

# 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 .....	31/01/2023 19:08 (SGT)
Reported by .....	Driver
Date of Accident .....	31/01/2023 09:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Inside Bukit Batok Industrial Park A towards 2033, Bukit Batok St 23 #01-300
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XD6757E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	COLEX ENVIRONMENTAL PTE LTD
Company Reg No .....	2XXXXX348M
Email Address .....	jennychow@colex.com.sg
Mobile Phone No .....	(Phone) +65-62687711
Alternative Phone No .....	(Office) +65-62687711

### VEHICLE PARTICULARS

Manufacturer .....	Daf
Model .....	FAT CF75.310
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 .....	Auto
CC .....	9186

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-23100413MFVS/2

### DRIVER

Name of Driver .....	G Parthiban Naidu
NRIC No .....	SXXXX607A
Date Of Birth .....	28/05/1964

Occupation .....	Outdoor
Date Of Driving Pass .....	01/09/1999
Driving experience .....	23 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90530957
Alt. Phone Number .....	-
Email Address .....	jennychow@colex.com.sg
Address .....	Apt Blk 191 Boon Lay Drive
Address complement .....	-
Postcode .....	640191
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

Refer to attached sketch plan.

#### 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 .....	SKT557A
Vehicle Manufacturer .....	Volkswagen
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	YL5599Y
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &amp; Time



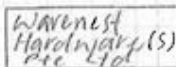
Driver's Signature (If driver is not the policyholder) / Date &amp; Time



Witnessed by Reporting Centre Personnel

## Sketch Plan

COLEX ENVIRONMENTAL PTE LTD



Bukit Batok Industrial Park A



(A) XD 6757E  
(B) SKT 557A  
(C) YL 5599Y


**Describe Circumstances of the Accident**

On 31/1/23 around 09:15 hours, I was driving company vehicle XD6757E inside Bukit Batok Industrial Park A towards 2033, Bukit Batok St 23 #01-300 for waste collection. While driving, suddenly there was a car SKT557A came from my left hand side swerved right and his car front right side hit onto my vehicle left front side. At the same time, his car front left side collided onto the parked lorry which is in front of him.

