

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 12/01/2021 18:35 (SGT)
Date of Accident 12/01/2021 08:20 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD1722Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GSM Cleaning Service
Company Reg No 50281332G
Email Address viknesh.waren1@gmail.com
Mobile Phone No (Phone) +65-91421511
Alternative Phone No +65-91421511

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Lonpac
Type of Coverage ThirdParty
Fleet Policy No
Policy Number Z20VC05005791
Cover Note Number -

DRIVER

Name of Driver G S Viknesh
NRIC No S9921762F
Date Of Birth 06/07/1999
Occupation Indoor

Date Of Driving Pass	07/10/2019
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91421511
Alt. Phone Number	-
Email Address	viknesh.waren1@gmail.com
Address	Blk 26, Jalan Berseh Kelantan Lane, #15-158
Address complement	-
Postcode	200026
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no: T/20210112/2053.

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	Unknown
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	Unknown
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	G S Viknesh
Address	Blk 26, Jalan Berseh Kelantan Lane, #15-158
Address Complement	-
Post Code	200026
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD1722Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

☐ Claim Own Damage ☐ Claim TP ☒ Reporting Only ☐ Claim OD TP at other workshop

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/2010112/2013

DECLARATION

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



Policynholder's Signature
Date & Time



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

G. Smith 12/1/21

Reporting Centre Personnel's Signature
Name:
WRIC/IRN No:

