Your NCD will be affected due to late reporting

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 witholding 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	31/10/2022 10:27 (SGT)
Reported by	Driver
Date of Accident	27/10/2022 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT CARGO COMPLEX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP436X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYTRUCK FORWARDERS (S) PTE LTD
Company Reg No	1XXXXX469K
Email Address	DESMOND-LOH@BESTGLOBALLOGISTIC.SG
Mobile Phone No	(Phone) +65-96896689
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Fvr34suqdc
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	7790

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC00000815002000

DRIVER

Name of Driver	MOHAMMAD YUSOFF BIN JAAFAR
NRIC No	SXXXX080J
Date Of Birth	19/08/1961
Occupation	Outdoor

Date Of Driving Pass	24/07/1998
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96896689
Alt. Phone Number	-
Email Address	DESMOND-LOH@BESTGLOBALLOGISTIC.SG
Address	BLK 22 BALAM ROAD #01-142
Address complement	-
Postcode	S 370022
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 - Change/cross lane
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 REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX9135E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MARDIANA BINTE BAKAR

Contact Number	(Phone) +65-98396242
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

I was entering Airport Cargo Complex on the right lane of A2 - lance road. Infront of my veh was stopping and i filtered my veh to the left. While filtering my veh hit onto the right side portion of veh B.

Declaration

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

BEST GLOBAL LOGISTICS (S) PTE. LTD.

Policyholder's Signature / Date & Time

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

31/10/22

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

31/10/2022

vJun2022

2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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.

BEST GLOBAL LOGISTICS (S'PORE) PTE. LTD.

