

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	25/03/2020 10:56
Date Of Accident	24/03/2020 16:00
Exact Location Of Accident	ANG MO KIO DRIVE (ITE COLLEGE CENTRAL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2246P
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Insured/Policyholder

Name Of Registered Owner	YUAN JI ENTERPRISES PTE LTD
Co Reg No	1XXXXX390C
Email Address	RIINA@YUANJI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68981717

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/20/VC06/106506
Cover Note Number	03/03/2020 - 02/03/2021

Driver

Name of Driver	KATHIRESAN ALAGU
Passport No/FIN	GXXXX274K
Date Of Birth	22/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86666405
Fax Number	
Contact Number	OTHERS-86781965
Email Address	NOEMAIL

Address	C/O BLK 533 BUKIT PANJANG RING RD #11-801
Postcode	670533
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	FIRE, EXPLOSION OR LIGHTNING
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT

Attachment(s)

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

SKETCH PLAN

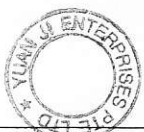
VEHICLE NO.: GBF 2246P
INSURER : Lendac
DATE & TIME: 24/03/2020 @ 1600

IMPORTANT NOTICE

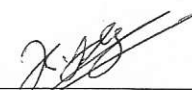
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 25/03/20


Reporting Centre Personnel's Signature
Name: Singyn (AMK)
NRIC/FIN No.: 25/03/2020

On Fire

Ang Makio Drive

ITE College Central

A: 9BF 2246P
(parked, no one in
the van) - On Fire

Vehicle No: 6BF2246P (Lompac)
Date & Time: 24/03/2020 @ 1600 (clear day)
refer to police report no: J/20200324/2099.
P/S: My company would like to seek compensation for the following damaged items that was stated in the police report:
a) One set of equipment (newly bought cable detector @ \$2K++)
c) Two cash cards (total value @ \$100++).

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.

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

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

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



**SINGAPORE
POLICE FORCE**



J/20200324/2099

1 of 2

POLICE REPORT (NP299)

Report No. J/20200324/2099

Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Date/Time Report Made 24/03/2020 20:20	Vide Report No. F/20200324/2074	Station Diary No. 128		
Name Of Informant KATHIRESAN ALAGU	Address APT BLK 533 BUKIT PANJANG RING ROAD #11-801 SINGAPORE 670533			
ID Type / ID No. FIN NO / G7870274K	Contact No. Home/Office Mobile 86666405			
Nationality INDIAN	Email Address			
Occupation PROJECT ENGINEER	Sex Male	Age 33	Date of Birth 22/02/1987	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 24/03/2020 15:50 - 24/03/2020 16:00	Location Of Incident 2 ANG MO KIO DRIVE ITE COLLEGE CENTRAL SINGAPORE 567720			

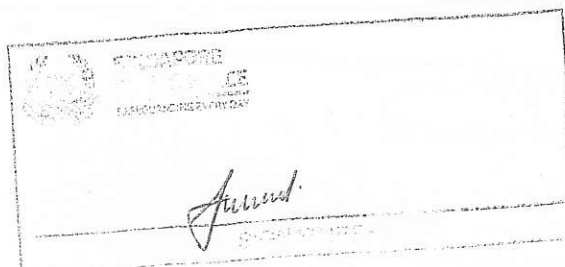
Brief details.

On 24/03/2020 between 1550hrs - 1600hrs, while I was doing my construction work, I discovered that vehicle; a Nissan van; GBF2246P, is emitting smoke. The smoke came out of the engine compartment. I then checked however the smoke got thicker, hence I moved away. I then noticed that a fire started and used a fire extinguisher on it. However, the fire got bigger and I called the Police. Nobody was injured.

The following were damaged:

Signature Of Officer Recording The Report: J / Staff Sgt MUHAMMAD JUMALI BIN JAMAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2020 20:20
Officer In-Charge Of Case: 'F' Div AMK NORTH NPC SSGT SHAHRIL RASHIDI BIN SADLI Contact No.: 64849999	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



J/20200324/2099

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200324/2099

- a) One set of equipment
- b) One set of personal protection equipment
- c) Two cash cards
- d) Project files

I was given a case card with Police reference number: F/20200324/0125 under CSFO Shahril Rashidi, 64849999, by the attending Police officers. I am making this report solely for my insurance claims.

Signature Of Officer Recording The Report: J / Staff Sgt MUHAMMAD JUMALI BIN JAMAL <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2020 20:20
Officer In-Charge Of Case: 'F' Div AMK NORTH NPC SSGT SHAHRIL RASHIDI BIN SADLI Contact No.: 64849999	Classification Of Case:

Authentication Stamp

