

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 09/02/2023 13:41 (SGT)
Reported by -
Date of Accident 27/10/2022 12:00 (SGT)
Exact Location of Accident Ubi Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9501G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TAY PAPER RECYCLING PTE. LTD.
Company Reg No 198902963D
Email Address nelson@taypaper.sg
Mobile Phone No (Phone) +65-65586835
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NQR75UK5A MT
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 5193

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2002732763

DRIVER

Name of Driver ONG CHEE OOI
NRIC No S7874129E
Date Of Birth 16/04/1978
Occupation Outdoor

Date Of Driving Pass	22/04/2010
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90816019
Alt. Phone Number	-
Email Address	nelson@taypaper.sg
Address	NO.17 JALAN SIERRA PERDANA 2/11
Address complement	81750 MASAI JOHOR
Postcode	81750
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	Side Swipe
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

REFER TO SKETCH PLAN & ATTACHMENT.

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	YQ5893X
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

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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.



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] 129E
9/2/53 R 0945Hm

Sketch Plan

Ubi Ave 1

veh A: YR 5893X
veh B: YP 9501G

Describe Circumstance of the Accident	
<p>My company received a letter said that the vehicle YR5893X claim against our vehicle YP9501G as the vehicle knock onto the said vehicle on 27/10/2022 @ 1300hrs at 15 Ubi Ave 1. The driver who involved this accident has resigned & unable to contact him to go to submit this accident report. My company then ask me, Ong Chee Hui come down to do this report on behalf of the driver. However, we do not have a copy of the driver's particulars. After the accident occurred, the driver has reported to our company & the attached is the description of accident. That's all.</p>	
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Claim own policy <input type="checkbox"/> Claim third party <input type="checkbox"/> Claim OD / TP at other workshop <input type="checkbox"/> For record purpose Policy No. <u>SP 2002 7327 63</u> Insurer <u>Allianz (C)</u> Veh. No. <u>YP9501G</u> </div>	
<p>I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.</p>	

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

[Signature] 129 E
 9/2/23 @ 6945h

[Signature]
 SNG AH TEE MOTOR & PANEL SVC PTE LTD
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



TAY PAPER RECYCLING PTE LTD

OHS ACCIDENT / INCIDENT REPORTING FORM

INSTRUCTIONS:

- 1) Supervisor fill up page 1 to 5 and submit to HOD
- 2) HOD to fill up Root Cause & Recommendations (Section E) before sending to HR
- 3) HOD to send and Reach HR within 7 calendar days from date of accident

Type of mishap: ☐ Industrial Accident (IA) ☐ Environment Incident (EI) ☐ Near Miss (NM)

☐ Dangerous Occurrence (DO) ☒ Traffic Accident (TA)

SECTION A : (To be completed by Supervisor)

Location : Singapore

Address / Location of Event : Along Ubi Avenue 1

SECTION B : PARTICULARS OF VICTIM (To be completed by Supervisor for IA / OD cases)

Name : Yunos Bin Mohd Saleh

Address (in Singapore): APT Blk 561B Jurong West Street 42 #08-1153 Singapore (642561)

NRIC No. (for Singaporean only):
S7923981Z

Foreign Identification No. (FIN):

Work Permit No. (if any):

Passport/Travel Document No. (For work permit holder):

Citizenship (tick one)

- ☒ 1. Singapore ☐ 2. Malaysia ☐ 3. Indonesia ☐ 4. Thailand
- ☐ 5. Philippines ☐ 6. Indian, Pakistan, Sri Lankan, Bangladesh ☐ 7. China, Taiwan
- ☐ 8. Caucasian ☐ 9. Others _____

Age (in years)

43 yrs

Sex (tick one)

☒ Male ☐ Female

Marital Status (tick one)