Policyholder's Signature / Date & Time

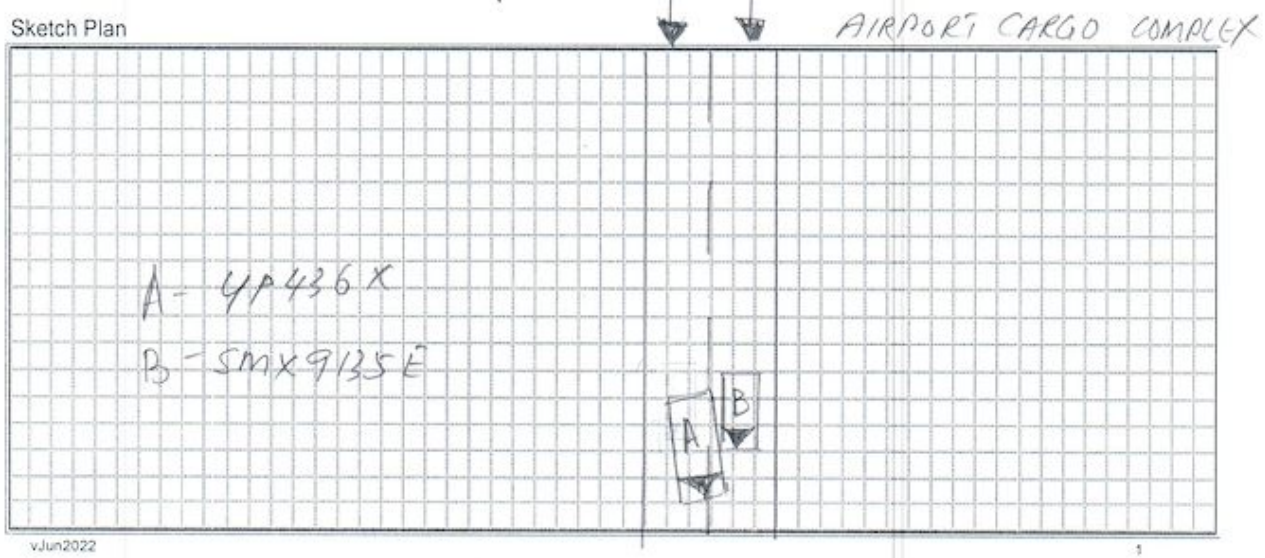
31/10/22

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

31/10/2022

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

Sketch Plan

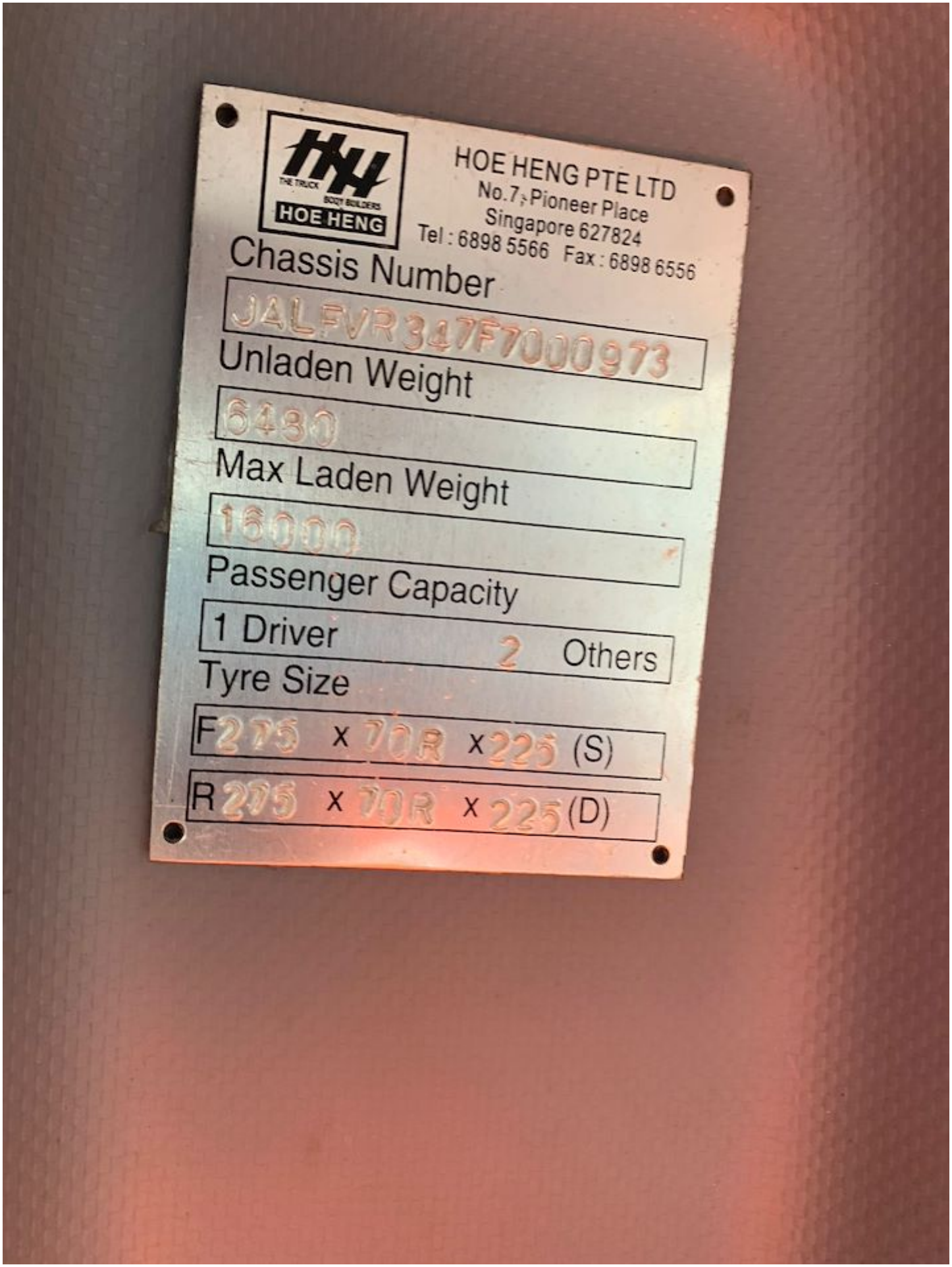


vJun2022

1

IMAGES

IMAGES #2


HOE HENG
THE TRUCK BODY BUILDERS
HOE HENG PTE LTD
No.7, Pioneer Place
Singapore 627824
Tel : 6898 5566 Fax : 6898 6556
Chassis Number
JALFVR34F7000973
Unladen Weight
6480
Max Laden Weight
16000
Passenger Capacity
1 Driver 2 Others
Tyre Size
F 275 x 70R x 225 (S)
R 275 x 70R x 225 (D)

IMAGES #3

IMAGES #4