

# 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 .....	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 .....	MOMVC000008150-02-000

### 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-lane 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.



Policyholder's Signature / Date & Time

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

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

*[Signature]* 31/10/22

*[Signature]* 31/10/2022

## SKETCH PLAN

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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.

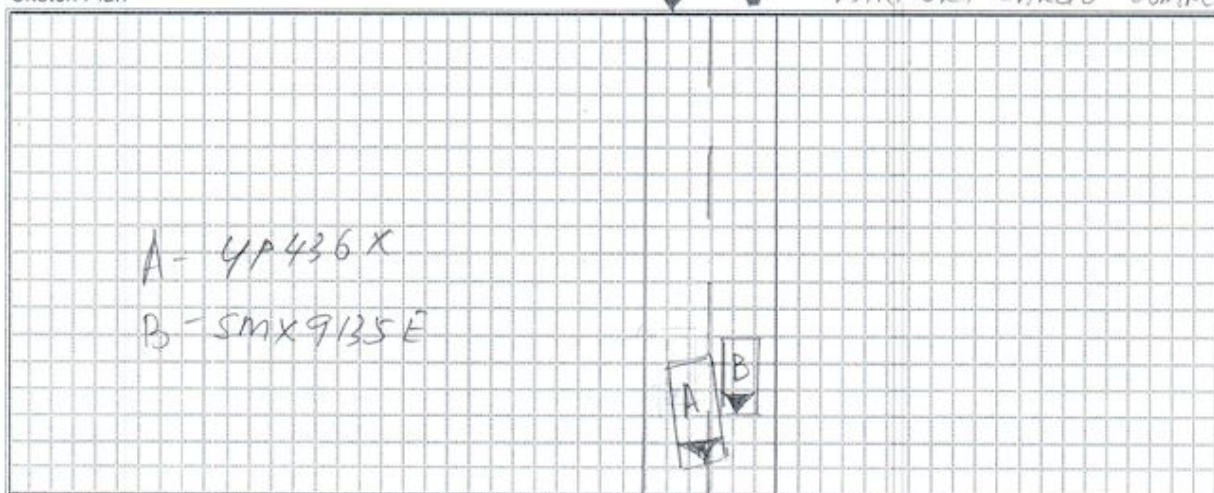


Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

















**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: SN0922AV0001 Vehicle Registration No: YP 436 X  
 Name (as shown in NRIC): MOHAMMAD YUSOFF BIN JAAFAR NRIC/FIN/Passport No: S1512080J  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Blk 22 Balam Road #01-142 Singapore (370022)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9689 6689  
 Email Address: DESMOND-LOH@BESTGLOBALLOGISTIC.SG  
 Date of Accident: 27/10/2022 Time of Accident: 13:45  
 Place of Accident: AIRPORT CARGO COMPLEX  
 Insurance Company: Great American Insurance

**(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:

Amend Policy Number

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Policyholder / Actual Driver's Signature  
Date:

3/11/2022  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: