

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	12/02/2020 10:35
Date Of Accident	11/02/2020 15:10
Exact Location Of Accident	BLK 134 GEYLANG EAST AVE 1 CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2716A
Insured/Policyholder	
Name Of Registered Owner	TRAJAN CIVIL ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	198602063C
Email Address	TRAJAN_PTE_LTD@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91836090

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB
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	Z19VC05004042
Cover Note Number	21/11/19 - 20/11/20

Driver

Name of Driver	THIYAGARAJAN S/O PACKRISAMY SUBRAMANIAM
NRIC No	S0160379E
Date Of Birth	27/03/1951
Occupation	INDOOR
Date Of Driving Pass	19/04/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91836090
Fax Number	
Contact Number	
EMail Address	TRAJAN_PTE_LTD@HOTMAIL.COM

Address	BLK 469B YISHUN ST 43 #04-43
Postcode	762469
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SHA8694U
Vehicle Make/Model/Colour	PARKED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH
NRIC/Passport Number	
Contact Number	91071223
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: YP 2716 A
INSURER : Longac
DATE & TIME: 11/02/20 @ 15:11

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8. **Consent under the Personal Data Protection Act (PDPA)**

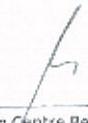
I understand, acknowledge, agree and consent that:

- (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.



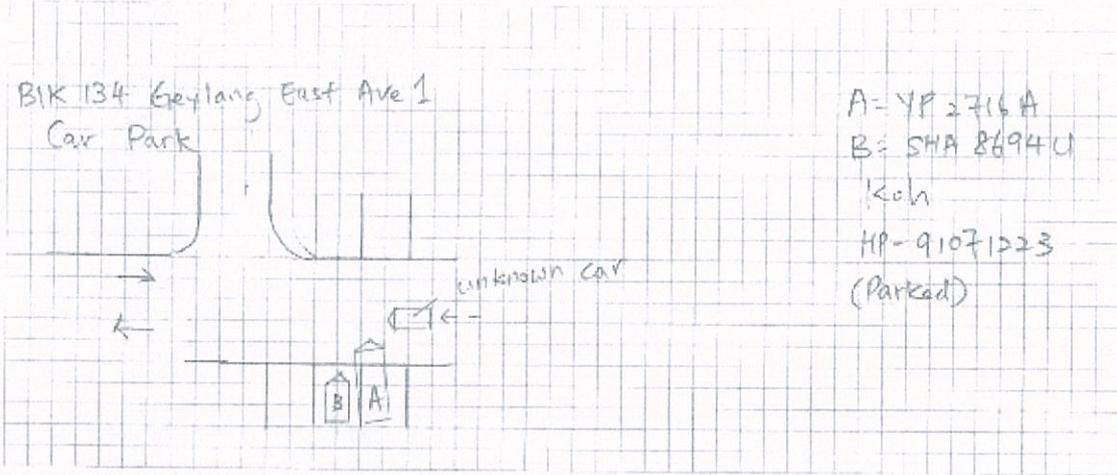
Trajan Civil Engineering & Construction Pte. Ltd.
241 Jalan Kayu, Singapore 799465
P.O. Box 0648 Serangoon Central, Singapore 915605
Tel: 65522035 Fax: 65522035
email: trajan_pte_ltd@hotmail.com
Reg No. 196600000 Insurer's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: (45)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRIED TO Overtake OWN COMMING CAR FROM MY RIGHT
 I BEING ON 21 MY LEFT HAND SIDE STATIONARY TAXI
 THE ROAD PARTIAL DROPPED

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.
 Trajan Civil Engineering & Construction Pte Ltd.
 241 Jalan Kayu, Singapore 790465
 P.O. Box 0548 Serangoon Central, Singapore 915006
 Tel: 65522035 Fax: 65522035
 email: trajan@trajan.com.sg
 Reg No: DA1627696

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

[Signature] 12/1/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: (45)

CLAIM Method: Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop ()

NOTICE OF COMPLIANCE

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Thiyagarajan S/O Packrisamy Subramaniam, NRIC/FIN S0160379E, has reported to the Police a non-injury traffic accident which occurred at the Geylang East Ave 1, at Bjk 134 carpark on 11/02/2020 at 1511hrs involving the following vehicles:

2. If this accident was reported to the Police within 24 hours of its occurrence,
Then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Complainant lorry: YP 2716 A
Other party car : SHA 8694 U, Driver - Koh HP 91071223

