

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	21/11/2022 18:39 (SGT)
Reported by	Driver
Date of Accident	21/11/2022 12:30 (SGT)
Exact Location of Accident	Benoi Sector, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6027D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CRAMOIL SINGAPORE PTE LTD
Company Reg No	1XXXXX747H
Email Address	elaine@cramoil.com.sg
Mobile Phone No	(Phone) +65-94480181
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	5193

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110173302002

DRIVER

Name of Driver	VINAY KUMAR
Passport No/FIN	GXXXX269W
Date Of Birth	05/06/1991
Occupation	Outdoor

Date Of Driving Pass	11/08/2020
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94480181
Alt. Phone Number	-
Email Address	elaine@cramoil.com.sg
Address	4 TUAS VIEW LANE
Address complement	-
Postcode	637750
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 - Major/Minor Rd
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

WHEN I WAS DRIVING STRAIGHT ALONG BENOI SECTOR, VEHICLE XD9643E FAILED TO STOP AT THE STOP LINE TO GIVE WAY TO MAIN TRAFFIC HAS COLLIDED WITH MY VEHICLE YP6027D. MY LORRY HAS CARRIED SOME DRUM AND SOME OF ITS SPOILED.

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	XD9643E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SENG KIA HUAT
NRIC No	SXXXX209J
Contact Number	(Phone) +65-94305020
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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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.



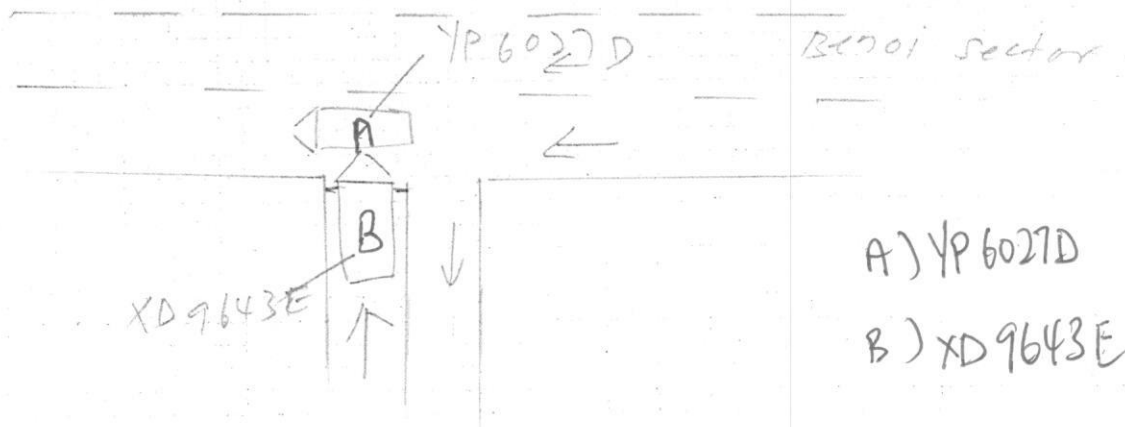
Vinay Kumar

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

LICENSE PLATE: YP 6027 D ACCIDENT DATE & TIME: 21/11/22, 1230 hrs
 CONTACT NUMBER: 94480181 E-MAIL ADDRESS:
 LOCATION: Berui Sector

When I was driving straight along Berui Sector, vehicle XD 9643 F failed to stop at the stop line to give way to Main traffic and collided with my vehicle YP 6027 D

my lorry has carried some drum and some of its spoiled.

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.

Please state:

☐ Claim Own Policy

☒ Claim Third Party

☐ Claim OD/TP at other workshop

☐ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.



Vinay Kumar

Policyholder's Signature / Date & Time

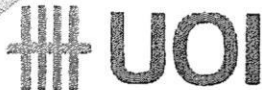
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Signature] 21/11/2022

Accident Reporting Form

Accident details			
<input type="checkbox"/> **Own Damaged Claim		<input checked="" type="checkbox"/> **Third Party Claim	
<input type="checkbox"/> **Reporting only			
**Date of accident	21/11/2022	**Time of accident	1230 hrs
**Location of accident	Bendoi sector		
Type of accident	Major to major rd.		
**Weather condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Others:
**Road surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Others:
**Any foreign vehicle involved?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, foreign vehicle no & category :	
**Number of vehicles involved in the accident	2		
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was the accident reported to the police? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Police station name :			
Was notice of intended prosecution given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, against whom?			
Own vehicle (Please provide vehicle log card)			
Vehicle registration number	YP 6027 D	Vehicle category	Carry
Vehicle manufacturer	SUZUKI	Vehicle model	
**Vehicle transmission	<input type="checkbox"/> Auto <input checked="" type="checkbox"/> Manual	CC	
Exact purpose for which vehicle was being used at time of accident		work	
**Number of passengers, including driver (Please provide name & gender of the passenger, max 7 person)		1 pax	
Own vehicle policy (Please provide certificate of insurance)			
Handling insurer	OOI	Coverage type	comprehensive
**Fleet policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy no / cover note no	DHOM 110173302002
Registered owner ID type	company	**Registered owner ID	
Registered owner name	Cramoil Singapore	**Email	elaine@cramoil.com.sg
**Mobile no	94480181	**Owner alternative phone no	68611161
Driver information			
Name of driver	LINDAY KUMAR	Driver ID type	<input type="checkbox"/> NRIC <input checked="" type="checkbox"/> FIN
Driver gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Driver ID no	96913269W
Driver date of birth	5/6/1991	Driving pass date	11/8/2020
**Driver mobile no	94480181	Driver email address	
**Driver address	4 THAS VIEW Lane S 637750		
Driver occupation	<input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor		
Driver & owner relationship	employee		
Does driver own other vehicles? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Vehicle number & handling insurer:			
TP Vehicle or Property			
Vehicle registration no (1)	XD 7643 E	**Vehicle category	
Name of driver	Seng Kia Huat	Driver mobile no	94305020
Driver ID type	<input checked="" type="checkbox"/> NRIC <input type="checkbox"/> FIN	Driver ID no	S 1630209 J
Vehicle registration no (2)		**Vehicle category	
Name of driver		Driver mobile no	
Driver ID type	<input type="checkbox"/> NRIC <input type="checkbox"/> FIN	Driver ID no	
Vehicle registration no (3)		**Vehicle category	
Name of driver		Driver mobile no	
Driver ID type	<input type="checkbox"/> NRIC <input type="checkbox"/> FIN	Driver ID no	
Vehicle registration no (4)		**Vehicle category	
Name of driver		Driver mobile no	
Driver ID type	<input type="checkbox"/> NRIC <input type="checkbox"/> FIN	Driver ID no	
**Was anybody injured in the accident? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, in which vehicle?			
**Any injured conveyed to hospital by Ambulance? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, in which vehicle?			
**Was there any witnesses? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Witness details :			
**Was there any video captured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Reason if the video cannot be uploaded :			
**Was there any audio captured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



MEMBER OF THE UOB GROUP

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Singapore 068909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Fax (65) 6327 3872 (claims)
Email: contactus@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110173302002	Excess:	\$1000/-SECTION 1 \$2000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	YP6027D /		
Name of Insured	CRAMOIL SINGAPORE PTE LTD		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 7 April 2022 to 6 April 2023 /

Engine# 4HK1591173
Chassis# JAANPR75HH7101361

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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.

*Limitation rendered inoperative by Section 8 of the 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.

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).

UNITED OVERSEAS INSURANCE LTD

For the Company

FSCPP Date : 28/03/2022