

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 22/10/2020 14:42
Date Of Accident 21/10/2020 23:00
Exact Location Of Accident PIONEER ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB5815Z

Insured/Policyholder

Name Of Registered Owner LANDSCAPE ENGINEERING PTE LTD
Co Reg No 1XXXXX617N
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-68832216

Vehicle Particulars

Manufacturer TOYOTA
Model DYNA 150 MANUAL 3SEATER-3.0 D (M)
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? 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/VC06/105804
Cover Note Number

Driver

Name of Driver DURAIKANNU SELVAM
Passport No/FIN GXXXX890L
Date Of Birth 24/06/1997
Occupation INDOOR
Date Of Driving Pass 28/03/2019
Driving Experience 1 YEAR AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83107789
Fax Number
Contact Number
Email Address NOEMAIL

SKETCH PLAN



A: 66F 5815Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PIONEER ROAD
AND MY TYRE PUNCTURE SO MY LORRY
WENT UP THE KERB AND HIT THE PILLAR.

PILLAR NO DAMAGE.

VEHICLE WAS TOWED TO K. KEM HYN AUTO.

MY LEFT ARM GOT CUT BY GLASS.

DECLARATION

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



Policyholder's Signature

Date & Time: _____

Company Chop (if applicable)

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/10/2024



Reporting Centre Personnel's Signature

Notes

NRIC/FIN NO.