

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 17/10/2022 18:05 (SGT)
Reported by Driver
Date of Accident 10/10/2022 15:30 (SGT)
Exact Location of Accident Tuas Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM7249P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BIG-FOOT LOGISTIC PTE LTD
Company Reg No 199500061H
Email Address vmo1@bigfoot.com.sg
Mobile Phone No (Phone) +65-63244722
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model PKC37BNHNP
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 Commercial vehicle
Transmission Manual
CC 7684

INSURANCE COMPANY

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

DRIVER

Name of Driver MUTHU MANO
Passport No/FIN G8409548L
Date Of Birth 06/05/1989
Occupation Outdoor

Date Of Driving Pass	13/04/2016
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-63505050
Alt. Phone Number	-
Email Address	vmo1@bigfoot.com.sg
Address	8 JOO KOON ROAD
Address complement	-
Postcode	628972
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	CLOUDY
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

On 10/10/22 at about 1530hrs, I was driving my company vehicle YM7249P near Tuas Road. When I was going to turn out my vehicle from the slip road, I checked my right for oncoming traffic. However, I was unaware at that point that the third party front vehicle YP7980X had stopped and so I hit the rear of YP7980X.

I was slightly bruised on my right leg and the third party did not suffer any injuries at the time of the accident. An ambulance arrived at the scene but I did not get into the ambulance.

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	YP7980X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	S. SIVA
Passport No/FIN	G6542934P
Contact Number	(Phone) +65-84579460
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUTHU MANO
Gender	Male
Phone No	(Phone) +65-63505050
Address	8 JOO KOON ROD
Address Complement	-
Post Code	628972
Approximate Age Years Old	33
Injuries Sustained	KNEE BRUISE AND SWELLING
Injured person in which vehicle?	YM7249P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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

[Signature]

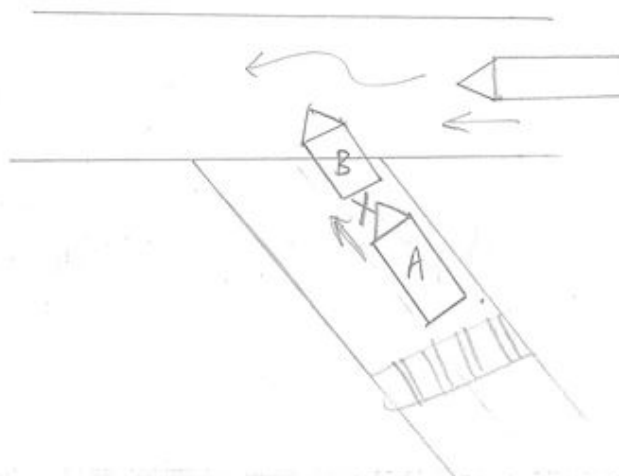
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel



Sketch Plan



A : YM7249P
B : YP7980X

Describe Circumstances of the Accident

On 10/10/22 at about 1530 hrs, I was driving my company vehicle YM7249P near Tinas Road. When I was going to turn out my vehicle from the slip road, I checked my right for oncoming traffic. However, I was unaware at that point that the third party front vehicle YP7980X had stopped and so I hit the rear of YP7980X.

I was slightly bruised on my right leg and the third party did not suffer any injuries at the time of the accident. An ambulance arrived at the scene but I did not get into the ambulance.

Declaration

We declare the foregoing particulars are true in every respect.

