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 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	24/03/2023 17:23 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 10:00 (SGT)
Exact Location of Accident	North Buona Vista Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GP7188D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EXPEDITE AIR CONDITIONING & ELECTRICAL PTE LTD
Company Reg No	1XXXXX669E
Email Address	hr@expedite.com.sg
Mobile Phone No	(Phone) +65-97311295
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	C0137894

DRIVER

Name of Driver	ALI BIN MOHAMED
NRIC No	SXXXX036E
Date Of Birth	12/03/1966
Occupation	Outdoor

Date Of Driving Pass	09/05/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97311295
Alt. Phone Number	-
Email Address	hr@expedite.com.sg
Address	BLK 644 YISHUN STREET 61 #04-364
Address complement	-
Postcode	760644
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

PLEASE REFER TO STATEMENT AND ATTACHMENT

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	GBH7413E
Vehicle Manufacturer	-
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

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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 years/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 years/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 years/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 & Time

24/03/2023

Witnessed by Reporting Centre Personnel

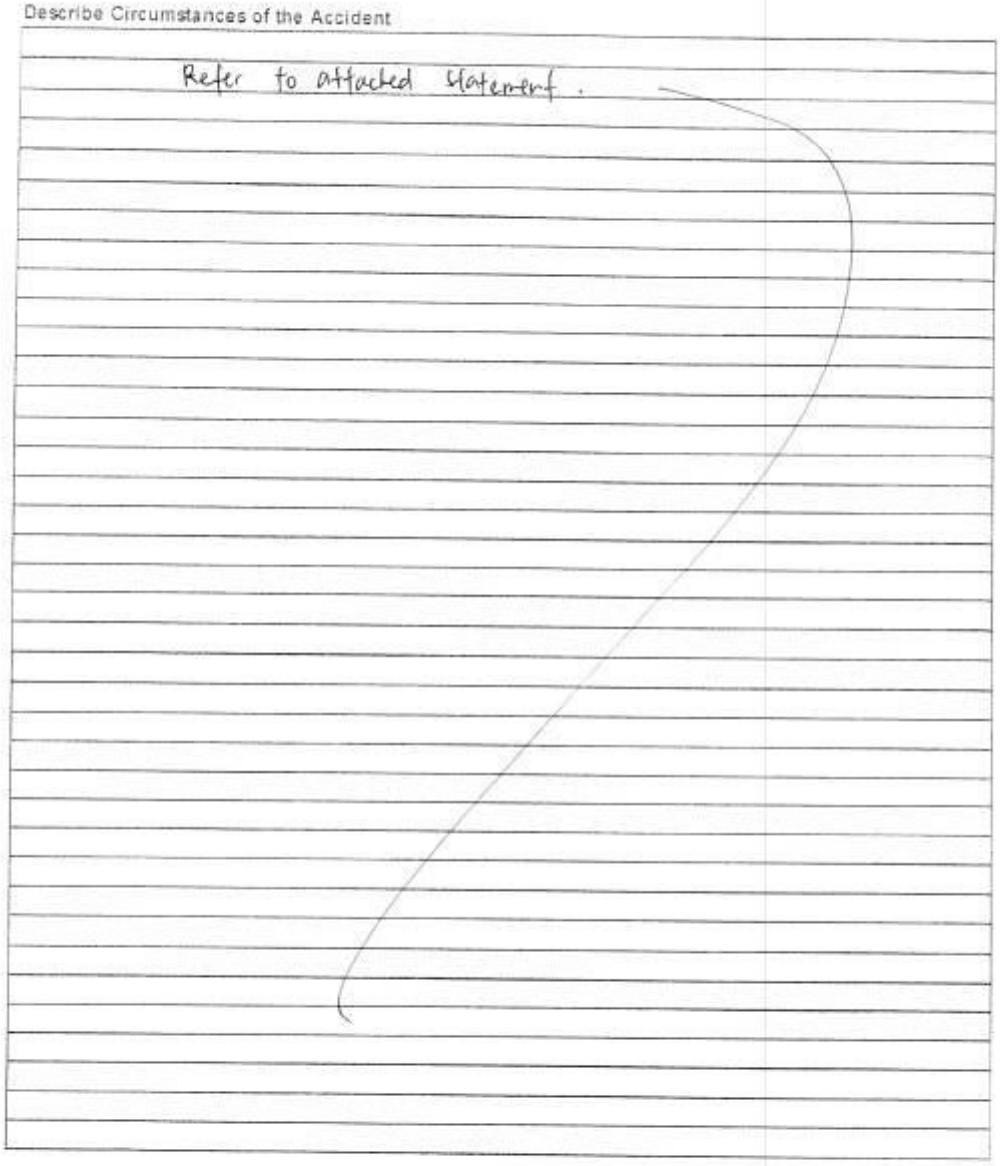
Sketch Plan

- Refer to attached statement. -

SKETCH PLAN #2

Describe Circumstances of the Accident

Refer to attached Statement.



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

24/08/2023

Witnessed by Reporting Centre Personnel

Accident Date: 24/03/2023

Accident Time: 10:00 am

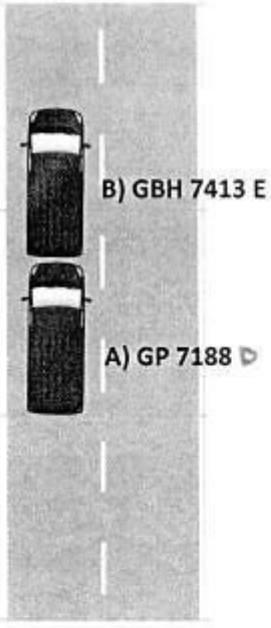
Location: North Buona Vista Rd

Vehicle A) GP 7188

B) GBH 7413 E

On 24/03/2023, 10am, I was driving my vehicle GP 7188 at centre lane on North Buona Vista Rd. Then I saw there was a road block for road construction in front of me and I slipped to my left lane to avoid it. I concentrated on my side mirror to make sure the traffic is cleared for changing lane. After changed to left lane, I saw the front vehicle GBH 7413 E was stationery stopped for red traffic light. I didn't notice the ladder is too long and there is no clear sign to indicate the long ladder. I couldn't stop on time and hit the ladder in front. I would like to mention if the position of ladder is higher, I could be injured.

Nobody was injured in this accident.



Ali Bin Mohamed

26/03/2023

IMAGES

IMAGES #2

IMAGES #3


0
1
2
3
4
5
6
x1000r/min
0
20
40
60
80
100
120
140
160
km/h
H
E
F
C
201703

IMAGES #4


TOYOTA MOTOR CORPORATION JAPAN
MODEL KDY231R-TLMKY
ENGINE 1KD-FTV 2982 mL
FRAME No. JTFAT35Y30K209823
COLOR TRIM PLANT OPTION
199 EA13 P11
TRANS./AXLE R451 A06B 372
0.5
XJ 74567-25041

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09233O000B Vehicle Registration No: GP 7188D

Name (as shown in NRIC): ALI BIN MOHAMMAD NRIC/FIN/Passport No: SXXXX086E

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 9731 1281

Email Address: _____

Date of Accident: 24/03/2023 Time of Accident: 10:00

Place of Accident: NORTH BUONA VISTA ROAD

Insurance Company: LIBERTY

(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:

INSURED VEHICLE NUMBER IS GP 7188D ONLY SIGNALLY PLAN

Policyholder / Actual Driver's Signature
Date:

31/03/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

vJun2022