# 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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed to withouting of material facts may allow insurance companies to reputing 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 17:58 (SGT) Reported by Date of Accident 19/11/2022 07:30 (SGT) Exact Location of Accident Singapore Additional Location Information BIN CENTRE NEAR BLK 523 AMK AVE 5 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Man

Vehicle Registration Number XD7726M

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner 800 SUPER WASTE MANAGEMENT PTE LTD Company Reg No 1XXXXX155H Email Address enquiries@800super.com.sg Mobile Phone No (Phone) +65-63663800 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model TGS 26.320 6X4 BB Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual 10518

## INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2002102421

# DRIVER

Name of Driver PRAKASH S/O NAGANATHAN NRIC No SXXXX661A Date Of Birth 16/10/1983 Occupation Outdoor

Date Of Driving Pass	09/02/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender Mahila Number	Male
Mobile Number Alt, Phone Number	(Phone) +65-89066901
Email Address	Iko@200aupar aam aa
Address	Ike@800super.com.sg BLK 843 WOODLANDS ST 82 #11-93
Address complement	-
Postcode	730843
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	-
insurance company of other vehicle owned by briver	-
CENEDAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	18. 1 07 18 75 113. 1
Weather Conditions	Hit and run / Vandalism / Damaged whilst parked DRIZZLE
Road Surface	Wet
Troud Guildes	vvei
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No 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?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER POLICE REPORT: T/20221120/2001	
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	SMZ9184C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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 INSURER \_\_\_\_
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5. Any false reporting may be referred to the Traffic Police Department for investigation.

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

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

Sketch Plan

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OVER

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	nprehensive policy. Pls check yo	ur policy for		
) Claim Own Policy	( ) Claim Third party	(	) Reporting Onlly	
) Claim OD/ TP at other etch Plan	workshop (			
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Dva - 19/11/22 Refer to		20221120		





