

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	24/12/2024 15:18 (SGT)
Reported by	Actual Driver
Date of Accident	23/12/2024 18:20 (SGT)
Exact Location of Accident	Near 368 Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9840C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FRESHENING INDUSTRIES PTE LTD
Company Reg No	199402300N
Email Address	s.sundharvijay1995@gmail.com
Mobile Phone No	(Phone) +65-90564135
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85HUH4A
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999
Vehicle Fuel	Diesel
First Registration Date	03/12/2018
Chassis no	JAANNR85HJ7100235
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VC05000859

DRIVER

Name of Driver	SUBRAMANI SHANMUGASUNDHARAM
Passport No/FIN	G8721035P
Date Of Birth	29/11/1995
Occupation	Outdoor
Driving Pass Date	17/07/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90564135
Alt. Phone Number	-
Email Address	s.sundharvijay1995@gmail.com
Address	BLK 219 TAMPINES STREET 24
Address complement	#05-26
Postcode	520219
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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

ON 23/12/2024 AT ABOUT 1820 HOURS, I WAS DRIVING MY LORRY (REGN NO: YP9840C) ALONG DUNEARN ROAD TOWARDS ADAM ROAD DIRECTION. JUST AS I WAS NEAR THE SLIP ROAD JUNCTION OF DUNEARN ROAD/ADAM ROAD, I SAW THAT THERE WAS NO VEHICLES FROM THE RIGHT, I CONTINUED TO MOVE FORWARD. HOWEVER THE FRONT VEHICLE (REGN NO: SMS9912E) DID NOT MOVE. AS A RESULT, THE FRONT PORTION OF MY VEHICLE YP9840C HIT ONTO THE REAR PORTION OF SMS9912E. FORTUNATELY NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS9912E
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	LIM POH CHIN SERENE
NRIC No	S1799669Z
Contact Number	(Phone) +65-96249982
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MINOR DAMAGE
Details of property damaged in accident	REAR PORTION DAMAGED
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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.



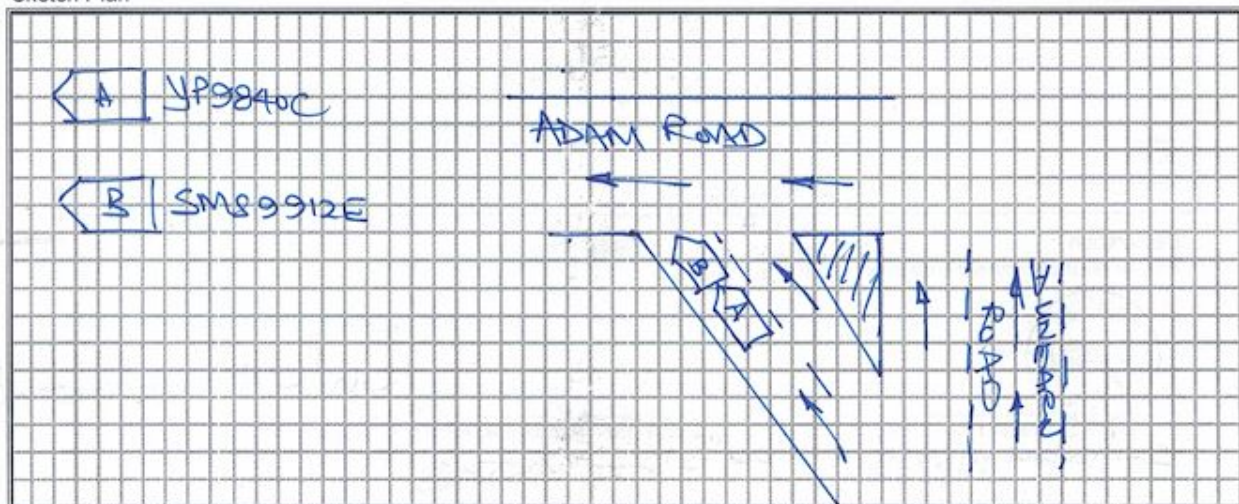
Policyholder's Signature / Date & Time
24/12/24 1455hrs

S. Sundhar

Actual Driver's Signature (if driver is not the policyholder) / Date & Time
24/12/24 1455hrs

Lawrence Howe

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

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

REFER TO REPORT

Declaration

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



Policyholder's Signature / Date & Time

24/12/24 1455HRS

Actual Driver's Signature (if driver is not the policyholder)

S. Sundhar 24/12/24 1455HRS

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

Lur Puythana hawor











