

# **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.

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   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 20/05/2023 12:36 (SGT) Reported by **Actual Driver** Date of Accident 19/05/2023 07:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE EXIT LORNIE HIGHWAY Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP6984R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DEEP BLUE CONCEPTS PTE LTD Company Reg No 201001425W Email Address FEI@DBGROUP.COM.SG Mobile Phone No (Phone) +65-96955522 Alternative Phone No (Office) +65-65701813

### 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 No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2998

### **INSURANCE COMPANY**

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05014209

### DRIVER

Name of Driver UDDIN MOHAMMAD HELAL Work Permit No G2350954M Date Of Birth 01/03/1991 Occupation Outdoor

Date Of Driving Pass	03/02/2018
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88522418
Alt. Phone Number	-
Email Address Address	FEI@DBGROUP.COM.SG
Address complement	NA
Postcode	• -
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 - Change/cross lane
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)	5
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	COLLEAGUE
Gender	Male
DAGGENGED 6	
PASSENGER 2	
Name	COLLEAGUE
Gender	Male
PASSENGER 3	
Namo	COLLEACHE
Name Gender	COLLEAGUE Male
	Wate
PASSENGER 4	
Name	COLLEAGUE
Gender	Male
DETAILS OF DOLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
, , 3	
CIRCUMSTANCES OF ACCIDENT	
CITICONIO ITANOLO OF TOOIDENT	

# REFER 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 SMJ8770B Vehicle Manufacturer Hyundai Vehicle Model Avante Vehicle Variant Vehicle Colour Gray Vehicle Category Private car Name of Driver CHAN HUA ZHUO Contact Number (Phone) +65-90939432 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

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- 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 & Driv

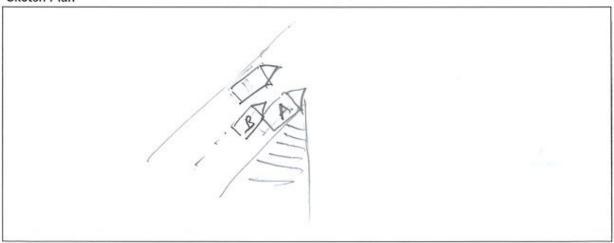
Hoas

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



Witnessed by Reporting Centre Personnel

### Sketch Plan



Ly attached
Left arrecor
No of Pax : 5 (Mare).

## Declaration

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



Policyholder's Signature / Date & Time

Hate!

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



Witnessed by Reporting Centre Personnel



Deep Blue Concepts

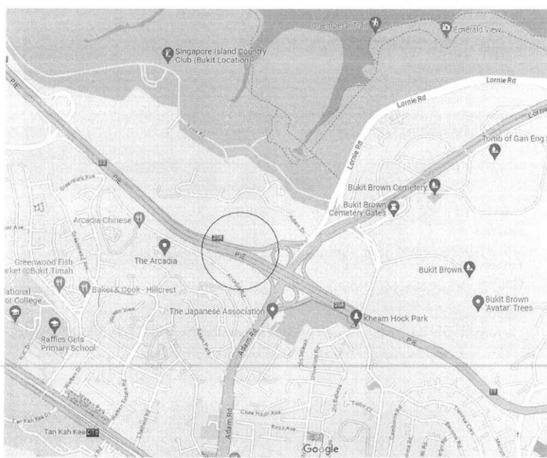
# Accident Report

Time: 19 May 2023, around 7:50 AM

Deep Blue Concepts Pte Ltd 7030 Ang Mo Kio Ave 5 #05-34 NorthStar @ AMK Singapore 569880

Tel: (65) 6570 1813 Fax: (65) 6300 6211

Email: accounts@dbgroup.com.sg



Location: Pan Island Expressway (PIE) exit to Lornie Highway

Today 19 May 2023 at about 7:50AM, we (lorry model YP6984R) was filtering to join the queue for slip road into <exit of Lornie Highway, from the Pan Island Expressway>. We stopped behind another lorry. The other party (Grey Hyundai Avante, registration no. SMJ8770B) changed lane and attempted to squeeze in between the 2 lanes and their car went too near to our rear left of our lorry, and hit us.

This also caused their mirror to become hooked onto the back of our lorry, and scratched the rear left part of our lorry.









