

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 09:57 (SGT)
Reported by	Driver
Date of Accident	14/10/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH ST 5 BLK 3017
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8737Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VISMARK FOOD INDUSTRIES PTE LTD
Company Reg No	201224989D
Email Address	mark.tan@vismark.com.sg
Mobile Phone No	(Phone) +65-65522161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 5MT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE000167

DRIVER

Name of Driver	SONG ZHONGWEI
Work Permit No	G2579841X
Date Of Birth	07/10/1993
Occupation	Outdoor

Date Of Driving Pass	14/06/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98000755
Alt. Phone Number	-
Email Address	mark.tan@vismark.com.sg
Address	3017 Bedok North Street 5 Singapore 486121
Address complement	-
Postcode	-
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	Collided into Property
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)	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 WITH ATTACHED.

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	XE3288G
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)	1

SKETCH PLAN

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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 (including their lawyers/law firms, the Monetary Authority of Singapore, for one or more of the above Purposes.

VISMARK FOOD INDUSTRIES PTE. LTD.
 3017 Bedok North Street 3, #01-22-23
 Singapore 486121
 Tel: 6552 2181 Fax: 6442 6559
 Co. Reg. No.: 201124324

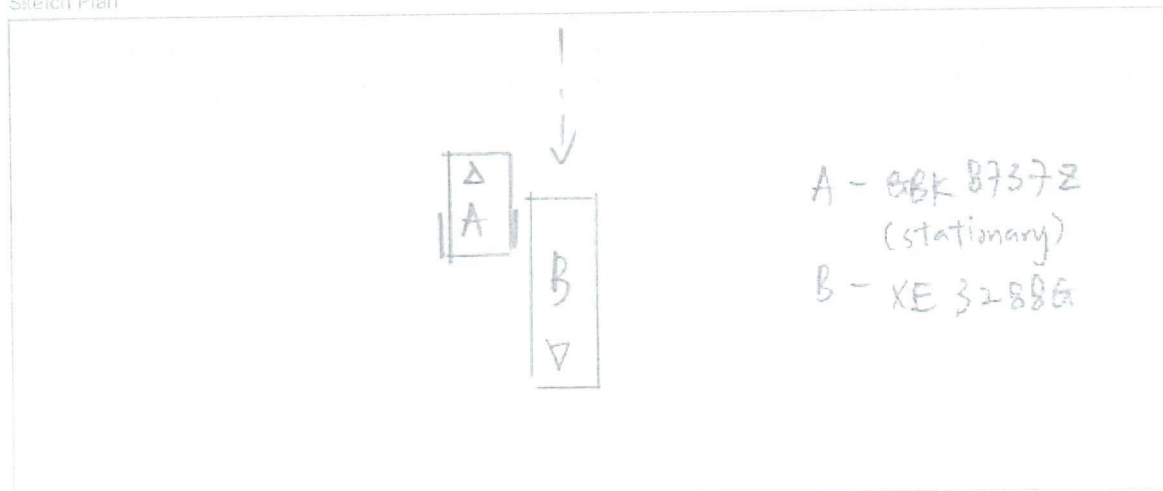


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (provide stamp and ID card)

Sketch Plan



Describe Circumstance of the Accident

Our company vehicle 6BK8737Z was stationary/parked. Driver was loading goods to the vehicle. Out of a sudden, vehicle XE 3288G came from the opposite and collided with our company vehicle. The tail gate / door was damaged due to the impact.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy please check your policy for more information.

Declaration

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

威信食品工業私人有限公司
VISMARK FOOD INDUSTRIES PTE LTD.
Blk 2017 Bedok North Street 1, #01-22-23
Singapore 486121
Tel: 6552 2151 Fax: 6552 6789
Policy No: 3871401720 & 7616 31-3

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

[Signature]

15/10/22

16:10

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



