

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 Submission	08/12/2020 20:01 (SGT)
Date of Accident	07/12/2020 11:30 (SGT)
Exact Location of Accident	Kranji Way, Singapore
Additional Location Information	LAMP POST 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6634B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LANDSCAPE ENGINEERING PTE LTD
Company Reg No	1XXXXX617N
Email Address	LANDSCAPE@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-68832216
Alternative Phone No	+65-68832216

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV51JJD4RDEA
Variant	-
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
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/19/VC06/105716
Cover Note Number	-

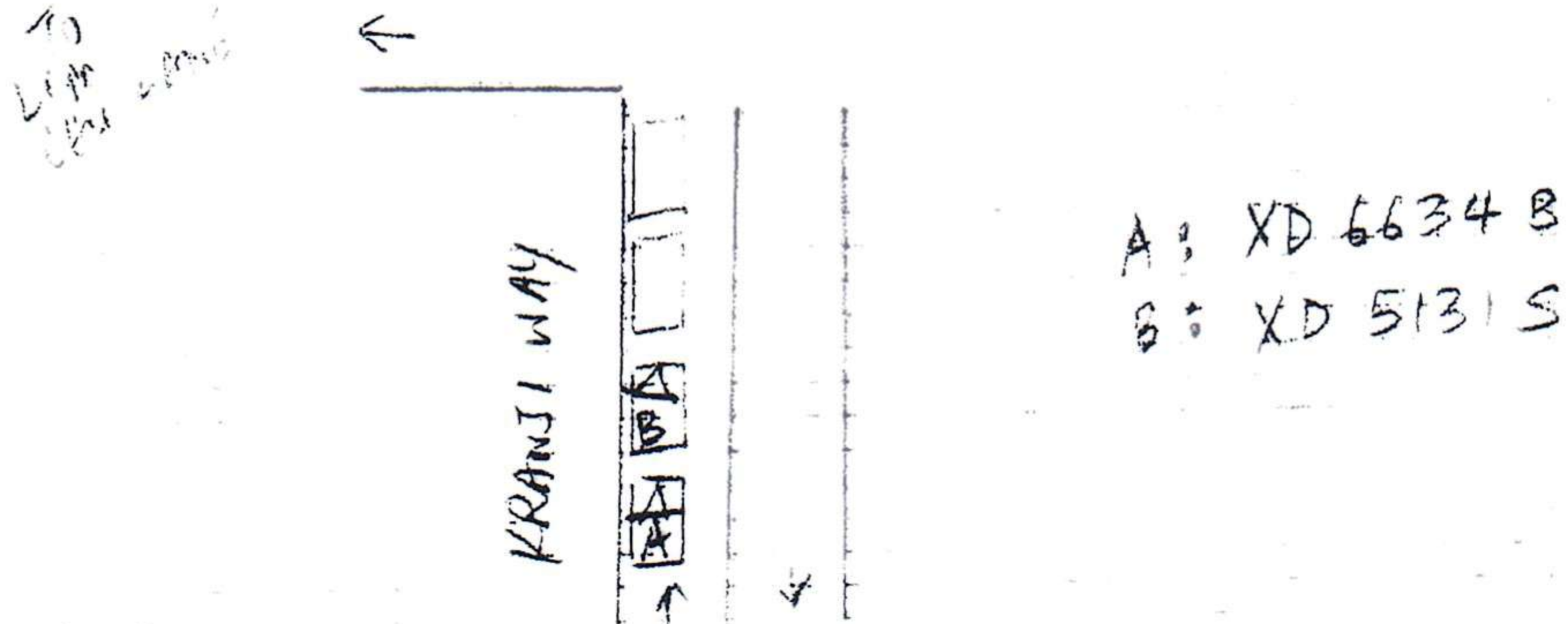
DRIVER

Name of Driver	VALLATHARASU RAMU
Passport No/FIN	FXXXX507R
Date Of Birth	25/10/1967
Occupation	Indoor

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FRONT TIPPER WIPPY STOP . I BRAKE
BUT COULD NOT STOP IN TIME AND HIT
VEHICLE B REAR PORTION .

NO ONE INJURED.

DECLARATION

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

Policyholder's Signature _____

Driver's Signature

Reporting Centre Personnel's Signature