

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	25/02/2020 16:30
Date Of Accident	28/11/2019 09:30
Exact Location Of Accident	SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8165B
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Insured/Policyholder

Name Of Registered Owner	SKIESLINK ENGINEERING PTE LTD
Co Reg No	200908089C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67023376

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/19/VC06/103770
Cover Note Number	15/05/19 - 14/05/20

Driver

Name of Driver	RAJENDRAN SIVAKUMAR
Passport No/FIN	G6973630R
Date Of Birth	14/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92384048
Fax Number	
Contact Number	
Email 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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBA8165B
INSURER: Longac
DATE & TIME: 28/11/19 9:30am

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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.



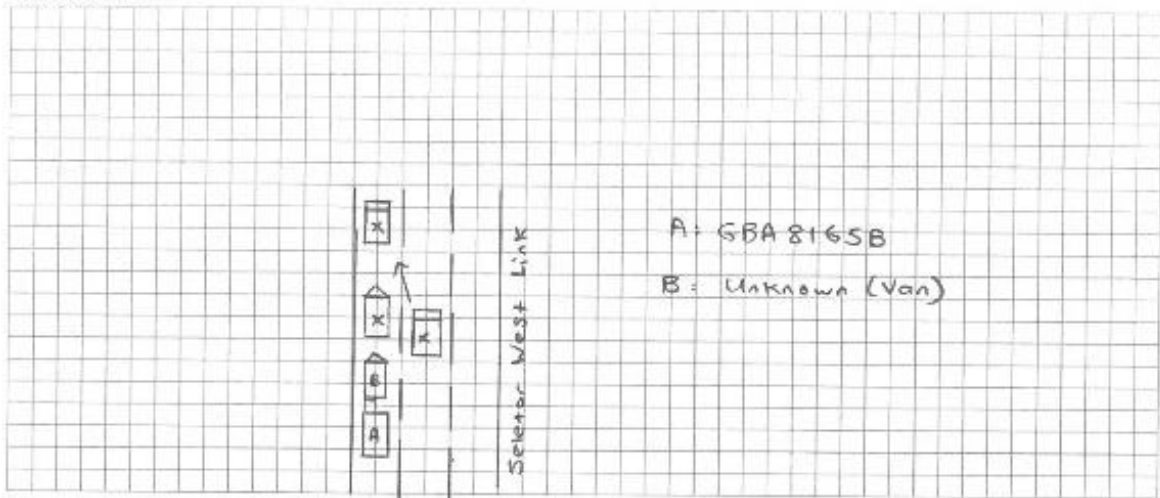
Policyholder's Signature
Date & Time:

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

(YS) mg 25/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Lompac Veh No: GBA816SB DOA: 28/11/19 9:30am

Refer Police Report.

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.:

E-ARM SketchPlane: V2

() Claim Own Policy () Claim Third Party (/) Reporting Only

() Claim OD/TP at other workshop (_____)



**SINGAPORE
POLICE FORCE**



T/20191219/2023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191219/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2019 10:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RAJENDRAN SIVAKUMAR			Address: 2 TAMPINES PLACE #17-0267 TAMPINES DORMITORY SINGAPORE 528821		
ID Type / ID No.: FIN NO / G6973630R			Contact No.: Home/Office: Mobile: 92384048		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 14/05/1984	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: ENGINEERING TECGNIcian			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/11/2019 09:30	Type of Location:
Location: Along Road 1 SELETAR WEST LINK				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA8165B	Lorry	TOYOTA	DYNA 150 MANUAL	Blue		0



**SINGAPORE
POLICE FORCE**



T/20191219/2023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191219/2023

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE , TIME AND LOCATION

I WAS TRAVELLING ALONG SELETAR WEST LINK , IN FRONT OF ME WAS A VAN OF UNKNOWN PLATE NUMBER FOLLOWED BY TWO CARS IN FRONT OF THE VAN. OUT OF THE SUDDEN , A THIRD CAR CAME IN FRONT OF THE TWO CAR. BOTH THE TWO CAR BRAKE, I ALSO BRAKE AS WELL, UNFORTUNATELY , MY VEHICLE SIDE MIRROR CAME IN CONTACT AND HIT ONTO THE VAN IN FRONT OF ME. THERE WAS NO INJURY AT ALL. THAT ALL.

I AM NOT SURE OF THE PARTICULAR OF THE VAN DRIVER AND THE PLATE NUMBER.



**SINGAPORE
POLICE FORCE**



T/20191219/2023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191219/2023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/12/2019 10:03

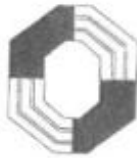
Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

Insurance Letter



LONPAC INSURANCE BHD
(S98FC5635C)

31 December 2019

SKIESLINK ENGINEERING PTE LTD
1 TAMPINES NORTH DRIVE 1
#08-34 T-SPACE
SINGAPORE 528559

By Registered Post

Dear Sir/Mdm

CLAIM NO. : 19/19/20/VC06/022816

**ACCIDENT INVOLVING GBA8165B AND GBA8165B ALONG SELETAR WEST LINK
TOWARDS SELETAR AFTER CTE ON 28.11.2019 AT 0930HRS**

We refer to the above accident.

We have received a Third Party injury claim from Tong Luck Auto Pte Ltd.

This accident has not been reported to us. Please proceed to any of our authorized workshops to lodge the report immediately.

Please note that we will be carrying out investigation and will proceed to defend and/ or negotiate a settlement of this claim and any further claims arising from this accident, as we deem appropriate.

If there are any further evidence which you would like to bring to our attention in support of your case and/or you have submitted a claim against the other driver please furnish us with:

- i) evidence
- ii) Status of your claim against the owner of the other vehicle involved in the case

Should you require any information or details on this claim, please contact us.

Kindly also note that you are required to notify us immediately upon receipt of all letters of claims, Writ of Summons, Traffic Police action issued against you. This includes all or any impending prosecution, inquest, fatal inquiry or offer of composition fine in connection with the above accident.

Please note that any failure on your part to observe this will result in us exercising our rights of repudiation under the motor insurance policy.

Your faithfully,
LONPAC INSURANCE BHD

Ong Li Li
Senior Executive (Claims)
Email : mt_claim@lonpac.com
Tel: 6250 7388 Ext 254
Fax: 6296 2706

cc Jetta Insurance Agency Pte. Ltd (z10296)

300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel: (65) 6250 7388 Fax: (65) 6296 3767

Driving License

S PASS
Employment of Foreign Manpower Act (Chapter 51A)
Republic of Singapore

Employer:
SKIESIAN ENGINEERING PTE. LTD.

Worker:
CONSTRUCTION

Pass No:
92384048 S1VA

Holder's Name:
RAJENDRAN SIVAKUMAR

Occupation:
ENGINEERING TECHNICIAN

S Pass No:
035444009

Date of Issue:
03-04-2017

Date of Expiry:
13-04-2017

Date of Entry:
07-05-2020

L7829028

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number:
G6973630R

Name:
RAJENDRAN SIVAKUMAR

Birth Date:
14 May 1964

Issue Date:
13 Apr 2018

Valid Till:
12/04/2023

002792704G

VISIT PASS
Immigration Regulations

Name:
RAJENDRAN SIVAKUMAR

Date of Birth:
14-05-1964

Sex:
M

Nationality:
INDIAN

Pass No:
G6973630R

Date of Issue:
13-04-2017

Date of Expiry:
07-05-2020

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.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	27 Mar 2013
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	27 Mar 2013
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	06 Jun 2016
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

