

## 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	27/06/2023 10:30 (SGT)
Reported by	Actual Driver
Date of Accident	31/05/2023 10:45 (SGT)
Exact Location of Accident	60 Airport Blvd., Singapore Changi Airport (SIN), Singapore 819643
Additional Location Information	T6 CARGO LODAING BAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YN4014P

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BLL'S HOLDINGS PTE LTD
Company Reg No	199800939Z
Email Address	JOEANN@BLL.COM.SG
Mobile Phone No	(Phone) +65-92701286
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Frr90suqa-c
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	5200

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004140243-01

#### DRIVER

Name of Driver	RAJAGOPALAN AYYAPPAN
Passport No/FIN	G8061769R
Date Of Birth	15/05/1980
Occupation	Outdoor

Date Of Driving Pass	29/05/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-83987247
Alt. Phone Number	-
Email Address	AYYATAMIL82@GMAIL.COM
Address	BLK13 CHANGI VILLAGE ROAD
Address complement	#02-09
Postcode	506938
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 - Major/Minor Rd
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

AS PER SKETCH PLAN ATTACH.

#### 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	YP7132B
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. This report must be completed correctly.
- 2. This report must be completed by the Policyholder and/or the Authorised Driver.
- 3. This report must be truthful and accurate as possible. Any willful misrepresentation is a violation of insurance policy and may result in the insurer repudiate policy liability.
- 4. This report is not to be used for any other purpose other than for the purpose of settling claims with the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers or 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 lodgment 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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders

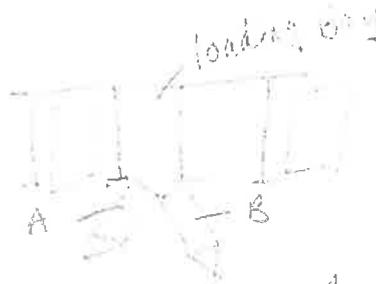


Policyholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting Agent's Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

SKETCH PLAN



A - YN 4014 P  
 B - YP 1132 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the waiting point looking for empty lot. As I notice there was a vacant lot, so I make my move to reverse my 24" lorry into the vacant, suddenly I heard a sound on my left side I immediately step on my brakes. I went down and notice this Lorry (YP 1132 B) also reversing into the same lot and collided into the rear portion of my lorry YN 4014 P

DECLARATION

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



*[Handwritten Signature]*  
 Driver's Signature  
 If true to the particulars,  
 I/We declare



*[Handwritten Signature]*  
 Reporting Centre Personnel's Signature  
 Name  
 YIP CHUN YIP







