

## 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	17/10/2020 18:04
Date Of Accident	16/10/2020 19:55
Exact Location Of Accident	BRADDELL FLYOVER TOWARDS PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1252T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TECHNIK ASIA PTE LTD
Co Reg No	201132385N
Email Address	CHIEWCHI@BUILDINGRESOURCESGROUP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68617091

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-3.0 5MT ABS AB 5DR LWB PANEL (A)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	Z20VC05005010
Cover Note Number	

### Driver

Name of Driver	KARRI VENKATESWARA REDDY
Passport No/FIN	G7352821L
Date Of Birth	14/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2020
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94863929
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	111 NORTH BRIDGE ROAD #13-06 PENINSULA PLAZA
Postcode	179098
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	SIDE SWIPE
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)	6
Passenger 1	NAME: : AJMUL GENDER: : MALE
Passenger 2	NAME: : GAPPAR GENDER: : MALE
Passenger 3	NAME: : HANNAN GENDER: : MALE
Passenger 4	NAME: : LAKSHMAN GENDER: : MALE
Passenger 5	NAME: : SUMUN 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

PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAILS.

#### 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	GBK4395C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MOHAMMAD NORMAN SAH BIN ABU BAKAR

NRIC/Passport Number

Contact Number

91870414

Address

Postcode

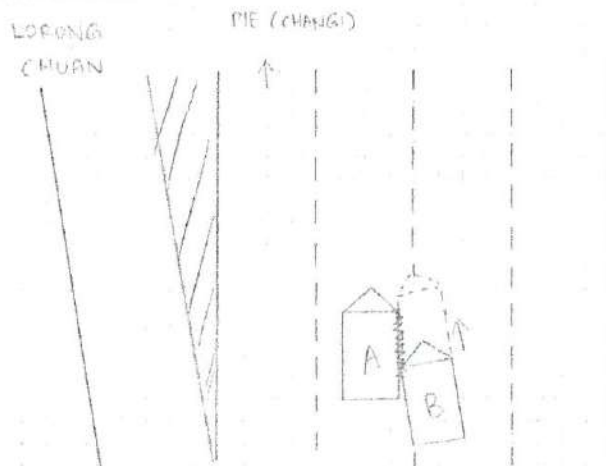
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN



Vehicle A: GBC1252T

Vehicle B: GBK4395C

BRADDELL FLYOVER TOWARDS

PIE (TUAS)

LAMP POST 261

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16/10/2020 AT ABOUT 7:56PM, I WAS DRIVING MY VEHICLE GBC1252T ALONG BRADDELL FLYOVER TOWARDS PIE (TUAS). LANE 4 OF BRADDELL FLYOVER HAD A TRAFFIC JAM, AFTER I CHECK THE LANE 3 IS CLEAR OF VEHICLE THEN I SLOWLY CHANGE TO LANE 3. WHEN I WAS DRIVING SLOWLY IN LANE 3, SUDDENLY I FELT AN IMPACT FROM RIGHT SIDE AND I STOPPED MY VEHICLE. VEHICLE B HIT ON MY VEHICLE AND DO NOT HAVE STOP SO CAUSED MY VEHICLE RIGHT SIDE DAMAGE. WE EXCHANGE PARTICULARS AND TOOK PHOTO. NOBODY INJURED IN THIS ACCIDENT.

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.:

**SKETCH PLAN**

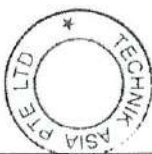
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**8. Consent under the Personal Data Protection Act (PDPA)**

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:

*K. Muthu*

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



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



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



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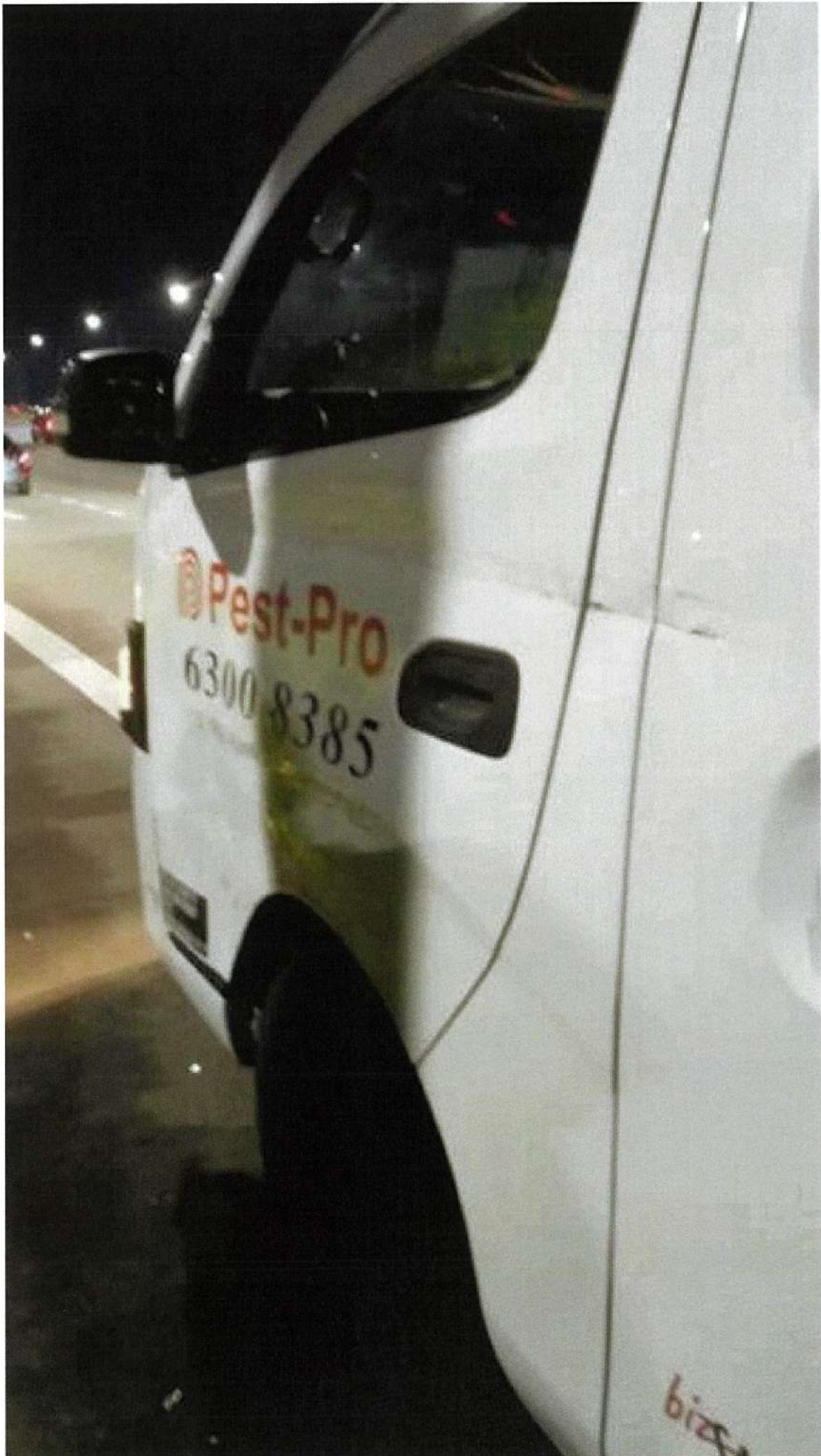




Accident Photo



Accident Photo



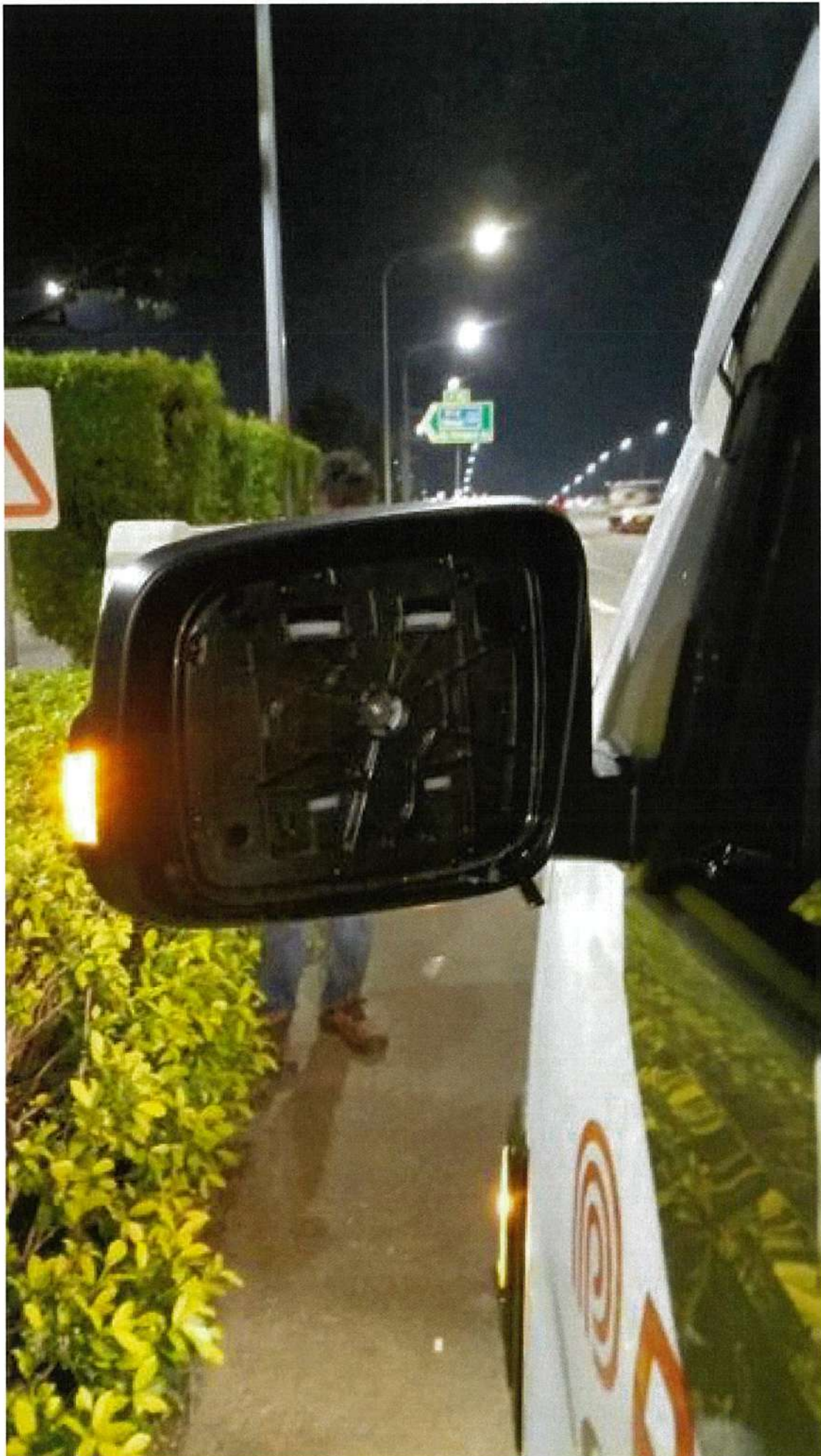


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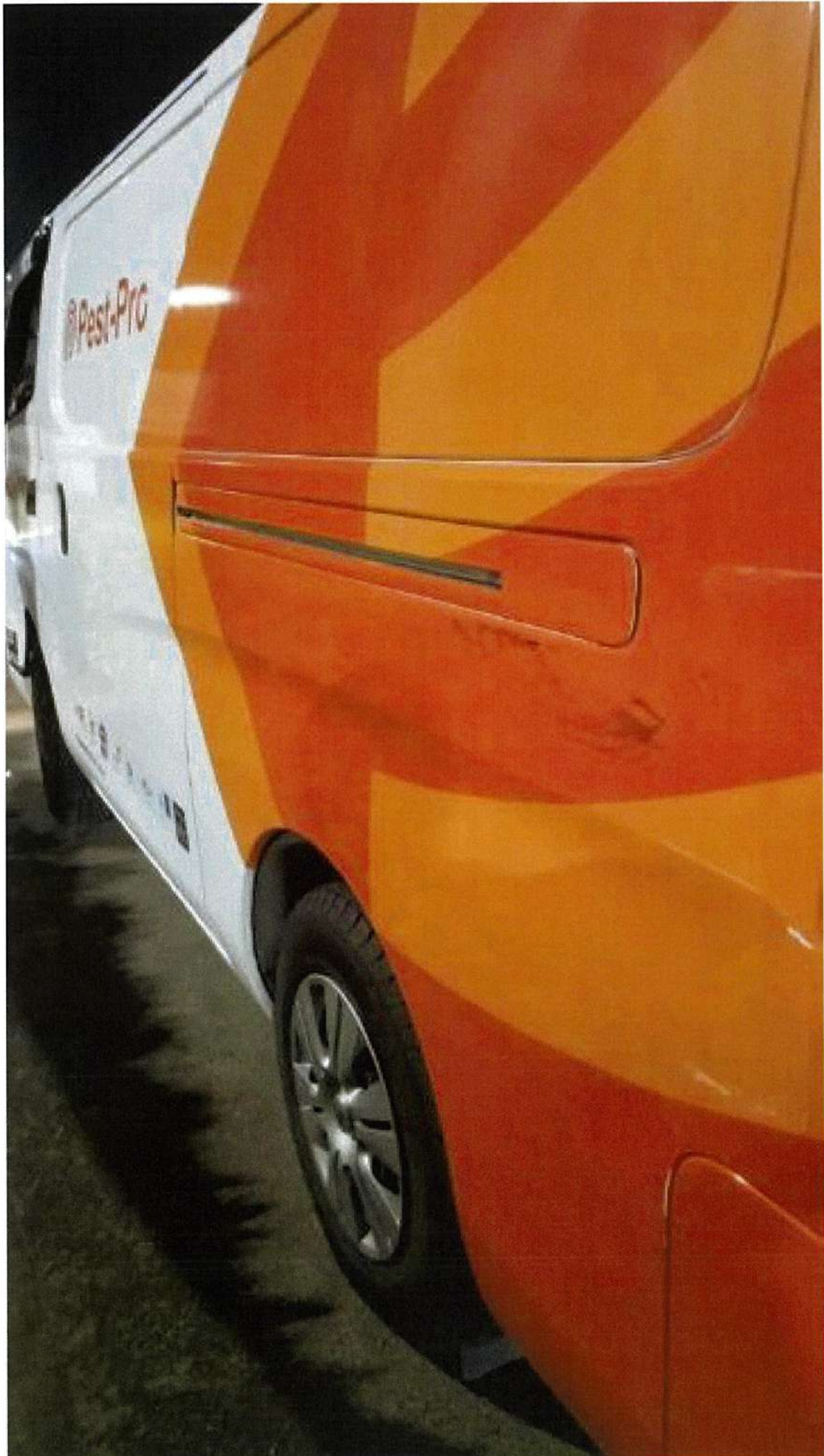


Accident Photo





Accident Photo



Accident Photo