☐ Single ☒ Married ☐ Others

*Delete accordingly
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Race (tick one)									
<input type="checkbox"/> 1. Chinese	<input checked="" type="checkbox"/> 2. Malay								
<input type="checkbox"/> 3. Indian	<input type="checkbox"/> 4. Eurasian								
<input type="checkbox"/> 5. Others _____									
Occupation / Designation: Driver	Experience in Present Type of Work (in months)								
	<table border="1"> <tr> <td>0</td><td>0</td> <td>0</td><td>2</td> </tr> <tr> <td colspan="2">Years</td> <td colspan="2">Months</td> </tr> </table>	0	0	0	2	Years		Months	
0	0	0	2						
Years		Months							
Time the victim started work on day of accident	<table border="1"> <tr> <td>0</td><td>8</td> <td>0</td><td>0</td> </tr> <tr> <td colspan="2">HR</td> <td colspan="2">MIN</td> </tr> </table> *AM/PM	0	8	0	0	HR		MIN	
0	8	0	0						
HR		MIN							
Number of days of medical leave : _____ days									
Was the victim hospitalized for at least 24 hours for observation or treatment?									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If yes, number of days: _____									

SECTION C: PARTICULARS OF ACCIDENT / INCIDENT / NEAR MISS / DANGEROUS OCCURRENCE / OCCUPATIONAL DISEASE (To be completed by Supervisor)

Date	Time																								
<table border="1"> <tr> <td>2</td><td>7</td><td>1</td><td>0</td><td>2</td><td>0</td><td>2</td><td>2</td> </tr> <tr> <td colspan="2">DD</td> <td colspan="2">MM</td> <td colspan="4">YYYY</td> </tr> </table>	2	7	1	0	2	0	2	2	DD		MM		YYYY				<table border="1"> <tr> <td>1</td><td>2</td> <td>0</td><td>0</td> </tr> <tr> <td colspan="2">HR</td> <td colspan="2">MIN</td> </tr> </table> *AM/PM	1	2	0	0	HR		MIN	
2	7	1	0	2	0	2	2																		
DD		MM		YYYY																					
1	2	0	0																						
HR		MIN																							
Did the accident occur within the factory / plant premises?																									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
If No, Please Specify: _____																									
Additional information (please tick appropriate box):																									
a) Event occurred during official working hours/official duty during the time of accident?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Yes	No																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>																								
b) If travelling:																									
i) Was the transport/vehicle arranged by the company?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Yes	No																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>																								
ii) Was he instructed to travel on/operate the vehicle by the company?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Yes	No																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>																								
iii) Was he travelling to an official destination?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Yes	No																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>																								

*Delete accordingly
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of Body Injured (if any, please cross the respective box):				
Head	Neck & Torso	Upper Limbs	Lower Limbs	
<input type="checkbox"/> 1. Scalp skull	<input type="checkbox"/> 1. Neck	<input type="checkbox"/> 1. Fingers	<input type="checkbox"/> 1. Hips	<input type="checkbox"/> Multiple locations of body
<input type="checkbox"/> 2. Eyes	<input type="checkbox"/> 2. Back	<input type="checkbox"/> 2. Hand/palm	<input type="checkbox"/> 2. Thighs	
<input type="checkbox"/> 3. Ears	<input type="checkbox"/> 3. Chest	<input type="checkbox"/> 3. Wrist	<input type="checkbox"/> 3. Knee	
<input type="checkbox"/> 4. Mouth Teeth	<input type="checkbox"/> 4. Abdomen	<input type="checkbox"/> 4. Forearm	<input type="checkbox"/> 4. Legs	
<input type="checkbox"/> 5. Nose	<input type="checkbox"/> 5. Pelvis groin	<input type="checkbox"/> 5. Elbow	<input type="checkbox"/> 5. Ankle	
<input type="checkbox"/> 6. Face	<input type="checkbox"/> 6. Trunk multiple locations	<input type="checkbox"/> 6. Upper arm	<input type="checkbox"/> 6. Feet	
<input type="checkbox"/> 7. Multiple locations	<input type="checkbox"/> 7. Trunk unspecified locations	<input type="checkbox"/> 7. Shoulder	<input type="checkbox"/> 7. Toes	
<input type="checkbox"/> 8. Unspecified		<input type="checkbox"/> 8. Multiple locations	<input type="checkbox"/> 8. Multiple locations	
		<input type="checkbox"/> 9. Unspecified locations	<input type="checkbox"/> 9. Unspecified locations	

