

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	23/10/2020 17:19
Date Of Accident	15/10/2020 15:30
Exact Location Of Accident	TEBAN GARDENS ROAD - FOOD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9617G
Insured/Policyholder	
Name Of Registered Owner	FOSTER ASIA PACIFIC PTE LTD
Co Reg No	199308520D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68616611

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEN (CBU)
Exact Purpose for which vehicle was being used at time of accident	
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/VC00/108763
Cover Note Number	

Driver

Name of Driver	SUGANE S/O RAJA KRISHNAN
NRIC No	S6844669D
Date Of Birth	22/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1998
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92382219
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 111 HO CHING ROAD #02-14
Postcode	610111
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	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)	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

PLEASE REFER TO STATEMENT ON THE SKETCH PLAN.

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	SHD660D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH PORTION
No. Of Passenger (Including Driver)	0

SKETCH PLAN

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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.


PACIFIC PTE LTD
Foster's

Policyholder's Signature

Date & Time:

12.3 OCT 2020



Driver's Signature

(If driver is not the policyholder)

Date & Time:


MOVA AUTOMOTIVE

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Natasha
16/10/2020



**SINGAPORE
POLICE FORCE**



T/20201016/2022

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201016/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2020 11:44	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: SUGANE S/O RAJA KRISHNAN			Address: APT BLK 111 HO CHING ROAD #02-14 SINGAPORE 610111		
ID Type / ID No.: NRIC NO / S6844669D			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/10/2020 15:30	Type of Location: Car Park
Location: TEBAN GARDENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD660D	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR		Slightly Damaged	0
YP9617G	Truck	MITSUBISHI	CANTER FEB71ER4S DEN (CBU)		No Damage	0



**SINGAPORE
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T/20201016/2022

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201016/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	Mr Yoh	ID No.	S1216396G
Related Vehicle	SHD660D (Car)	Contact No.	88098339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUGANE S/O RAJA KRISHNAN	ID No.	S6844669D
Related Vehicle	YP9617G (Truck)	Contact No.	92382219
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 15/10/2020 at about 1530hrs, My vehicle was parked in Teban Market's Food Centre carpark. My vehicle was parked on the right side of a Transcab vehicle SHD660D(carpark lot 139). I drove out of the lot and turned left however the side portion of my vehicle collided into the side of the Transcab's front bumper, resulting in the Transcab's bumper falling off. I then left a piece of paper containing my contact information on the Transcab's windshield. The owner of the Transcab then contacted me in the evening. I was informed by my company to lodge a traffic accident report as my vehicle belongs to my company. I noticed that there was an in-car camera installed in the Transcab vehicle.

No foreign vehicle, no government property involved, no one injured.



**SINGAPORE
POLICE FORCE**



T/20201016/2022

3 of 3

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Report No. T/20201016/2022

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:

J /
Sgt 2 TAN CHIN ANN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/10/2020 11:44

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

Classification Of Case:

SN 126

Authentication Stamp
NP168



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



ACCIDENT SCENE PHOTO

