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.

- 4. The issue and acceptance of this is form by instrained 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 05/11/2024 15:52 (SGT) Reported by **Actual Driver** Date of Accident 04/11/2024 07:15 (SGT) Exact Location of Accident Singapore Additional Location Information MANDAI ESTATE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD7564M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LIANG & HOW CONTRACTOR PTE. LTD. Company Reg No 199200193M Email Address DENISA@LIANGHOW.COM.SG Mobile Phone No (Phone) +65-90541995

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hino Model FS1ETLA-KAS 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 12913 Vehicle Fuel Diesel First Regisration Date

Chassis no FS1ETL10046

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z24VC05025916

DRIVER

Name of Driver SRINIVASAN MANIMARAN Passport No/FIN G609682Q Date Of Birth 12/06/1984 Occupation Outdoor Driving Pass Date 15/12/2016 Driving License Pass Class Driving License Validity Valid Driving experience 7 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-90541995 Alt. Phone Number Email Address DENISA@LIANGHOW.COM.SG Address LIANG & HOW CONTRACTOR PTE. LTD. Address complement Postcode Is the driver the policyholder? 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 **PASSENGER** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SKW7247H -
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)	1

SKETCH PLAN

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- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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)

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.



Policyholder's Signature / Date & Time

d. min

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

Witnessed by Reportino Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

Describe Circumstance of the Accident	
VEHICLE NO: XD 7564 M ACCIDENT DATE & TIME: 04 11 24 = 07:15	PM
CONTACT NUMBER: 90541995 E-MAIL: denisa @lianghow.com.sg	
LOCATION: Mandai estate	
I was instructed to down the excavator	
at mardai estate opposite of 20 mardai estate new	
Contraction building so I up the excapator on our	
lorry crone XD 7564 m and drove towards the	
dropping point while I was driving towards the	
new Condruction building I made the left turn 1	-0
our drapping Paint at the Same manner the Co	Y
Our dropping Point at the same moment the Co (SKW 7247H) from the behind hit our lorry	•
Crane's rear end which is blind Spot	
	0
Actually this car was soing to the woodland	5
road and Supposed to be wait for the in coming	
Outgoing wehicles instead of this the car driver	
Switched to another lave and hit our lorn rea	
end the car must wait until our vehicle mad	Q
the left turn fully but this Car driver lost her	
Patience and immediately took another lane to	4
to reach faster the woodlands rd and hit or	W
vehicle	
	-
	-
	-
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	_
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: () CLAIM OWN POLICY () CLAIM THIRD PARTY () CLAIM OD/TP AT OTHER WORKSHOP () REPORTING ONLY	
Declaration I/We declare the foregoing particulars are true in every respect.	
Trive declare the foregoing particulars are true in every respect.	
CONTRIC	Pa
(((()()()()()()()()()()()()()()()()()(1)
d. Mi M	1
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel & Time (Name as in NRIC/ID card)	

2

Incident Report

Date: 05/11/2024

Location: 16A Joo Koon Circle

From,

Srinivasan Manimaran,

Card No 0592,

Liang & How Contractor Pte Ltd.

To,

The Management,

Liang & How Contractor Pte Ltd.

Dear Madam,

This incident was happened on 04/11/2024 evening around 7.15pm.

I was instructed to down the excavator at Mandai Estate opposite of 2A Mandai Estate new construction building. So, I up the excavator on our Lorry crane (XD7564M) and drove towards the dropping point. While I was driving towards the new construction building, I made the left turn to our dropping point at the same moment the car (SKW7247H) from the behind hit our lorry crane's rear end which is blind spot.

Actually, this car was going to the woodlands road and supposed to be wait for the incoming / outgoing vehicles. Instead of this the car driver switched to another lane and hit our lorry rear end. The car must wait until our vehicle made the left turn fully but this car driver lost her patience and immediately took another lane for to reach faster the woodlands road and hit our vehicle.



















