

## 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	14/11/2019 09:55
Date Of Accident	12/11/2019 17:25
Exact Location Of Accident	WOODLANDS ST 13 (OPEN CARPARK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5192X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAM LAIN EQUIPMENT SERVICES PTE LTD
Co Reg No	198801589R
Email Address	IRENE@SAMLAIN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63632738

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	Z19VC05003569
Cover Note Number	24/10/18 - 23/10/20

### Driver

Name of Driver	ANDIYAPPAN ARUMUGAM
Passport No/FIN	G8298401T
Date Of Birth	29/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82353247
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

#### 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

REFER ATTACHED.

#### 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	SMK8011D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NURLIZAWATI BINTE RAMLAN
NRIC/Passport Number	S8401434F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: GBE 5192X  
 INSURER: LONPAC  
 DATE & TIME: 12/11/19 5:25 PM

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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.



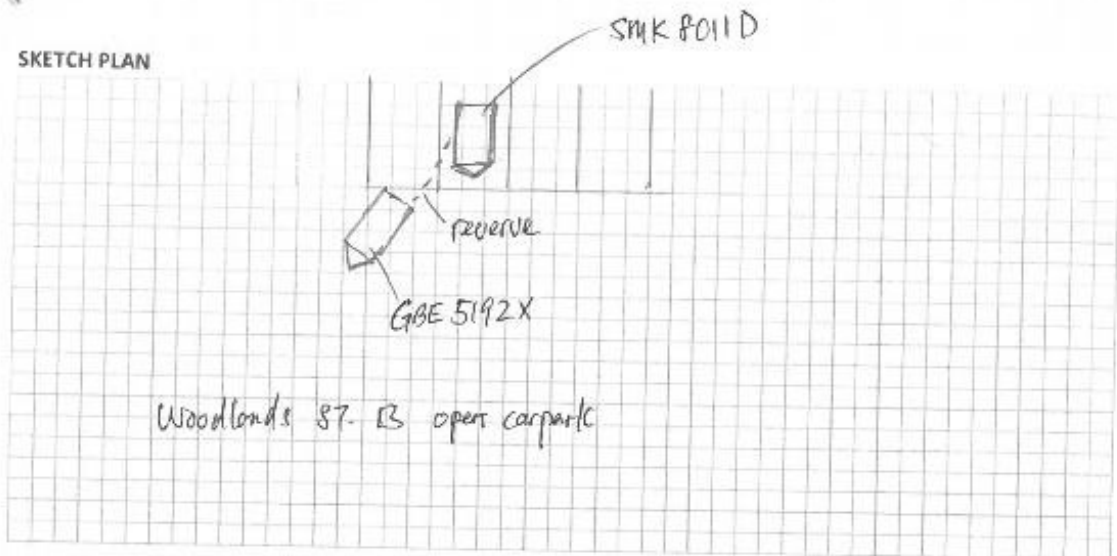
Policyholder's Signature  
 Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

That time was raining when I reverse my lorry my lorry accidentally grazed onto park vehicle (SMK 8011 D) right side portion and cause slightly damage.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### 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:


Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

WAT/MS Sketch Plan Form 1/3


( ) Claim Own Policy ( ) Claim Third Party (✓) Reporting Only  
( ) Claim OD/TP at other workshop ( )

