

## 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 First Submission .....	04/10/2024 12:51 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/10/2024 14:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SIMS DRIVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK9634E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	RAPID PEST CONTROL PTE LTD
Company Reg No .....	2XXXXX746C
Email Address .....	POSALBOSE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81988507
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Fiat
Model .....	Fiorino
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
CC .....	1300
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z24VC05022191

#### DRIVER

Name of Driver .....	SELVASEKARAN PRAKASH
Passport No/FIN .....	GXXXX305N
Date Of Birth .....	30/07/1991
Occupation .....	Outdoor
Driving Pass Date .....	12/12/2018
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84595744
Alt. Phone Number .....	-
Email Address .....	SPRAKASHCE@GMAIL.COM
Address .....	646 AND MO KIO AVE 6
Address complement .....	#05-4911
Postcode .....	560646
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 .....	Side Swipe
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? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

#### 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 .....	SH7765M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TEO AH HUAT
NRIC No .....	SXXXX577E
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

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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 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's Signature Date  
& Time:

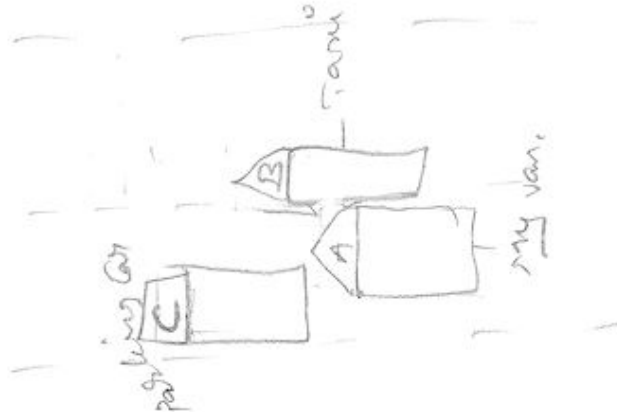
*S. Prabhakar*

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: 7/20241003/2066  
attached.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).



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

Policyholder's Signature Date: 2/11/2024

Driver's Signature  
Date: 2/11/2024



Reporting Centre Personnel's Signature












**SINGAPORE  
POLICE FORCE**


T/20241003/2066

1 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20241003/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/10/2024 17:13	Vide Report No.:	Station Diary No.: 59
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**Informant's Particulars**

Name of Informant: SELVASEKARAN PRAKASH			Address: 646 ANG MO KIO AVENUE 6 #05-4911 ANG MO KIO 61 SINGAPORE 560646	
ID Type / ID No.: FIN NO / G3223305N			Contact No.: Home/Office:                      Mobile: 84595744	
Nationality: INDIAN			Email:	
Sex: Male	Age: 33	Date of Birth: 30/07/1991	Type of Informant: Driver	
Race: Indian			Language:	
Occupation: Manager			Driving Licence Information: Class: 2B,3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2024 14:10	Type of Location: Straight Road
Location:  SIMS DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK9634E	Motor van	FIAT	FIORINO		Slightly Damaged	0
SH7765M	Motor car	TOYOTA	PRIUS		Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20241003/2066

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Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20241003/2066

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBK9634E	LONPAC INSURANCE BHD.	Z24VC05022191	27/01/2024	26/01/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SELVASEKARAN PRAKASH		ID No. G3223305N
Related Vehicle	GBK9634E (Motor van)		Contact No. 84595744
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Driver			
Name	TEO AH HUAT		ID No. S6825577E
Related Vehicle	SH7765M (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

**Brief Details.**

On 3/10/24 at about 1410hrs, I was at 51 sim drive waiting in between two cars at the side of the road. When I want to go out, I signal to the right and suddenly a taxi appears. My van bearing GBK9634E front bumper hit onto the taxi bearing SH7765M passenger door. There was a dent at the front right bumper of my van and the taxi have scratches at the side. I then came down to exchange particular with the driver.

I inform my company, Rapid pest control PTE LTD about the matter. They inform me to make a police report so that they can claim insurance.

I wish to state that no one was injured. I wish to state that I have pictures of the damages.

I am lodging this report for insurance purposes.

**SINGAPORE  
POLICE FORCE**

T/20241003/2066

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

3 of 3

Report No. T/20241003/2066

## CONTINUATION OF REPORT

Signature of Officer Recording The  
F /  
SGT 2 HARITH NURHAQIM BIN  
NORHIZAM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:  
03/10/2024 17:13

Classification Of Case:



**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: SF0E24A40004 Vehicle Registration No: GBK9634E  
 Name (as shown in NRIC): Rapid Pest Control Pte Ltd NRIC/FIN/Passport No: \_\_\_\_\_  
 (\* Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 3/10/2024 Time of Accident: 14.10.  
 Place of Accident: Sims Drive  
 Insurance Company: Longpac Ins.

**(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:

to upload Police Report.

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

7/10/24  
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: