

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 16/12/2020 15:59 (SGT)
Date of Accident 14/12/2020 09:00 (SGT)
Exact Location of Accident 192 Pandan Loop, Singapore 128381
Additional Location Information PANTECH BIZ HUB
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN2677P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VTRANS INTERNATIONAL FREIGHT AND LOGISTICS PTE.LTD
Company Reg No 2XXXXX397Z
Email Address kuna@vtrans.com.sg
Mobile Phone No (Phone) +65-96316151
Alternative Phone No +65-81357775

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fk61fmj1rdea
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Lonpac
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z20VC05006142
Cover Note Number -

DRIVER

Name of Driver MATHAN S/O TANGAVELLU
NRIC No SXXXX066A
Date Of Birth 02/04/1985
Occupation Outdoor

Date Of Driving Pass	25/08/2008
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87931694
Alt. Phone Number	-
Email Address	mathandrummer@gmail.com
Address	BLK 165 BUKIT BATOK WEST AVENUE 8
Address complement	#03-276
Postcode	650165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO 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

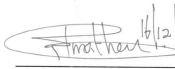
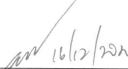
Vehicle Registration Number	GU4387P
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR CHUA
Contact Number	(Phone) +65-92701481
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

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

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.

	 16/12/2020	 16/12/2020
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time SONDON LOOP C PANTTECH BIZ HUBS	Witnessed by Reporting Centre Personnel

A) Y/N 2677P

B) GU 4387P

Describe Circumstances of the Accident

I was at the Gantry of Bantech Park Hub at Pandan Loop.
I suddenly need to Reverse for the Gantry to open.
And I move off.

Suddenly the said vehicle Gu 4387P stop me and
inform me that he will reversing my vehicle to 2677P
hit him.

We did not exchange any particulars, except for
contact no and name. That's all.

Declaration

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



[Signature] 16/12/2020
1530hrs

[Signature] 16/12/2020







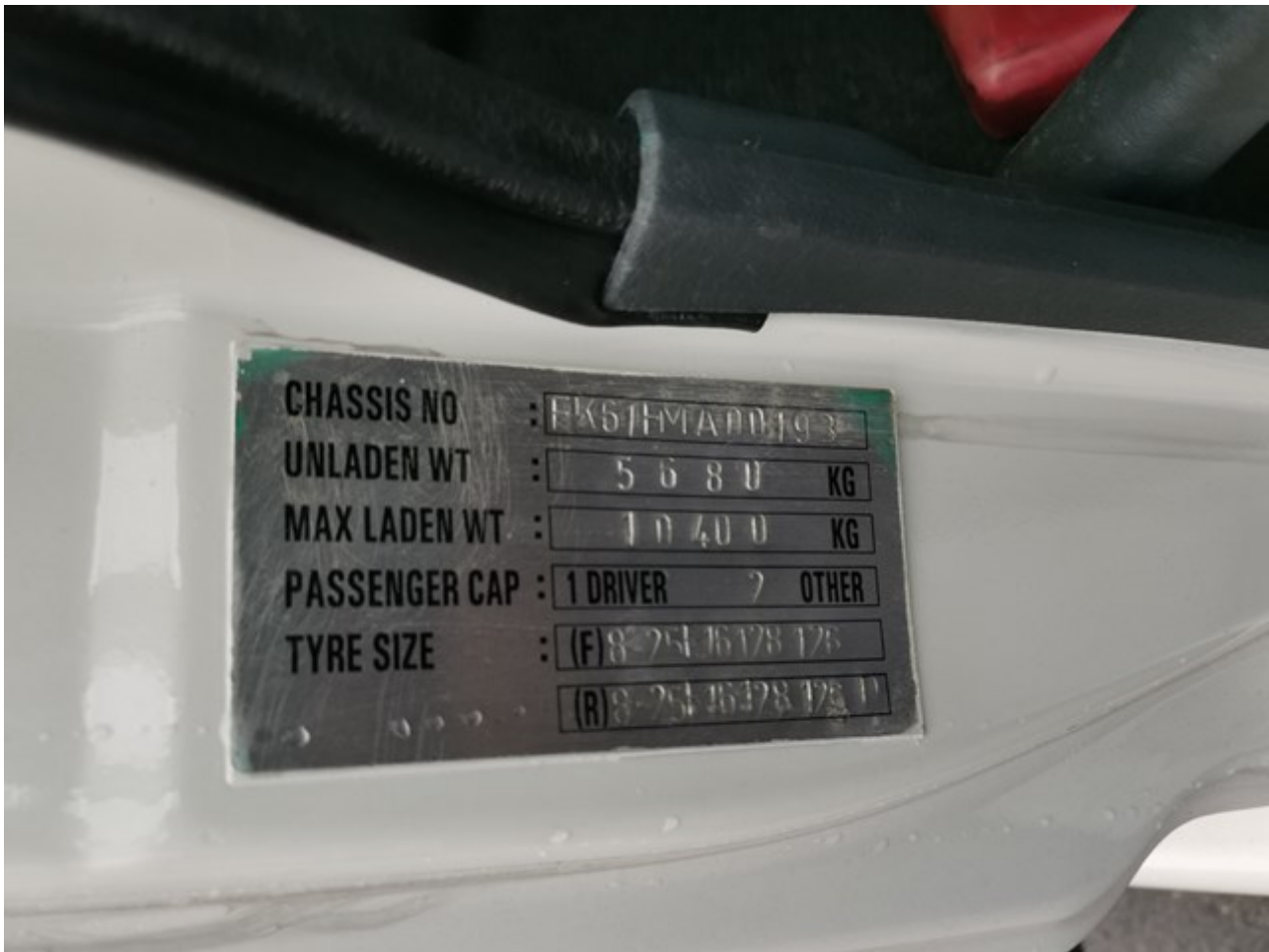














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66500202 / GST Reg. No.: M400017795

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: SN0820CG0005 Vehicle Registration No: YN 2677P
 Name (as shown in NRIC): PONNAM S O THIRUMATH NRIC/FIN/Passport No: S66500202
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 14/11/2020 Time of Accident: 09:00
 Place of Accident: 192 PONNAM LOOP PONNAM AIRTHUR
 Insurance Company: COMPA

(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:

POLICY NUMBER IS 220VCS006142

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: 18/11/2020