Nature of Injury (if any, please cross the respective box):			
<input type="checkbox"/> 1. Abrasion Scratches	<input type="checkbox"/> 6. Bruises Crushing	<input type="checkbox"/> 10. Effects of Electricity	<input type="checkbox"/> 14. Multiple Injuries
<input type="checkbox"/> 2. Amputation	<input type="checkbox"/> 7. Concussions & Other Internal Injuries	<input type="checkbox"/> 11. Effects of Radiations	<input type="checkbox"/> 15. Poisonings
<input type="checkbox"/> 3. Asphyxia Drowning	<input type="checkbox"/> 8. Laceration/Cuts	<input type="checkbox"/> 12. Fractures	<input type="checkbox"/> 16. Puncture Wounds
<input type="checkbox"/> 4. Burn (Heat)	<input type="checkbox"/> 9. Dislocations	<input type="checkbox"/> 13. Freezing	<input type="checkbox"/> 17. Sprains & Strains
<input type="checkbox"/> 5. Burn (Chemical)		<input type="checkbox"/> 18. Others _____	

Property Damage / Amount of Release (estimate) (if any, please describe)

SECTION D: (To be completed by injured/victim)

*Delete accordingly
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On 27-10-2022 around 1200hrs, Vehicle A along Ubi Avenue 1 towards Tuas maintain on his own lane, Suddenly Vehicle B turn out at parking place collided onto Vehicle A.

And Description of machine involved (if any):

Any witness to the accident / incident / event?

☐

Yes

☒

No

If yes, Name :

Designation :

Contact No. :

I Yunos Bin Mohd Saleh declare that the information provided by me in this accident report is true to the best of my knowledge. I do not * want to submit this report to the Ministry of Manpower (MOM), Singapore iReport system and I do not * want to submit claim for WICA as there is currently less than 3 days of medical leave awarded to me due to the injury suffered from this accident. For workplace injury cases which are awarded more than 3 days medical leave or hospitalized for more than 24 hours will be automatically submitted to MOM for iReport and WICA.

*Delete accordingly
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4/

7

Yunos Bin Mohd Saleh
Name & Signature of Workman

08/11/2022
Date

Recording Officer / Supervisor comments / immediate action on accident / recommendations:

Remind the Driver to slow down driving along the small road which by the side always parked with vehicles because any time these side parking vehicles will approached out.

