

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 Authorised 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 Report	13/04/2019 15:52
Date Of Accident	11/04/2019 14:45
Exact Location Of Accident	JLN TOA PAYOH (OUTSIDE ST ANDREW VILLAGE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5523E
Insured/Policyholder	
Name Of Registered Owner	RDE CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	AM3THEATRICALS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90262056
Alternative Phone No	OFFICE-90262056

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05001232
Cover Note Number	

Driver

Name of Driver	SANJAY S/O JEGATHEESAN
NRIC No	S8525172D
Date Of Birth	30/08/1985
Occupation	INDOOR
Date Of Driving Pass	20/11/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90262056
Fax Number	
Contact Number	OTHERS-90262056
EEmail Address	AM3THEATRICALS@GMAIL.COM

Address	BLK 443D FAJAR ROAD #15-48
Postcode	674443
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7295J
Vehicle Make/Model/Colour	HYUNDAI I30
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEW NGAN HWEE
NRIC/Passport Number	S0607553C
Contact Number	97477477
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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.
- (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:

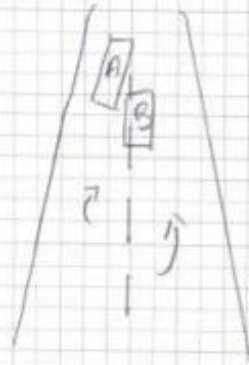

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/16
15:23


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

Accident Sketch Plan

SKETCH PLAN

JLN TOA PAYOH (OUTSIDE ST ANDREW VILLAGE)



A = 6BD 5523E
B = 54C 7795D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON JLN TOA PAYOH, OUTSIDE ST ANDREW'S VILLAGE, ON THE EXTREME LEFT LANE, WHICH IS A MERGING LANE.

THE CAR INFRONT OF ME MOVED OFF. AS I INCHED FORWARD, THERE WAS AN IMPACT ON THE REAR RIGHT OF MY WRECK.

AFTER PULLING TO THE SIDE TO CHECK, THERE WAS A COLLISION BETWEEN THE REAR RIGHT OF MY LORRY AND THE LEFT ~~SP~~ SIDE MIRROR OF SHC 7295 J.

WE BOTH EXCHANGED PARTICULARS

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/1/02

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

LETTER

RDE CONSTRUCTION PTE LTD
Builders & Civil Engineers

bioSAFE



640 Geylang Lorong 3, Singapore 389021

Dear Sir/Madam,

RE: AUTHORISED REPRESENTATIVE FOR RDE CONSTRUCTION PTE LTD.

We write to inform you that we authorise Mr. Sanjay S/O Jegatheesan, (S8525172D), as our representative to act on our behalf on all matters that concern the accident reporting.

Yours sincerely,

Justin Herson
Director
RDE CONSTRUCTION PTE LTD



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



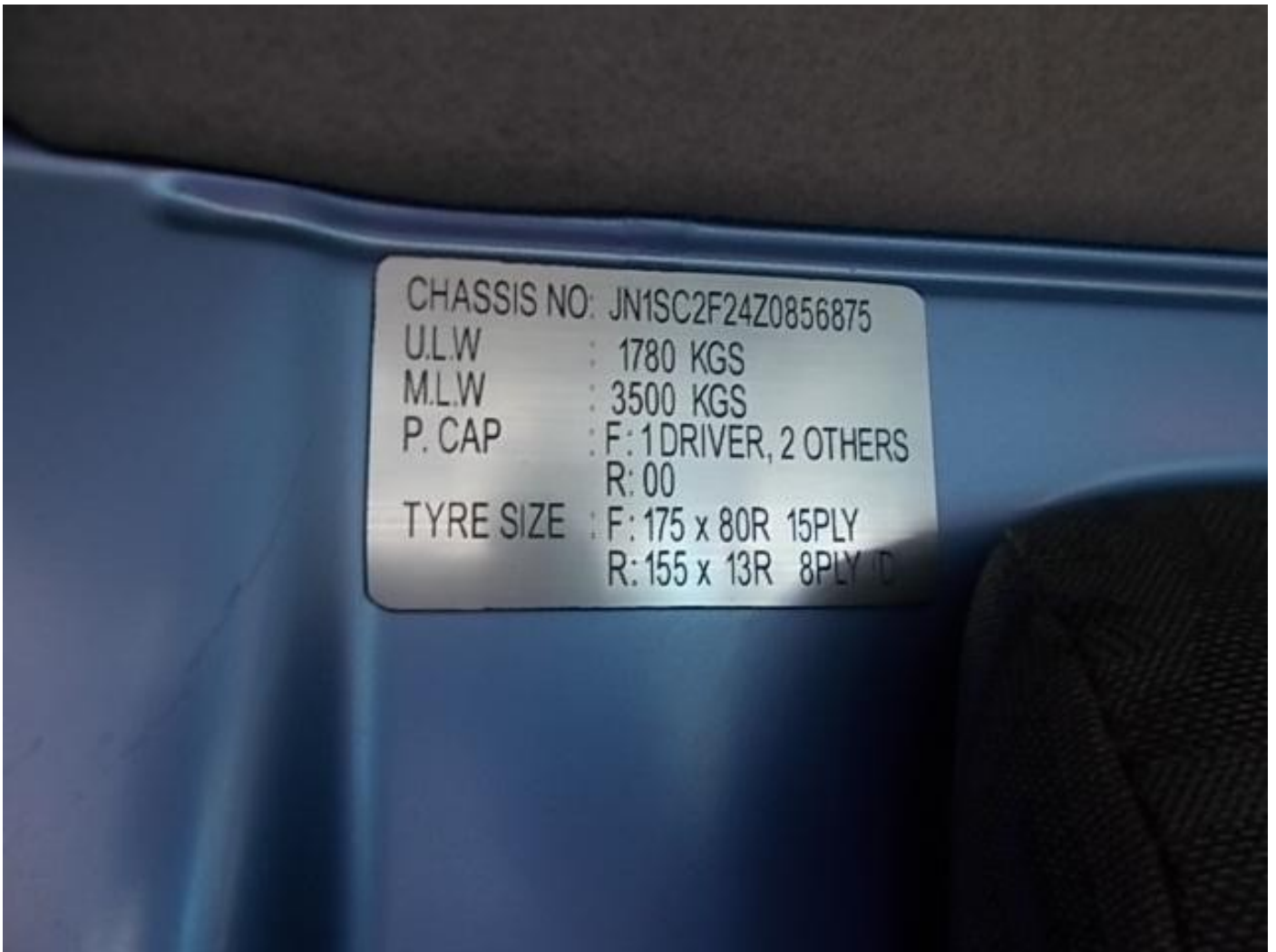
Accident Photo



Accident Photo



Accident Photo



Identification Card

