

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	01/08/2024 17:46 (SGT)
Reported by	Actual Driver
Date of Accident	31/07/2024 07:30 (SGT)
Exact Location of Accident	6D La Salle St, Singapore 456960
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE743P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOCUS BUILDERS PTE. LTD.
Company Reg No	200701828H
Email Address	J300.FOCUSBUILDERS@GMAIL.COM
Mobile Phone No	(Phone) +65-97333906
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	2953
Vehicle Fuel	-
First Registration Date	-
Chassis no	JN1SC2F24Z0857228
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05019485

DRIVER

Name of Driver	BALAKRISHNAN PRABAKARAN
NRIC No	G2372211P
Date Of Birth	04/06/1991
Occupation	Outdoor
Driving Pass Date	08/02/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97333906
Alt. Phone Number	-
Email Address	J300.FOCUSBUILDERS@GMAIL.COM
Address	21 DEFU SOUTH ST 1
Address complement	-
Postcode	-
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	Collided into Parked Vehicle
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)	8
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	ROBIN
Gender	Male

PASSENGER 2

Name	PERVES
Gender	Male

PASSENGER 3

Name	MASAROF
Gender	Male

PASSENGER 4

Name	JAHID
Gender	Male

PASSENGER 5

Name	SOBUJ
Gender	Male

PASSENGER 6

Name HABIB HASAN
Gender Male

PASSENGER 7

Name KUMAR
Gender Male

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

-

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 SKK633K
Vehicle Manufacturer -
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) -

SKETCH PLAN

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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.

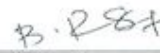
(collectively the "Purposes")

(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.

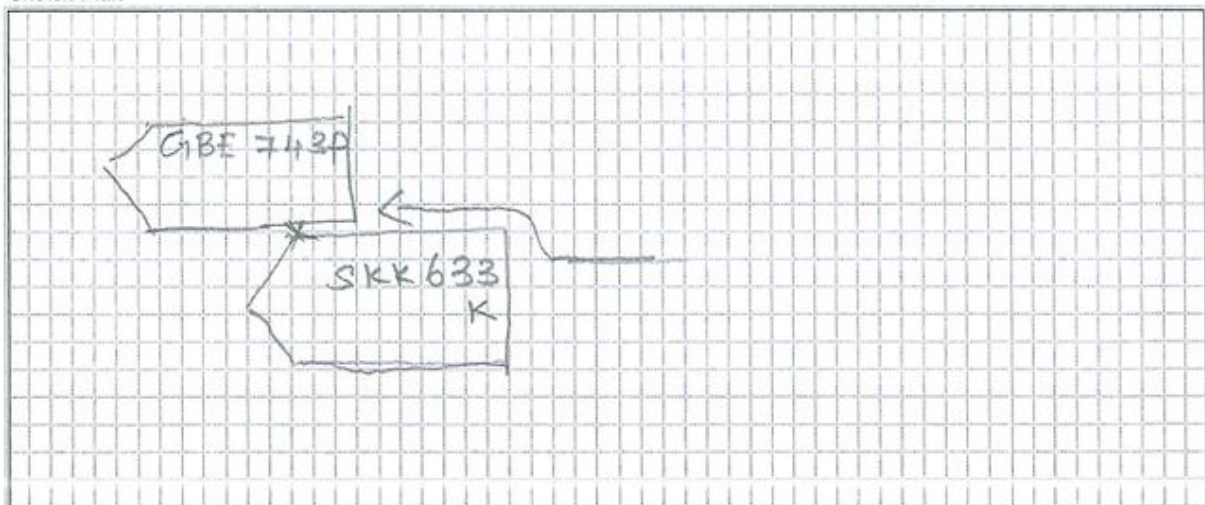

Policyholder's Signature / Date & Time

01/08/24
16.45


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


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

Sketch Plan



Describe Circumstance of the Accident	
VEHICLE NO: G1BE 743P	ACCIDENT DATE & TIME: 31/7/24 7:30 am
CONTACT NUMBER: 97333906	E-MAIL: j300.focusbuilders@gmail.com
LOCATION: 6d la Salle St	
While I was at The above location, There was few cars parked at side. While pass by The cars accidentally touched The car SKK633K. The car front side damaged. I have left The note on The car.	
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.

 Policyholder's Signature / Date & Time	 01/08/24 16.45 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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