd.

**(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:

- 1) Amend on vehicle registration number from YG433Z to YQ433Z
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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