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SN0823140003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/01/2023 12:50 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/01/2023 12:50 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This continues be completed by the redictional defendable in the Actual Pitter.

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 This Form must be completed by the Policyholder and/or the Actual Driver

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 insurance of the I

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/01/2023 12:50 (SGT) Driver 03/01/2023 15:00 (SGT) 190 Pandan Loop, Singapore 128379 LOADING BAY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YQ1861P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes SCOTTSCENTER PTE LTD 1XXXXX427G spl@scotts.com.sg (Phone) +65-68614077

VEHICLE PARTICULARS

Manufacturer Model Variant

NPR75UH5A MT

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?

Employment

Vehicle Category Transmission

No - Claiming third party Commercial vehicle Manual 5193

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number United Overseas Insurance Ltd DHOM110180452200

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

PRAYITNO BIN KASIMAN SXXXX707Z 17/08/1954 Outdoor

24/10/1980 Date Of Driving Pass 42 YEARS AND 3 MONTHS Driving experience Male Gender (Phone) +65-83877805 Mobile Number Alt. Phone Number spl@scotts.com.sg Email Address BLK 280 CHOA CHU KANG AVENUE 3 #07-366 Address Address complement 680280 Postcode No Is the driver the policyholder? 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Dry Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 PASSENGER 1 FRIEND Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Jurong West Neighbourhood Police Centre Police Station Name (Phone) +65-18002689999 Police Station Phone No (Fax) +65-62672438 Alt. Police Station Phone No 700 Corporation Road Singapore 649818 Police Station Address No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 03/01/2023 AT ABOUT 1500HRS AFTER UNLOADING I WENT TO THIRD FLOOR TO UNLOAD THE GOODS AND WENT I CAME BACK AND I START TO DRIVE MY LORRY. AT THE GUARD HOUSE MY FRIEND SAW THAT MY SMALL MIRROR MISSING.AND I DID ASK THE SECURITY TO SEE AT THE VIDEO FOOTAGE AND SAW LORRY YP5319T HIT ONTO MY LORRY. THE DAMAGE TO MY LORRY IS THE SMALL MIRROR MISSING AND THE FRONT LEFT SIDE DAMAGE AND THE VIPOR SPRAY ALSO DAMAGE. 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	YP5319T
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHUA YONG THIAM
NRIC No	SXXXX748B
Contact Number	(Phone) +65-96966698
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	·
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	u-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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)

- (a) My insurer, my workshop and the General Insurance Association of Singapore (*GIA*) may/are permitted to collect, use, disclose I understand, acknowledge, agree and consent that: 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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims
- (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)

Sketch Plan MKNOWN O

vJun2022

ON 03/01/2013 AFTHE WORDING I WANT 25 SRO FLOOR.	
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to 7th Flood of 7 ASK 2th GUARD 2 LOOK AT MS	
1000 \$ 800 A WRLY YP & 53/97. HIT ON TO MY	
Loper	

I/We declare the long or particulars are true in every respect

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

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

NOTICE OF REPORTING

NOTICE OF REPORT
This is to confirm that Prayitno Bin Kasıman, NRIC/FIN
501527072, has reported to the Police a non-injury traffic accident which
occurred at 190 Pandan Loop, s(128379)
on 03 01 23 at 3 am/pm involving the following vehicles: Ya1861P and YP5319T
2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
to location and bidaylan
Rank/Name of Issuing Officer: SC SGT Damarul Ridzwan

Date: 03 01 23 Time: 2010 hrs

Police Post/Unit: Jurong West NPC

S/D Ref: __\58____

AGGIDENT'STATEMENT

AGCIDENT STATEMENT
(HR:MM)
ACCIDENT DATE: (03, 101, 12623) (DD/MM/YYYY), TIME: (1300pm) (HH:MM).
LOCATION: Sympise Asia Pacific He Ltd loading bary
1. DETAILS OF VEHICLE YQ 1861P
GIVEHICLE NUMBERS
BINSURANCE COMPANY: OHOMIOI80 + 52 200 IROUGY HUMBER: OHOMIOI80 + 52 200 IROUGY HUMBER: OHOMIOI80 + 52 200
CIPOLIOI INVIII
B)MAKE & MODELL SOURS (MPV / VAN / LORRY / MOTORCYCLE)
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g) VEHICLE ON USING AT ACCIDENT TIME LYCE IVES NO
III ARE TOO OUT III III BLAY CLAIM / NOTE
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IF NO, PLEASE STATE TO MALE / FEMALE /
B) NICO (TIM)
O) ADDRESS!
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WINO OF DUISCON 987 DRIVER PRAY NO BANDON 7 CONTACTI
(Including driver.) BINRIC/FIN/PASSPORTI
(M.) O GIADDRESS!
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DIROAD SURFACE DRTY 6. WAS ANYBODY INJURED (YES /NO) 7. DIREPORTED TO POUCE (YES /NO) 7. DIREPORTED TO POUCE STATION
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8. THIRD PARTICLE NUMBER: 1275 10 VOLG 11 11 11 11 11 11 11 11 11 11 11 11 11
72 1/10 Ct. 1/4 24 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
(Including driver,) O) NRIC/FIN/PASSPORT: > MODEL!
d) VEHICLE ROMSON
W 112 11 062364614 81 DISTANT
(Induding debrer) MRIC/FIM/PASSPORI
email = Splascotts .com.sg
· email.= 5 -

MIDED



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)

United Overseas Insurance Limited

146 Robinson Road #02-01 UOI Building 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

ORIGINAL

CERTIFICATE NO.

DHOM110180452200

Excess:

\$800/-SECTION 1

\$3000/-APPL TO <25 YRS & OR <3YRS EXP

Type of Cover

COMPREHENSIVE

\$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

YQ1861P

Name of Insured

SCOTTSCENTER PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 13 February 2022 to 12 February 2023

Engine#

4HK10BR937

Chassis#

JAANPR75HK7102117

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

(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

Um

For the Company

RCHJC

Date: 31/01/2022