

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	16/05/2023 17:15 (SGT)
Reported by	Actual Driver
Date of Accident	16/05/2023 06:50 (SGT)
Exact Location of Accident	176 Woodlands Industrial Pk E7, Singapore 757874
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7043K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOLELY CONSTRUCTION PTE LTD
Company Reg No	199403976M
Email Address	eda@solelycpl.com.sg
Mobile Phone No	(Phone) +65-64754908
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23004874

DRIVER

Name of Driver	ALI YOUSUF
Work Permit No	G2210544U
Date Of Birth	05/10/1993
Occupation	Outdoor

Date Of Driving Pass	08/09/2020
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84327903
Alt. Phone Number	-
Email Address	eda@solelycpl.com.sg
Address	8 WOODLANDS INDUSTRIAL PARK E1
Address complement	-
Postcode	757731
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)	21
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	ALAMGIR
Gender	Male

PASSENGER 2

Name	SHEK MD ATIK
Gender	Male

PASSENGER 3

Name	SA LIN LIN PAING
Gender	Male

PASSENGER 4

Name	AYE KO
Gender	Male

PASSENGER 5

Name	KO LIN
Gender	Male

PASSENGER 6

Name	JAHD
Gender	Male

PASSENGER 7

Name	PARMOD KUMAR
Gender	Male

PASSENGER 8

Name RAHMAN ABDUR
Gender Male

PASSENGER 9

Name KYAW WAI PHYO
Gender Male

PASSENGER 10

Name KYAW MIN TUN
Gender Male

PASSENGER 11

Name CHELLAM ARUMUGAM
Gender Male

PASSENGER 12

Name RAJU MANIKANDAN
Gender Male

PASSENGER 13

Name MYO MIN AUNG
Gender Male

PASSENGER 14

Name MAUNG KYAW
Gender Male

PASSENGER 15

Name SAW BAR BLUT YWAR
Gender Male

PASSENGER 16

Name PHOE ZAN
Gender Male

PASSENGER 17

Name SOE MYINT SWE
Gender Male

PASSENGER 18

Name SAN LIN
Gender Male

PASSENGER 19

Name YAN NAING SOE
Gender Male

PASSENGER 20

Name KYAW LIN
Gender Male

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 SKETCH PLAN

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 SNH2771L
Vehicle Manufacturer -
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) -

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

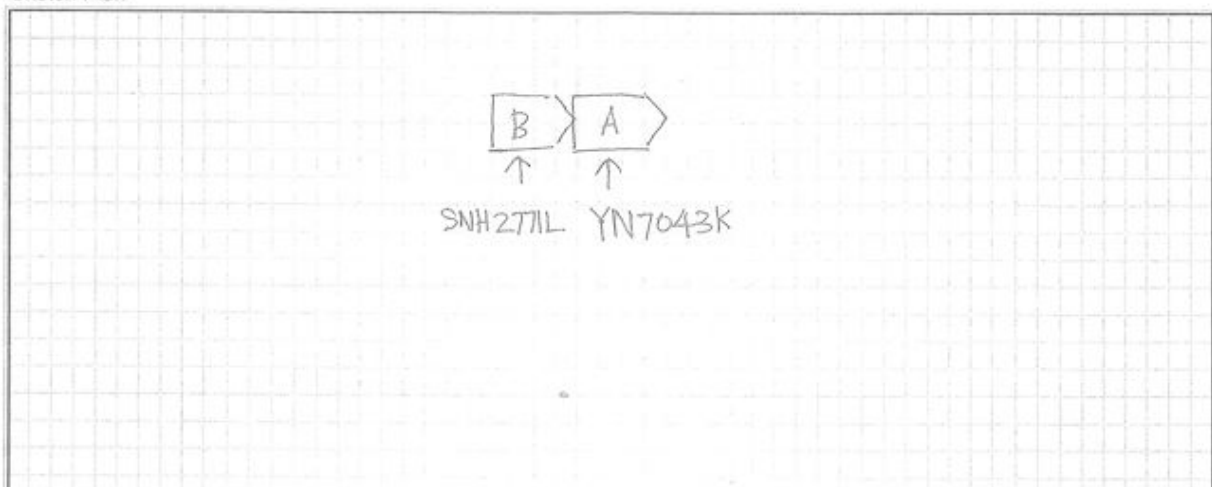
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

16/5/23
Aung
Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

My lorry parked the road side and suddenly the car hit to my vehicle rear portion.

I (Owner/In-charge/Driver) _____, NRIC NO: _____, Vehicle No: _____

will be sending my above stated damaged vehicle to Company name: _____

for my vehicle damaged repairs and insurance claims.

GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharge Goldbell Engineering Pte Ltd.

Declaration

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

 16/5/23

 Policyholder's Signature / Date & Time


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

 Kon Yin Siew
 Witnessed by Reporting Centre Personnel















