

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	06/10/2022 14:32 (SGT)
Reported by	Driver
Date of Accident	03/10/2022 15:30 (SGT)
Exact Location of Accident	Sin Ming Dr, Singapore
Additional Location Information	outside 160 Sin Ming Drive after traffic light
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB6458D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Shun Yuan Trading & Construction Pte Ltd
Company Reg No	199407798R
Email Address	may@shunyuan.com
Mobile Phone No	(Phone) +65-83898128
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	Tgs
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
CC	10518

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0001062_02

DRIVER

Name of Driver	Soh Kim Hin
NRIC No	S1684678C
Date Of Birth	11/05/1965
Occupation	Outdoor

Date Of Driving Pass	07/09/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83898128
Alt. Phone Number	-
Email Address	may@shunyuan.com
Address	No. 20 Sin Ming Lane #08-58 Midview City
Address complement	-
Postcode	573968
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	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
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 attached report.

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	XE4344X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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")

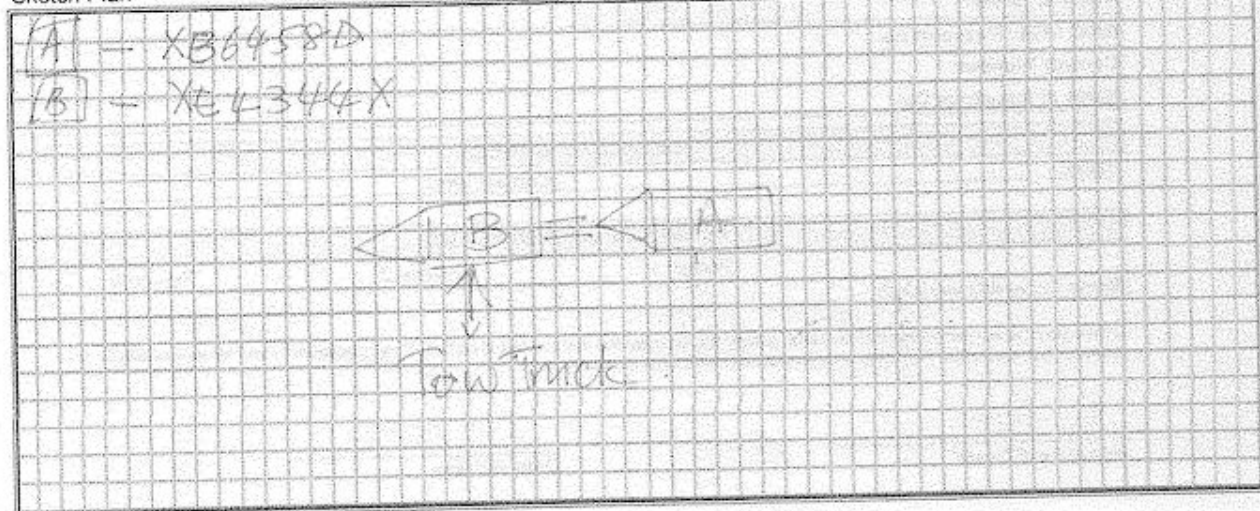
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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
(Name as in NPIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

On 3/10/22, from Jurong Island, the tow truck (XE4344X) was towing XB6458D to Sin Ming Drive.

On the way, outside of 160 Sin Ming Drive after traffic lights, when tow truck driver check on the vehicle (XB6458D), he notice that the bottom part of vehicle XB6458D was damaged.

No one was hurt.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

On 3/10/2022, from Jurong Island, the tow truck (XE4344X) was towing XB6458D to 160 Sin Ming Drive.

On the way, outside 160 Sin Ming Drive after traffic light, the driver of the tow truck felt that something was wrong so he stopped & checked the vehicle XB6458D & found the undercarriage / front of the XB6458D (bottom) was damaged.

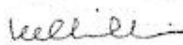

The pins that connected the tow truck to vehicle XB6458D was loosen & dropped XB6458D on the road to 160 Sin Ming Drive.

Upon checking at the workshop, it was found that XB6458D undercarriage with other parts of the vehicle connected to the undercarriage was badly damaged.

Owner of XB6458D informed Yishun Towing Company, about the incident.

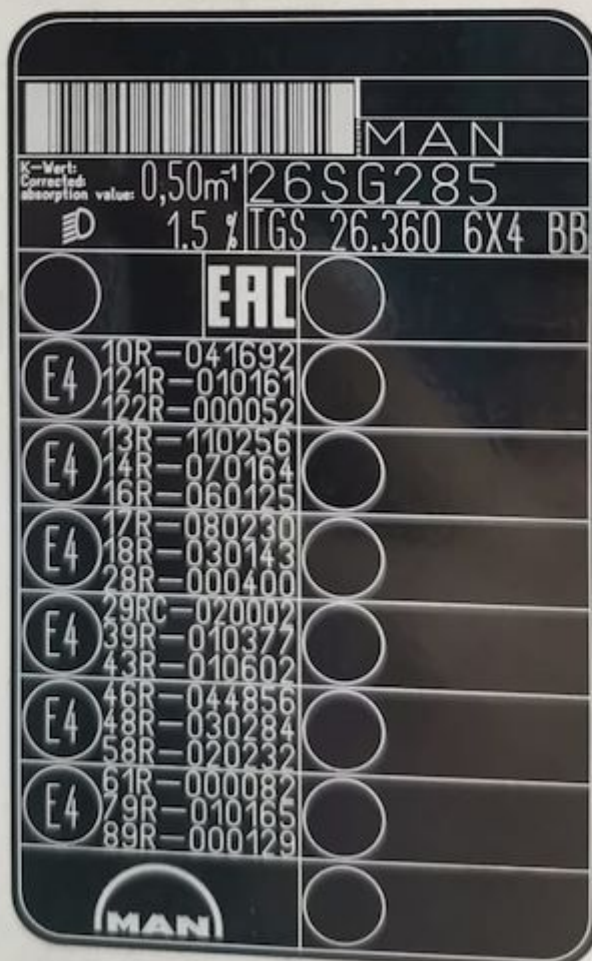
Yishun Towing Company agreed to pay but upon receiving the quotation from the workshop 'Ah Keng Motor Pte Ltd', said let the insurance company handle this.

No one was injured in this incident.

Policyholder / Driver's Signature

Date: 10/10/2022



























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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2E22A60002 Vehicle Registration No: XB6458D
 Name (as shown in NRIC): Shun Yuan Trading & Construction Pte Ltd NRIC/FIN/Passport No: 199407798R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: No. 20 Sin Ming Lane #08-58 Midview city Singapore (5739) 68
 Contact (Tel): 8389 8128 Mobile No.: _____
 Email Address: may@shunyuan.com
 Date of Accident: 03/10/2022 Time of Accident: 3.30pm
 Place of Accident: outside 160 Sin Ming Drive after traffic light
 Insurance Company: India International Insurance 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) Owner's Name : Shun Yuan Trading & Construction Pte Ltd

2) Under General Info of accident

It is under 'others' - tow truck was towing XB6458D

& dropped XB6458D & damaged undercarriage

3) Revised 'Describe Circumstance of the Accident'
attached.

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Policyholder / Driver's Signature
 Date: 10/10/2022

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

STARAC Addendum Form