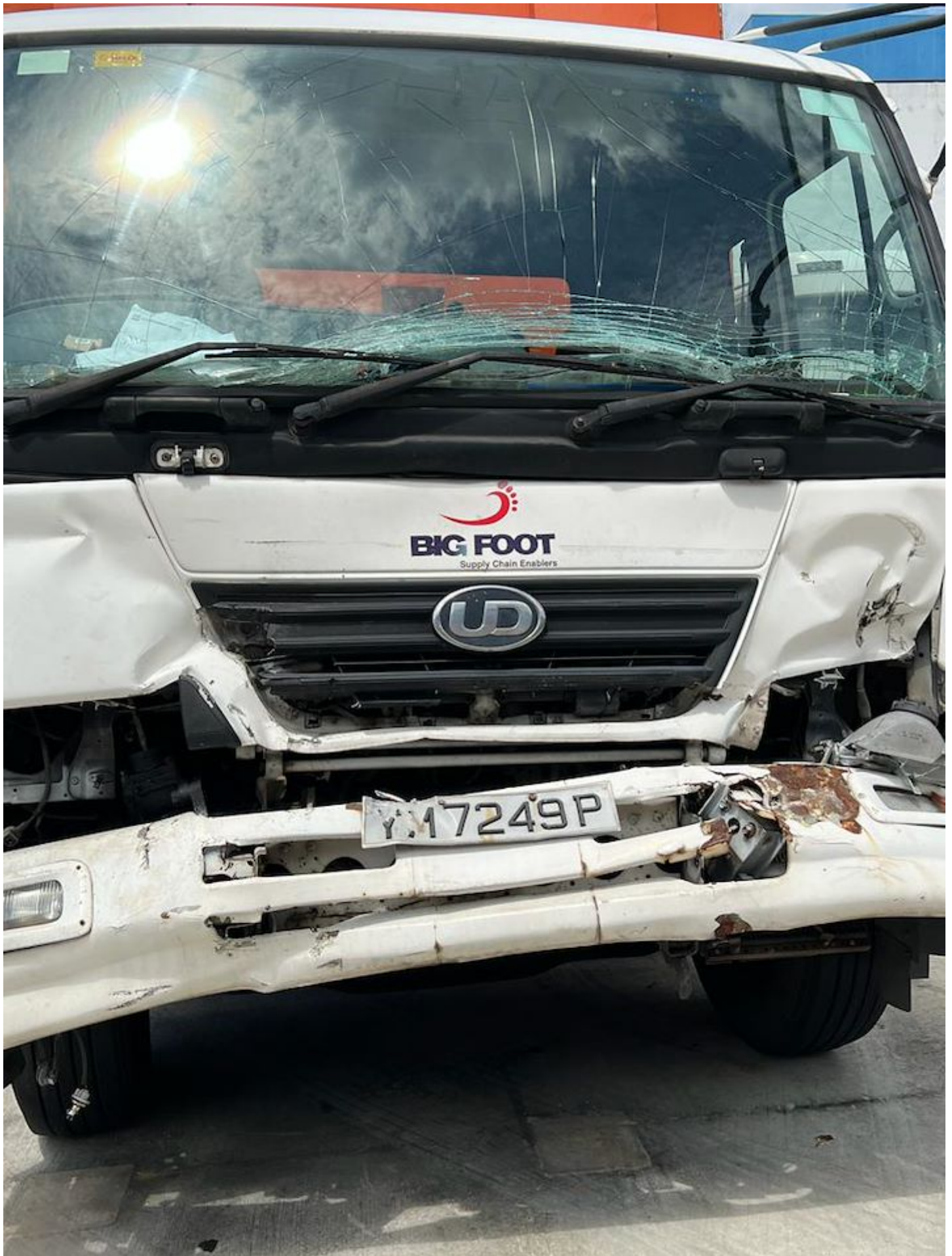


Policyholder's Signature / Date & Time

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

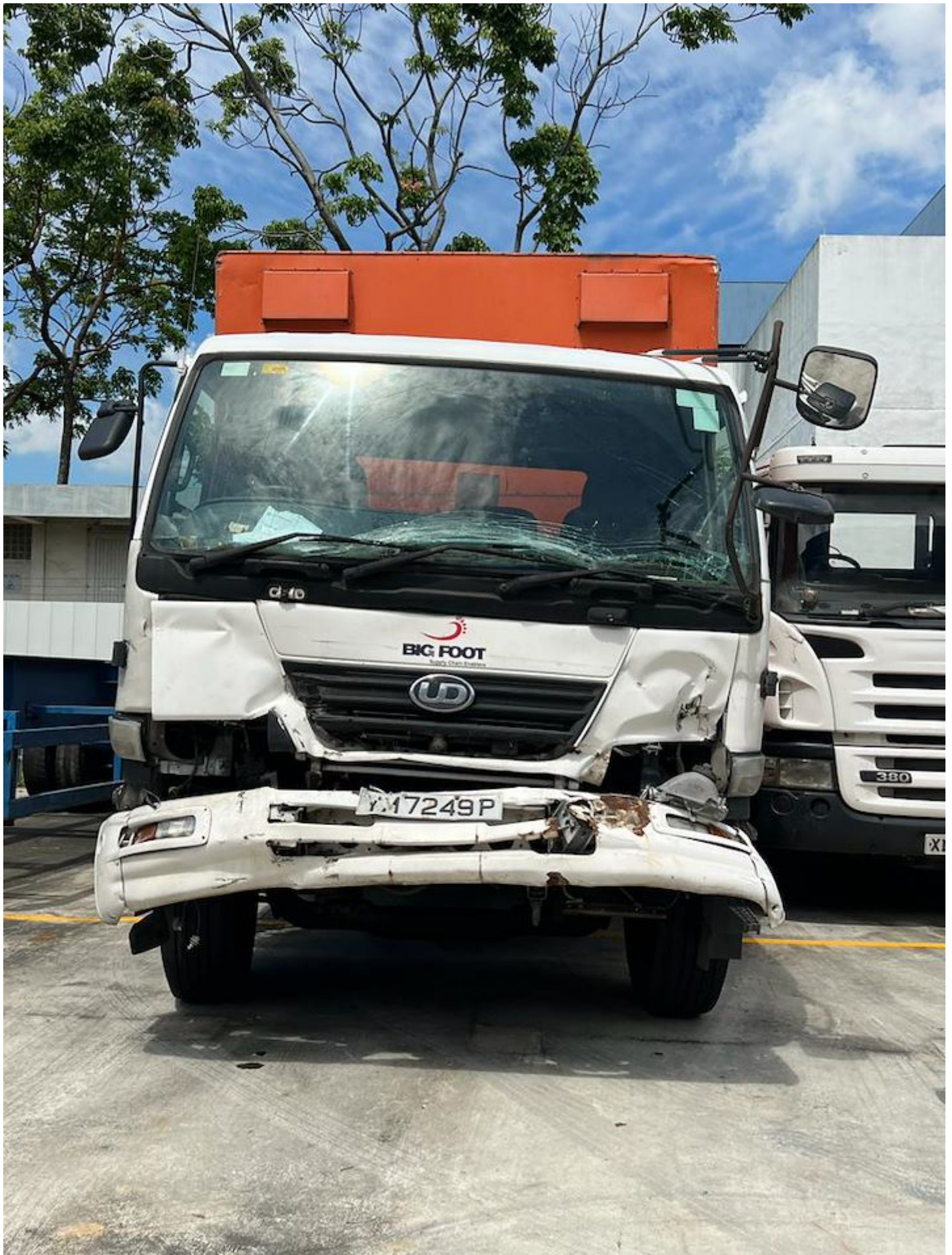
Witnessed by Reporting Centre Personnel



























COMMERCIAL VEHICLE (SCH 2) R

MZ301
R SB
B152SD0
Cov.Type: T
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. BVFCB0013872201 ClaNo:PKC37BN00154

1. Index Mark and Registration Number of Vehicle: YM 7249 P

2. Name of Policyholder: BIG-FOOT LOGISTIC PTE LTD

3. Effective Date of Commencement of Insurance for the purposes of the Ordinance: 28 August 2022

4. Date of Expiry of Insurance: 27 August 2023

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

1. WHILST THE VEHICLE IS BEING USED IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS - ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.
2. WHILST THE VEHICLE IS BEING USED FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES - 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 RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
 2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
 3. USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.

Type of Cover : Third Party

* Limitations rendered inoperative by 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).



Approved Insurers.

Continued On...