

# SINGAPORE ACCIDENT STATEMENT

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## 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	15/01/2021 18:09 (SGT)
Date of Accident	15/01/2021 11:45 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	JUNCTION OF JALAN BUKIT MERAH AND HENDERSON ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9238T
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SECUREX GS PTE. LTD.
Company Reg No	201135576K
Email Address	CAREN.TAN@SECUREX-GS.COM
Mobile Phone No	(Phone) +65-97619212
Alternative Phone No	+65-97619212

### VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Partner
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	ThirdParty
Fleet Policy	No
Policy Number	Z/20/VC00/106596
Cover Note Number	-

### DRIVER

Name of Driver	SALLEH BIN KARDI
NRIC No	S7809760D
Date Of Birth	15/04/1978
Occupation	Outdoor

Date Of Driving Pass .....	14/08/2007
Driving experience .....	13 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96858725
Alt. Phone Number .....	-
Email Address .....	SALLEH.KARDI@SECUREX-GS.COM
Address .....	APT BLK 430 BUKIT PANJANG RING ROAD
Address complement .....	#09-733
Postcode .....	670430
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 .....	Collision - Head to Rear
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

#### EASE REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMW5632T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN E WEI BERNARD
NRIC No .....	S7010400H
Contact Number .....	(Phone) +65-98329397
Address .....	-
Address complement .....	-
Postcode .....	-



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

SKETCH PLAN

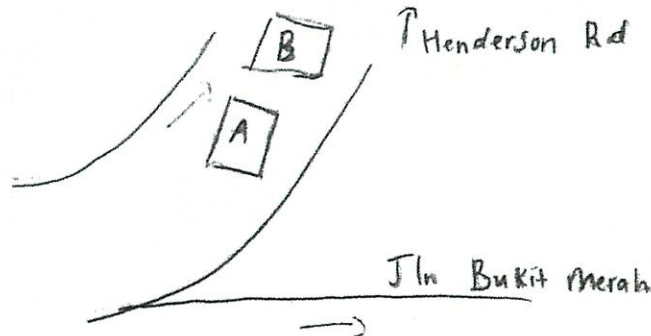
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  - 8 Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may/are permitted to collect, use, disclose and/or 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' law yers/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' law yers/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 law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
 15 JAN 2021  
 Sketch Plan

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

Witnessed by Reporting Centre Personnel



A = GBA 9238 T  
 B = JmW 5632 T


Describe Circumstances of the Accident


LICENSE PLATE: <u>GBA 9238 T</u>	ACCIDENT DATE & TIME: <u>15/01/21 @ 1145hrs</u>
CONTACT NUMBER: <u>96858725</u>	E-MAIL ADDRESS: <u>fatteh-karohi@securex-gs.com</u>
LOCATION: <u>Junction of Jalan Bukit Merah and Henderson Rd.</u>	
<p>On 15-01-2021 at about 1145hrs, while driving my company van, GBA 9238 T, along Jalan Bukit Merah and turning left into the slip road to Henderson Rd. There was a Grey BMW 5632 T, in front of my van and while waiting for my turn to move out of the slip road. Before I step on my accelerator, I saw the car in front had moved so I decided to check my blind spot on the right and start to move my vehicle. While accelerating, I saw the car in front of me suddenly stop. I applied E-brake but to no avail and hit the bumper of the car.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input checked="" type="checkbox"/> Reporting Only

Declaration

We declare the foregoing particulars are true in every respect

  
  
 15 JAN 2021  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel



