**S Pass (Frt)**

 **S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**SAM LAIN EQUIPMENT SERVICES PTE LTD**

Sector: **CONSTRUCTION**


 Name  
**ANDIYAPPAN ARUMUGAM**  
Occupation  
**OPERATIONS SUPERVISOR**

S Pass No.  
**O 34335974**

Date of Application  
**13-10-2017**

Date of Issue  
**03-11-2017**

Date of Expiry  
**03-11-2019**

 **L8429343**

**S Pass (Back)**

**VISIT PASS**  
Immigration Regulations

Name  
**ANDIYAPPAN ARUMUGAM**



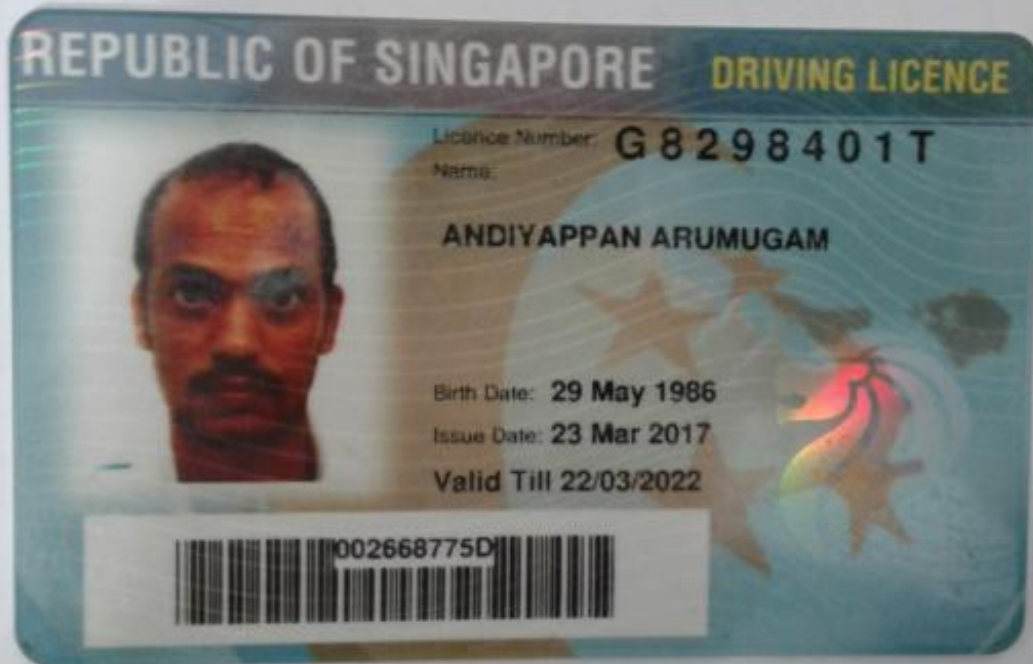
Date of Birth	Sex	Nationality
<b>29-05-1986</b>	<b>M</b>	<b>INDIAN</b>
FIN	Date of Issue	Date of Expiry
<b>G8298401T</b>	<b>03-11-2017</b>	<b>03-11-2019</b>