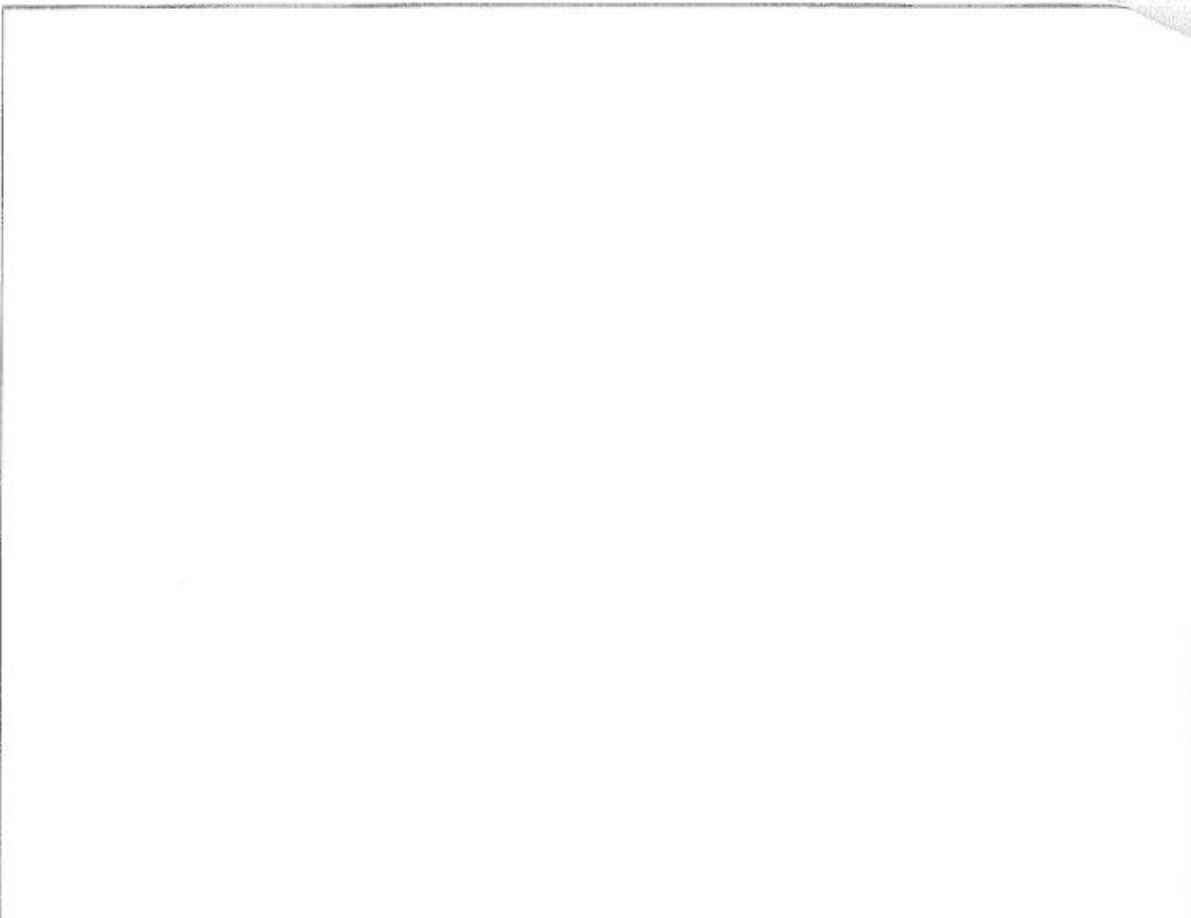
Nelson Ng Tuck Keng
Name & Signature of Recording Officer / Supervisor

08/11/2022
Date

Manager comments / immediate action on accident / recommendations:

Refer to Recording Officer's comments

*Delete accordingly
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<u>Nelson Ng Tuck Keng</u> Name & Signature of Manager	<u>08/11/2022</u> Date

**Delete accordingly*
OHS-FR-15-03

SECTION E: To be completed by HOD**Root cause(s) of Accident / Incident / Event:**

Driver did not slow down while driving along the small road .

Recommendations: (Steps / Procedures to be implemented to prevent similar accident / incident / occurrence)

Company Internal Senior Driver provide basic driving training.

Name : Nelson Ng
(Logistics Manager)Signature NelsonDate: 08/11/2022**Comments on accident / recommendations:**Name : _____
(HR Manager)

Signature : _____

Date : _____

Approve / Disapprove*

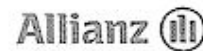
Recommendation accepted. To be adopted and implemented in the division.

Name: _____
General Manager

Signature : _____

Date : _____

*Delete accordingly
OHS-FR-15-03



Allianz Insurance Singapore Pte. Ltd.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number	: SP2002732763
Date of Issue	: 04 November 2022
Coverage	: COMPREHENSIVE - AUTHORISED WORKSHOP
Policyholder	: TAY PAPER RECYCLING PTE. LTD.
Finance Company	: -
Period of Insurance	: 15 October 2022 To 31 August 2023 (both dates inclusive)
Registration Number	: YP9501G
Chassis Number of Vehicle	: JAAN1R75KJ7100484

Persons or Classes of Persons Entitled to Drive*:

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission or to whom the vehicle is hired.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Cap 276) (Republic of Singapore) and such registration has not been cancelled at the time of accident loss or damage.

Limitation as to Use*:

- (a) Use for carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

* Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Policy does not cover:

- (a) Use for racing, pace-making, reliability trials or speed-testing.
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

04 November 2022

Issue Date

Hicham Raissi
 Chief Executive Officer

Allianz Insurance Singapore Pte. Ltd.

Intermediary Code	: 0000162 G&M PTE LTD
Excess	Section 1: Own Damage
	Section 1: Windscreen
	Section 2: Liabilities To Third Parties

S\$	1,000.00
S\$	100.00
S\$	0.00









