

## 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	20/12/2022 13:21 (SGT)
Reported by	Driver
Date of Accident	19/12/2022 09:40 (SGT)
Exact Location of Accident	60 Benoi Rd, Singapore 629906
Additional Location Information	INSIDE NO.60 BENOI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3887M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ANCHOR MARINE SUPPLIES PTE LTD
Company Reg No	1XXXXX360Z
Email Address	amsspore@anchormarine.com.sg
Mobile Phone No	(Phone) +65-68635033
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	PANEL VAN 2.5 5MT 5DR EURO V
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	Auto
CC	2488

#### INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110146231507

#### DRIVER

Name of Driver	CHUA YONG HWA
NRIC No	SXXXX430A
Date Of Birth	30/05/1958
Occupation	Outdoor

Date Of Driving Pass	31/08/1982
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83138495
Alt. Phone Number	-
Email Address	amsspore@anchormarine.com.sg
Address	BLK 675A JURONG WEST ST 64 #09-203
Address complement	-
Postcode	641675
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 - Head to Rear
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

ON 19/12/2022 @ ABT 0940HRS. I WAS INTEND TO GO OUT FROM THE PREMISES NO.60 BENOI RD. AFTER I CHECKED THE TRAFFIC CLEARANCE, I THEN MAKE TURN TO ADJUST MY DIRECTION. WHEN I ALMOST FULLY CHANGE MY DIRECTION, SUDDENLY VEHICLE B (YQ3091G) REVERSE OUT FROM LOADING BAY IN FAST SPEED & KNOCKED ONTO M VEHICLE AT FRONT RIGHT PORTION CAUSING IT DAMAGE. NO ONE WAS INJURED. THAT'S ALL.

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	YQ3091G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	JAYABARATHI VINOTHKUMAR
Passport No/FIN	GXXXX806N
Contact Number	(Phone) +65-92425460
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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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.
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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

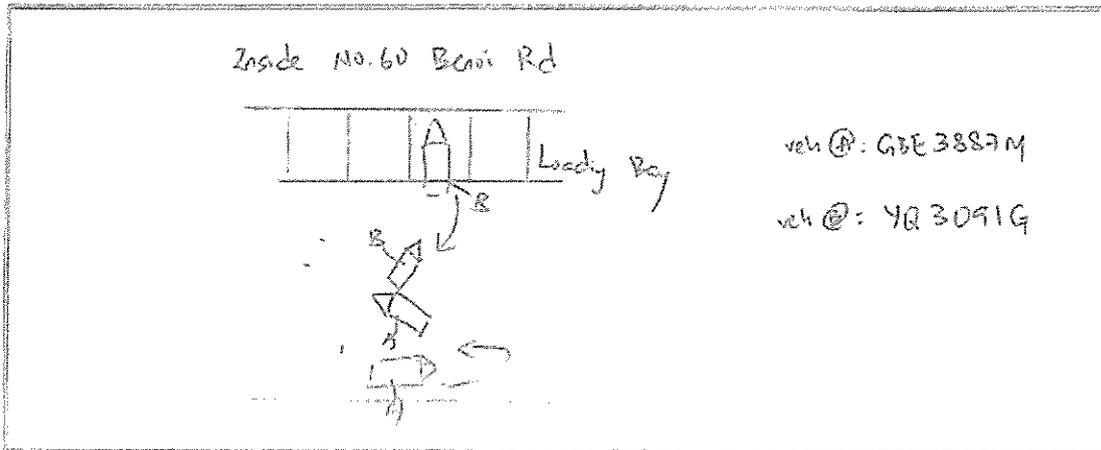
*Chengyong*  
20/12/22

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

*Jaru*

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

**Sketch Plan**



**Describe Circumstance of the Accident**

On 19/12/2022 @ abt 09:40hrs, I was intend to go out from the premises No 60 Bens Rd. After I checked the traffic clearance, I then make turn to adjust my direction. When I almost fully change my direction, suddenly vehicle B (YR 3091G) reverse out from loading bay in fast speed & knocked onto my vehicle at front right portion causing it damage. No one was injured. That's all

Claim own policy  
 Claim third party  
 Claim ODP TP or other workshop *million Ar*  
 For record purpose  
 Policy No: *DHOM 110146231507*  
 Insurer: *MOZ*      Vehicle: *GRE 3887M*

**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.**

**Declaration**

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



Reporting Centre Signature / Date & Time

*Cherpypha*  
20/12/22

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

*Jm*

SING APTEL MOTOR & PANEL SVP PTE LTD  
 Admitted by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

Driver Hp 9242 5460  
office: 91730529.

19/12/22

09:40

YQ 3091 G the driver reverse and hit onto  
my Van Right side <sup>of</sup> my Car plate GBE 3887 M  
the driver admit to be repaired for the damage

Chapman / J. Matthews  
19/12/22 / 19-12-22