Rank/Name of Issuing Officer: SSS Muhd Ali Bin Mansor

Date: 11/02/2020 Time: 1605hrs

S/D Ref: 43

Police Post/Unit: AMK South NPC

11/02/2020 16:05
11/02/2020 16:05
11/02/2020 16:05
11/02/2020 16:05

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

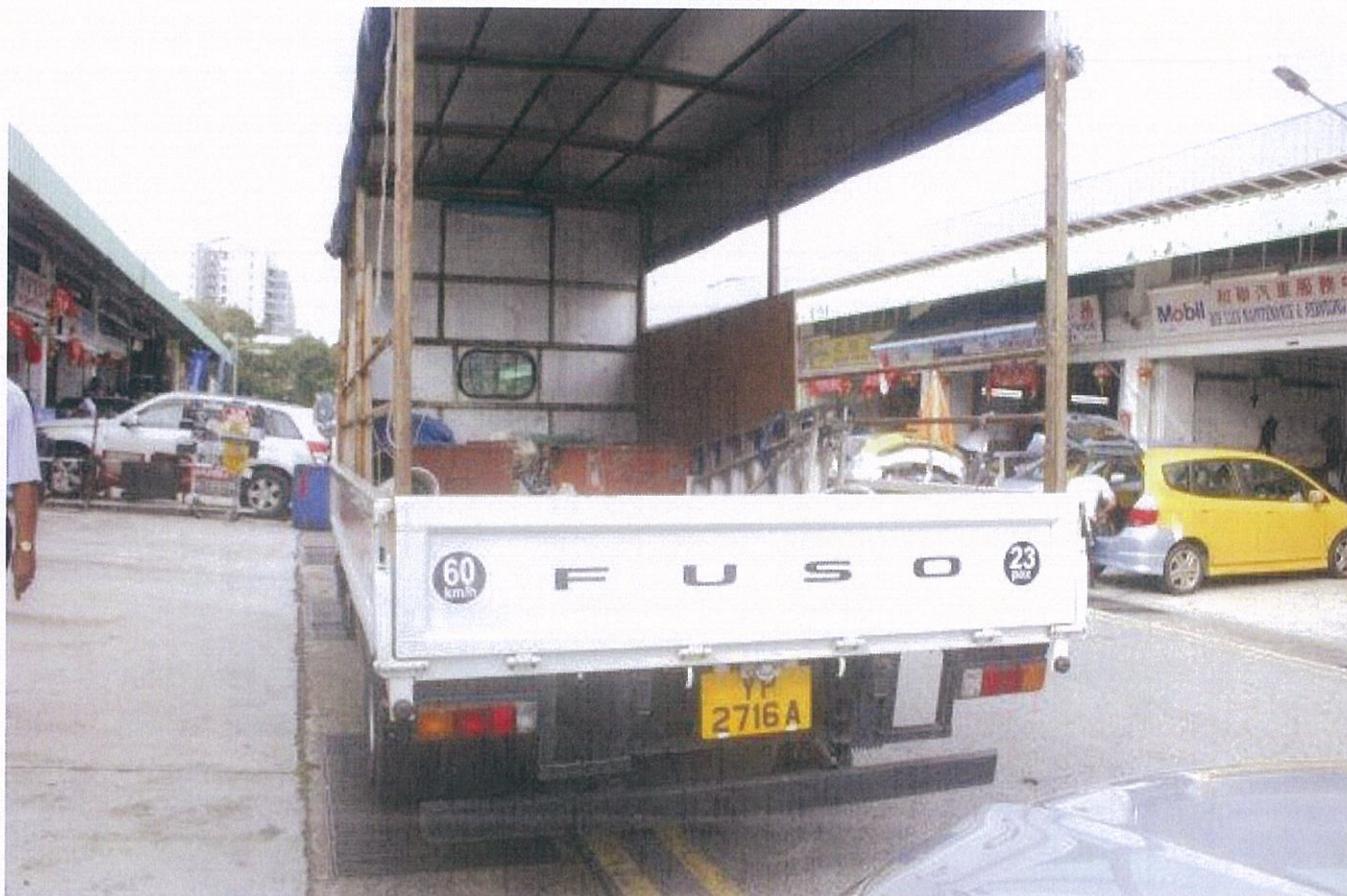
CONFIDENTIAL

Version as of 15 Jan 2002

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE

