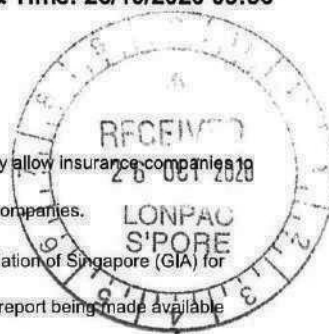


SINGAPORE ACCIDENT STATEMENT

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	26/10/2020 09:51
Date Of Accident	22/10/2020 07:20
Exact Location Of Accident	ALONG KAKI BUKIT AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK16B
Insured/Policyholder	
Name Of Registered Owner	LIM TECK YONG BUILDING CONSTRUCTION PTE LTD
Co Reg No	199803300E
Email Address	LTYCONST@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62665515

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
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	Z/20/VC00/105995
Cover Note Number	

Driver

Name of Driver	NATARAJAN SURESH
NRIC No	F8239976M
Date Of Birth	10/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2014
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94668465
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NA
Postcode	
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 - MAJOR/MINOR RD
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

REFER 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	SLP5266R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97686900
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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. The 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 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.



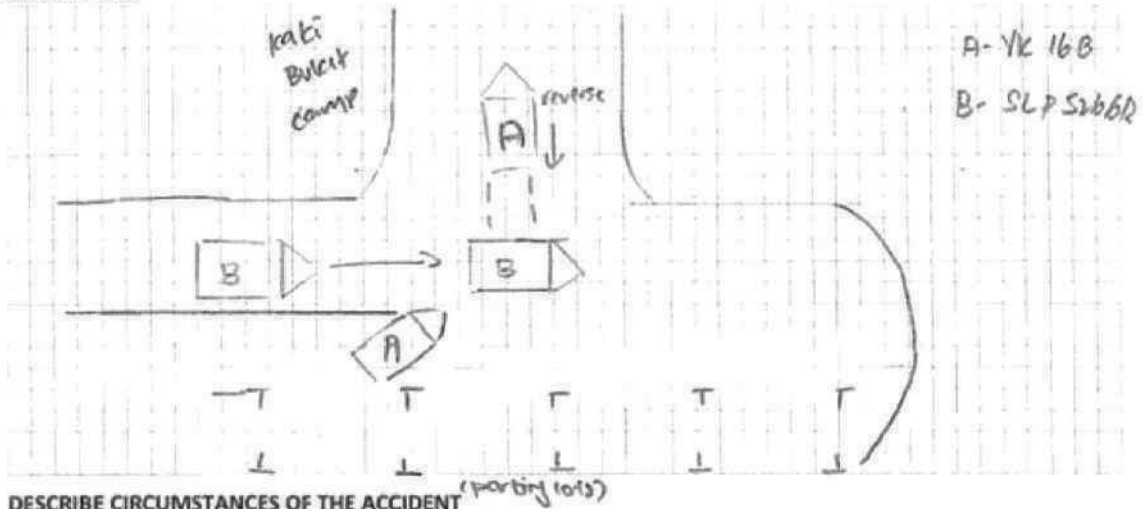
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 22/10/20 @ 0720 hrs

Accident Location : Kaki Bukit Ave 4

I was at the mentioned location. I wanted to park at a parking lot so I proceeded to reverse my vehicle. I checked for oncoming vehicles before reversing.

Suddenly I felt an impact on the rear portion. Vehicle @ had driven at a relatively fast speed and our vehicles collided. No injury was involved.

☒ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**
You have been advised by the website that in the event that you wish to claim against your purchase, **Class Damage Claim**, there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20201025/2034

1 of 2

POLICE REPORT (NP299)

Report No. J/20201025/2034

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

Date/Time Report Made 25/10/2020 13:35		Vide Report No.		Station Diary No. 57	
Name Of Informant NATARAJAN SURESH		Address			
ID Type / ID No. FIN NO / F8239976M		Contact No. Home/Office		Mobile 94668465	
Nationality INDIAN		Email Address			
Occupation Lorry driver		Sex Male	Age 46	Date of Birth 10/07/1974	Race Indian
Institution/School Name		Language			
Date/Time Of Incident 22/10/2020 07:20 - 23/10/2020 08:30		Location Of Incident KAKI BUKIT AVENUE 4 SINGAPORE			

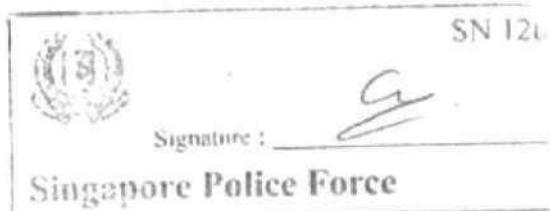
Brief details.

On 22/10/2020, at around 0720hrs, I was involved in an accident with a Grab private hired driver (HP: 97686900) with the vehicle SLP5266R, along Kaki Bukit Ave 4 and, near to 5 Star Dormitory and Kaki Bukit Camp.

After getting out from the vehicle, this said driver was very rude and fierce to me. He was very unreasonable and demanding towards me. He was trying to push all the blame to me regarding the said accident. However, he did not scold me nor use any vulgarity at me. He gave me his phone number only, refused to exchange particulars with me and asked me to ask my employer to call him using the given

Signature Of Officer Recording The Report: J / SC2 CHENG DEREN	Signature Of Informant: <i>N. Suresh</i>
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2020 13:35
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp ONG HWEE PENG Contact No.:	Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



J/20201025/2034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201025/2034

number, as he did not want to listen to any of my explanation.

My employer then later called the said driver and he said he wanted us to settle for the repairment of the rear passenger door. My employer then understood the accident details from me. As my employer and I thought that both accident parties were at fault, my employer proposed a solution of splitting the repairment cost with him however he was uncooperative with us and unresponsive towards the proposed solution. I wish to say that from the process of settling the repairment cost, I can tell that the driver was being unreasonable and demanding.

My employer was afraid of the driver taking advantages of foreign workers like me. I did not wish to pursue on this matter and I am lodging this report for company's record purpose and to prevent any allegation made by the Grab driver in future. I have settled the traffic adccident company with the insurance comppany, thus do not require Traffic Police's investigation.

Signature Of Officer Recording The Report:

J / SC2 CHENG DEREN

Signature Of Interpreter:
Not applicable

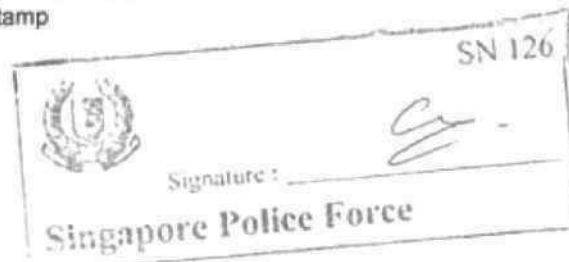
Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp ONG HWEE PENG
Contact No.:

Signature Of Informant:

Date/Time:
25/10/2020 13:35

Classification Of Case:

Authentication Stamp



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MHH120093406 Vehicle Registration No: YK 168
Lim Teck Yong Building
 Name(as shown in NRIC) : construction pte ltd NRIC/FIN/Passport No : _____
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : 62665515 Mobile No. : _____
 Email Address : _____
 Date of Accident : 22/10/2020 Time of Accident : 0730
 Place of Accident : Kaki Bukit Ave 4
 Insurance Company : Lonpac

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach Police report
To update sketch map

Policyholder / Driver's Signature
Date:


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

Accident Photo



Accident Photo



