



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	04/01/2023 12:50 (SGT)
Reported by	Driver
Date of Accident	03/01/2023 15:00 (SGT)
Exact Location of Accident	190 Pandan Loop, Singapore 128379
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1861P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SCOTTSCENTER PTE LTD
Company Reg No	1XXXXX427G
Email Address	spl@scotts.com.sg
Mobile Phone No	(Phone) +65-68614077
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A MT
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	DHOM110180452200

DRIVER

Name of Driver	PRAYITNO BIN KASIMAN
NRIC No	SXXXX707Z
Date Of Birth	17/08/1954
Occupation	Outdoor



Date Of Driving Pass	24/10/1980
Driving experience	42 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83877805
Alt. Phone Number	-
Email Address	spl@scotts.com.sg
Address	BLK 280 CHOA CHU KANG AVENUE 3 #07-366
Address complement	-
Postcode	680280
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

Name	FRIEND
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
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)	-

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

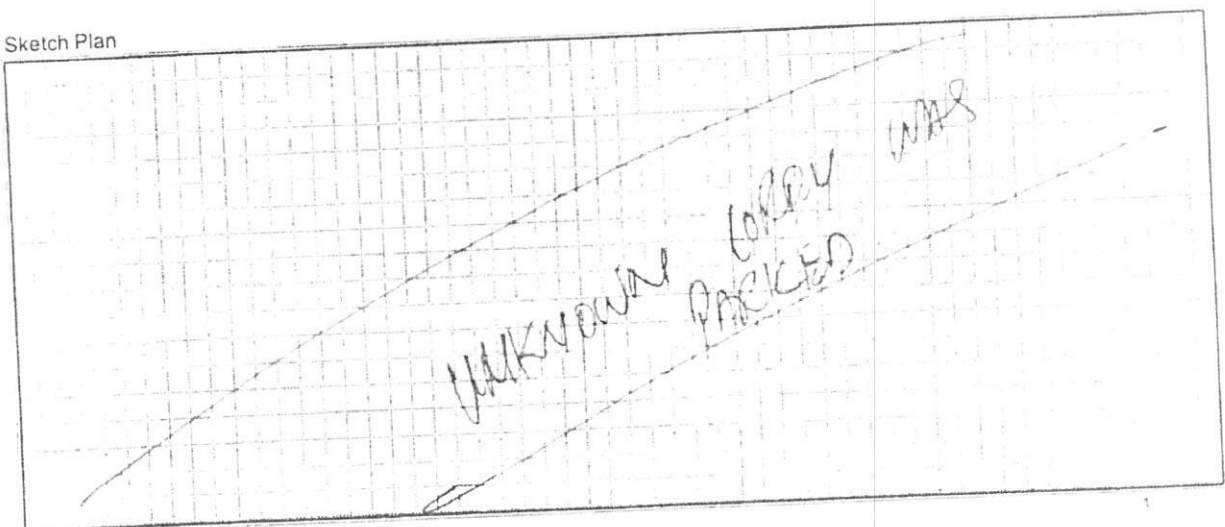
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

John 4.1.2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

14/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON 03/01/2023 AFTER WORKING I WENT TO SRO FLOOR.
 WHEN I CAME BACK & START DRIVING MY Lorry AT GUARDHOUSE
 MY FRIEND SAW MY SMALL MIRROR LOST. & I RAN
 BACK TO 2TH PLACE I PARK I SAW MY SMALL MIRROR
 ON 2TH FLOOR & I ASK 2TH GUARD TO LOOK AT HIS
 ROOM & SAW A Lorry YP # 53197. Hit on to my
 Lorry.

Declaration

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



X

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] 04/01/2023

NOTICE OF REPORTING

This is to confirm that Prayitno Bin Kasiman, NRIC/FIN
S0152707Z, has reported to the Police a non-injury traffic accident which
occurred at 190 Pandan Loop, s(128379)
Symrise Asia Pacific Pte Ltd loading bay
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.

Rank/Name of Issuing Officer: SC/SGT Amarul Ridzwan

Date: 03/01/23 Time: 2010hrs

S/D Ref: 158

Police Post/Unit: Jurong West NPC


Jurong West NPC
700 Corporation Road
Singapore 619098
Tel: 6767 2000
Fax: 6767 2000

ACCIDENT STATEMENT

ACCIDENT DATE: 03/01/2023 (DD/MM/YYYY), TIME: 1500pm (HH:MM)
 LOCATION: Symrise Asia Pacific Pte Ltd loading bay

1. DETAILS OF VEHICLE
 a) VEHICLE NUMBER: YQ 1861 P
 b) INSURANCE COMPANY: UOI
 c) POLICY NUMBER: 040M110180452200
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: ISUZU
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
 a) NAME: SCOTTSCENTER PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 198014276 CONTACT: 68614077
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (including driver)
(1) 0

- DRIVER
 a) NAME: PRAYITNO BIN KASIMAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 501527072 CONTACT: 83877005
 c) ADDRESS: _____

d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: Y 5319 T MODEL: _____

No of passenger
 (including driver)
()

b) DRIVER'S NAME: CHUA YONG THIAN
 c) NRIC/FIN/PASSPORT: 512277488 CONTACT: 96766698

9. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: _____ MODEL: _____

No of passenger
 (including driver)
()

b) DRIVER'S NAME: _____ CONTACT: _____

c) NRIC/FIN/PASSPORT: _____

email: Spl@scotts.com.sg
 V1000



MEMBER OF THE UOB GROUP

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

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.	DHOM110180452200	Excess:	\$800/-SECTION 1 \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
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 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

RCHJC Date : 31/01/2022