**Declaration**

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

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

COLEX ENVIRONMENTAL PTE LTD





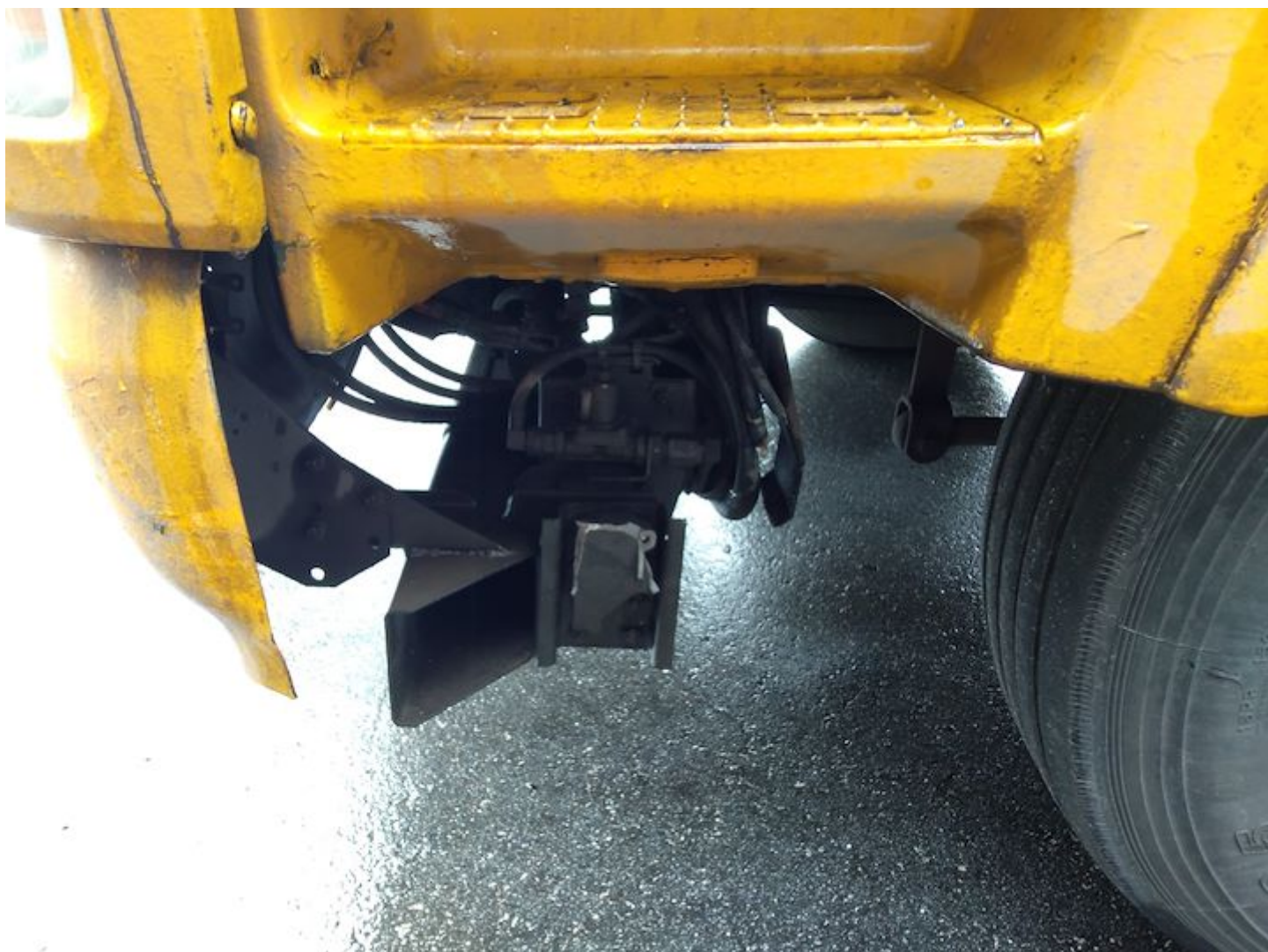






































**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA1J231V0006 Vehicle Registration No: XD6757E  
COLEX ENVIRONMENTAL PTE LTD  
 Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : 201133348M  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : 6268 7711 Mobile No. : \_\_\_\_\_  
 Email Address : jennychow@colex.com.sg  
 Date of Accident : 31/01/2023 Time of Accident : 09:15 hours  
 Place of Accident : Inside Bukit Batok Industrial Park A towards 2033, Bukit Batok St  
23 #01-300  
 Insurance Company: MS First Capital Insurance Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend from Reporting only to Third Party Claim.


Policyholder / Driver's Signature

Date: Jeffrey Low  
1/2/23

COLEX ENVIRONMENTAL PTE LTD

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:  
Date:

CERTIFICATE OF INSURANCE		ORIGINAL
<p>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)</p>		
Type of Policy.	: FLEET - HEAVY COMMERCIAL VEHICLE	
Type of Cover.	: Third Party Fire and Theft	
Certificate No.	: D-23100413MFVS/2	
Vehicle No / Chassis No	: XD8757E / XLRA75PC0E951508	
Name of Insured	: COLEX ENVIRONMENTAL PTE LTD	
Period Of Insurance	: 01.01.2023 To 31.12.2023	
Insured Estimated Value	: Market Value At Time Of Loss	
Financial Institution	: N.A	
<p><b>Excess :</b> SECTION I - SGD5,000.00 ANY ONE CLAIM OR SERIES OF CLAIMS ARISING OUT OF ONE ACCIDENT SECTION II - SGD5,000.00 ANY ONE CLAIM OR SERIES OF CLAIMS ARISING OUT OF ONE ACCIDENT SECTION I &amp; II SEPARATELY ADDITIONAL EXCESS OF SGD1,000.00 TO EACH CLAIM OR SERIES OF CLAIM(S) ARISING OUT OF SINGLE ACCIDENT FROM THE USE OF THE EQUIPMENT ADDITIONAL SGD2,500.00 SECTION I &amp; II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE ALL EXCESS AMOUNTS ARE SUBJECT TO GST</p>		
<p><b>Authorised Driver*</b> ANY AUTHORISED DRIVERS</p>		
<p><b>Persons or classes of persons entitled to drive*</b> Any person who is driving on the Insured's order or with their permission.</p>		
<p>* Provided that the person driving 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.</p>		
<p><b>Limitations as to use*</b> Use in connection with the Insured's business. Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.</p>		
<p>The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use for the carriage of passengers for hire or reward (3) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>		
<p>* Limitations 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.</p>		
<p>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)</p>		
<p>JORDINE/B0031/M2801</p>		<p>MS First Capital Insurance Limited (Approved Insurers)</p>
<p>Issued at Singapore on 28.12.2022</p>		<p> _____ Authorised Signature</p>