

#### 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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of witholding of material facts may allow insurance companies to reputial 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 First Submission 31/07/2023 16:36 (SGT) Reported by **Actual Driver** Date of Accident 28/07/2023 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information SENOKO DR Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number XE7714S

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner RE SUSTAINABILITY SOLUTIONS PTE LTD Company Reg No 201725623M Email Address YONGLIANG.CHUA@RESUSTAINABILITY.COM.SG Mobile Phone No (Phone) +65-92252572 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fuso 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 Auto 10677

## INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number sp203146587

### DRIVER

Name of Driver **CHEW CHUAN HUAT** NRIC No S1479040C Date Of Birth 18/05/1961 Occupation Outdoor

Date Of Driving Pass 20/04/1983 Driving experience 40 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96620908 Alt. Phone Number Email Address CHEWCHUAHUAT961@GMAIL.COM Address BLK 142 RIVERVALE CRESCENT #07-12 Address complement Postcode 540142 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Paid Driver Does Driver Own Other Vehicles? 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 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) 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 THE ACCIDENT SKETCH PLLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBL8078L** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Goods vehicle

(Phone) +65-88088167

Name of Driver
Contact Number

Address	 	 	 	 	 	
Address complement						
Postcode	 	 	 	 	 	_
nsurance Company Name	 	 	 	 	 	
Nature Of Damage	 	 	 	 	 	
Details of property damaged in accident	 	 	 	 	 	
lo. Of Passenger (Including Driver)				 		

Describe Circumstances of the Accident
Ven XE 77145
Ven 8 CIBL 8078L
On the 25 Buyzors, 1230Pm, I was the driver for KE 77145. After buying lunch, I was moving off from the heavy webself purking lot.
I did not proble than where is a van GBL 80782 that was parking very lossly behind my vehicle. I was at the east for of the heavy vehicle paint not.  I assume that thore eres no whice behind me and thus aimle into contact with the Said vehicle when I was moving off.  No one was in jured, the Arver took note of details and populed to
his unter company.
1.3M-ta (see 1

# Declaration

IWe declare the foregoing particulars are true in every respect.

Churyang vienes (RO3)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## SKETCH PLAN

Veh A: XE 77145 Veh B: Gigh 8078 L

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

Lunderstand, 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;
- (ii) 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.

"I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMETRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY DWN POLICY FWILL CHECK MY POLICY FOR MORE DETAILS



Policyholder's Signature / Date & Time

Ghew.

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

Witnessed by Reporting Centre Personnel

Sketch Plan













