

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	25/11/2020 15:58
Date Of Accident	21/09/2020 07:30
Exact Location Of Accident	BUKIT BATOK EXIT TOWARDS PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3717B
Insured/Policyholder	
Name Of Registered Owner	SIN METAL WORKS PTE LTD
Co Reg No	200005923H
Email Address	SIMMETAL@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64812021

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FE83BEOSRDEA (M)
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	Z/20/VC00/106681
Cover Note Number	09/04/2020 - 08/04/2021

Driver

Name of Driver	KRISHNAMOORTHY MANIKANDAN
NRIC No	G2109453L
Date Of Birth	25/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81660718
Fax Number	
Contact Number	OFFICE-98295566
Email Address	NOEMAIL

Address	C/O BLK 5043 ANG MO KIO INDUSTRIAL PARK 2 #01-523
Postcode	569546
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 - CHANGE/CROSS LANE
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)	14
Passenger 1	NAME: : YARASU SIVA GANESH REDDY GENDER: : MALE
Passenger 2	NAME: : CHINNAKUNJI IYAPPAN GENDER: : MALE
Passenger 3	NAME: : MANI SHANMUGAM GENDER: : MALE
Passenger 4	NAME: : NARAYANAN BALAJI GENDER: : MALE
Passenger 5	NAME: : SONAIMUTHU DURAIMANICKAM GENDER: : MALE
Passenger 6	NAME: : MURUGAIA BALASUBRAMANIAN GENDER: : MALE
Passenger 7	NAME: : GANAPATHY RAJAKUMAR GENDER: : MALE
Passenger 8	NAME: : SACHITHANANTHAM ELAVARASAN GENDER: : MALE
Passenger 9	NAME: : PANEERSELVAM KARTHI GENDER: : MALE
Passenger 10	NAME: : THANGAIYA BALASUBRAMANIAN GENDER: : MALE

Passenger 11	NAME: : MARUTHAMUTHU MURUGESAN
	GENDER: : MALE
Passenger 12	NAME: : GANESAN MANIKANDAN
	GENDER: : MALE
Passenger 13	NAME: : GUNASEKARAN VINOTH
	GENDER: : MALE

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 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX1988L
Vehicle Make/Model/Colour	VOLKSWAGEN SCIROCCO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN XING ZHAO
NRIC/Passport Number	
Contact Number	98208311
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

1. VEHICLE NO.: YN3717B
2. INSURER CO: COMPAC
3. ACCIDENT
DATE & TIME: 21/09/2020 @ 0730

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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:

25/11/20

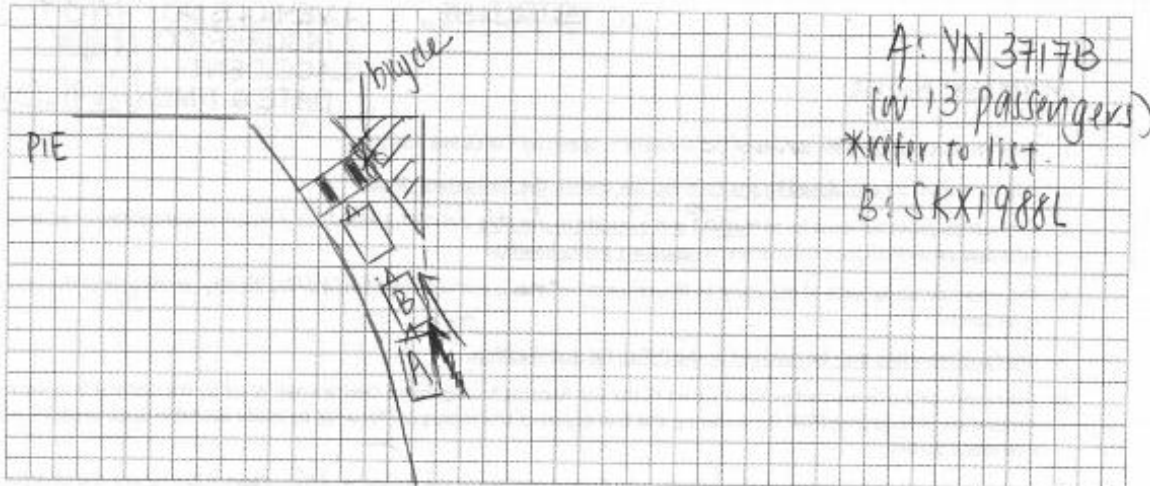
Driver's Signature
(If driver is not the policyholder)
Date & Time:

25/11/2020

Reporting Centre Personnel's Signature
Name: Dinyan (Amar)
NRIC/FIN No.: 25/11/2020

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: VN3717B (Lompac)
 Date & Time: 21/09/2020 @ 0730 (clear day)

I was following front vehicles towards the slip road into PIE, out of a sudden my car SKX1988L cut in from the right & jam brake due to unknown car in front had stopped to give way to cyclist. I quickly apply brake but couldn't in time and thus had a slight contact onto the back of SKX1988L. Upon alighting and after assessment, there wasn't any visible damage found. As such we took some photos and left the scene. I was not aware that I have to file an accident report for no damages found on both vehicles until I received a letter from insurance company that I am required to file a report for record purposes. That's all.

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: (AMK)
 NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party
 () Claim OD/TP at other workshop () Reporting Only

Sketch Plan #3



沈金属工程私人有限公司
SIM METAL WORKS PTE LTD

Bik 5043, #01-523, Ang Mo Kio Ind. Park 2, Singapore 569546

Tel: 6481 2021 / 6482 9925 FAX: 6482 0065

Email: simmetal@singnet.com.sg

Co. Reg. No.: 200005923H GST No.: 20-0005923-H

Date: 25 November 2020

To: Accident Reporting Centre (ARC)

I hereby approve Krishnamoorthy Manikandan, FIN: G2109453L, our employee of Sim Metal Engineering Pte Ltd to drive our vehicle no. YN3717B and to file the accident report (Reporting Only) which occurred on 21 September 2020 at 7.30am along Bukit Batok, heading towards PIE Changi.

* Relationship between Insured and Driver's Company: Employer/Employee

Thank you.

Regards,

A handwritten signature in black ink, appearing to read 'Siow Kim'.



Ng Siow Kim
Director

Name of Owner: Sim Metal Works Pte Ltd

ROC: 200005923H

Contact No.: 64812021 / 98295566

Email: simmetal@singnet.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