**MULTIPLE JOURNEY VISA ISSUED**

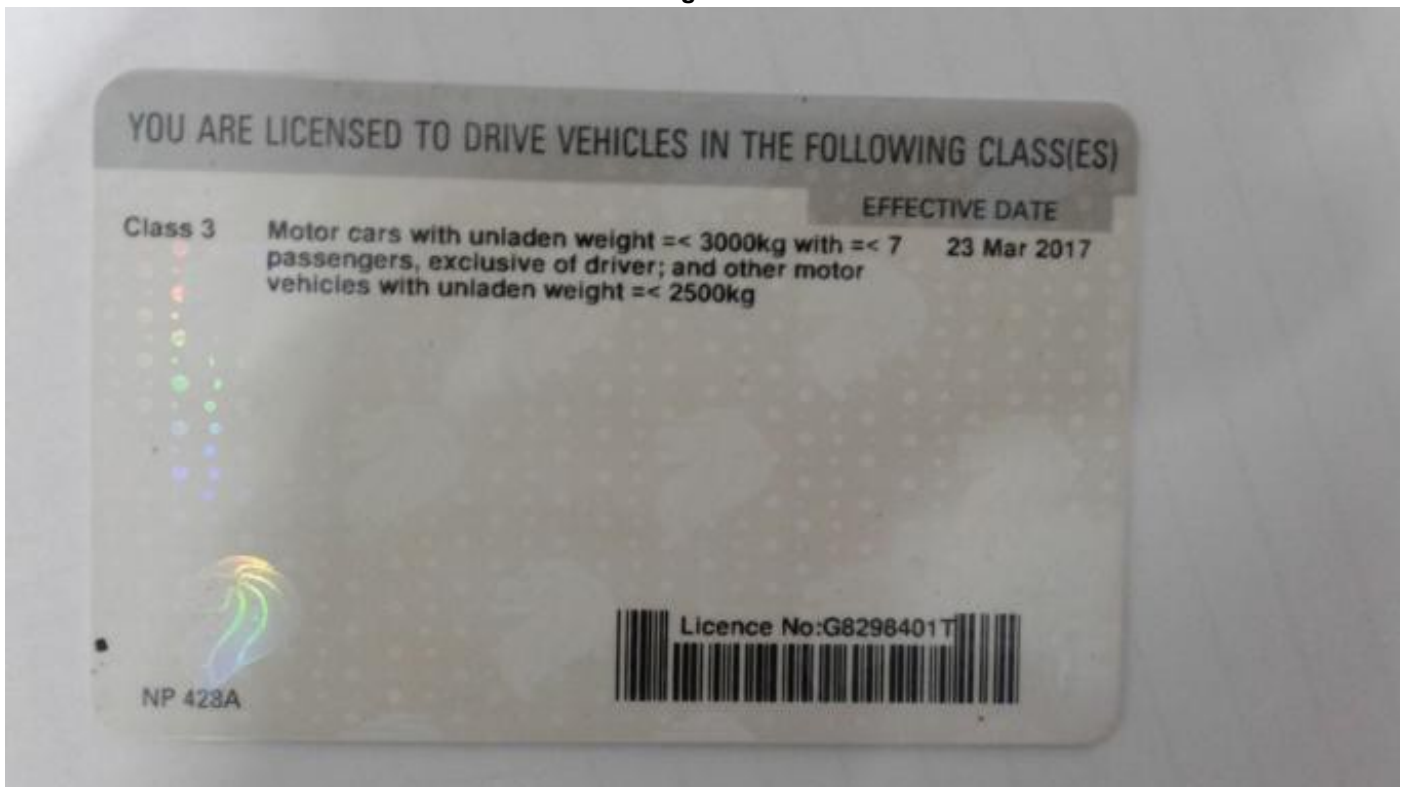
**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Driving License



## Driving License





## Visit Pass And Embarkation Form

Issue of Visit Pass



### VISIT PASS AND EMBARKATION FORM

Disembarkation / Embarkation : M0882E2562

Card No.

RIN : G6298401T

Name of Foreigner : ANDIYAPPAN ARUMUGAM

Travel Document No. : L3827587

This document serves as a Visit Pass issued to the Foreigner under regulation 12 of the Immigration Regulations. This Visit Pass is valid from 03/11/2019 until 03/12/2019 or the last date, on which the Foreigner's travel document is valid, whichever is the earlier.

2 This Visit Pass is issued subject to the conditions that:

- a) the Foreigner shall not engage in any activity which, in the opinion of the Controller of Immigration, is detrimental to the security and well-being of Singapore.

This document also serves as an embarkation form for the Foreigner.

This document should be printed for the Foreigner to present together with his / her valid travel document to the Immigration officer for Immigration clearance at the point of departure from Singapore. No Visit Pass will be physically endorsed on the Foreigner's travel document.

Warning: Overstaying is an immigration offence. If the Foreigner overstays, he / she may be subjected to a composition fine or prosecution in court.

Issued on: 03/11/2019

Controller of Immigration  
Singapore

This notification is computer-generated and does not require a signature.

## Temporary Extension of Work Pass

29/10/2019

ANDIYAPPAN ARUMUGAM  
c/o SAM LAIN EQUIPMENT SERVICES PTE LTD  
2 TUAS SOUTH STREET 12  
SINGAPORE 636954

Dear Sir/Madam

### Temporary Extension of Work Pass

FIN : G8298401T  
Travel Document No. : L3827587  
Work Pass Expiry Date : 03/11/2019

We are pleased to inform you that your S Pass has been extended till 03/12/2019 under the same work pass conditions. In the event that your renewal application is approved and the renewal pass is finally issued, the total duration given to you in this temporary work pass extension will be taken into account in the final computation of your renewal pass expiry date.

- 2 Please retain this letter and the original S Pass as a proof that your work pass has been extended.

Yours faithfully

Controller of Work Passes

(This letter is computer generated and does not require signature).

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