R 12/1/21

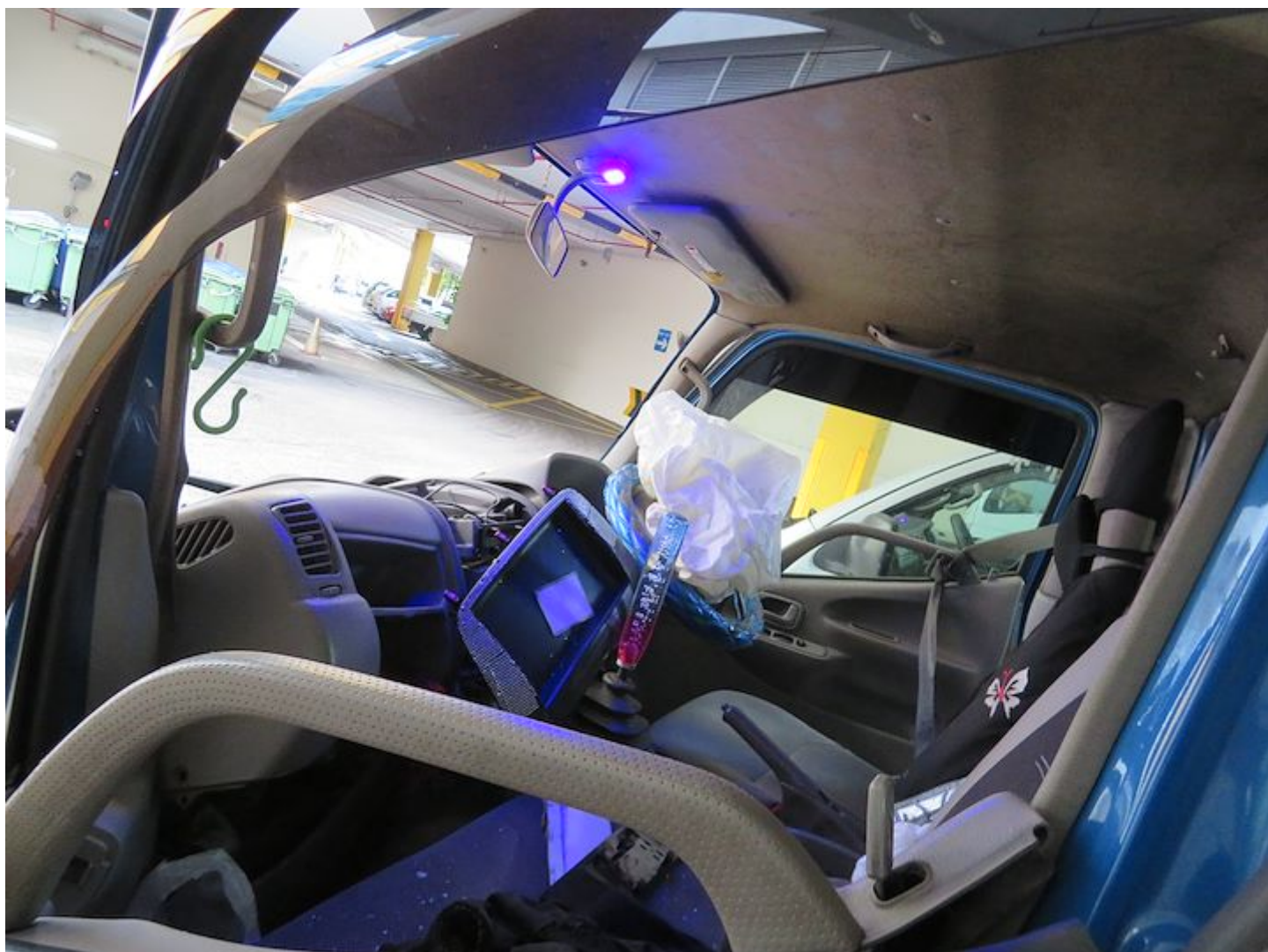


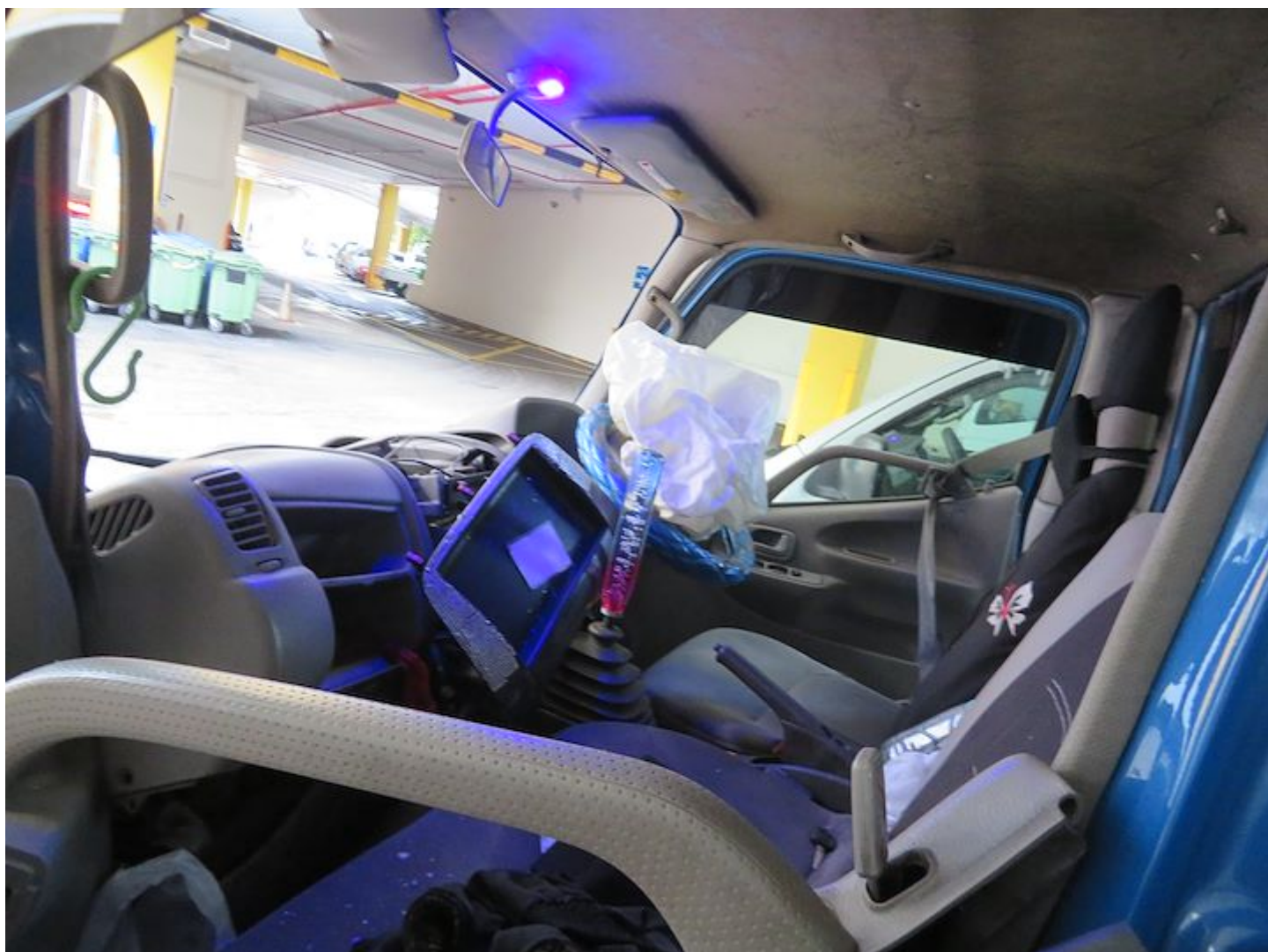


































**SINGAPORE
POLICE FORCE**



T/20210112/2053

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3




Report No. T/20210112/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sr Staff Sgt AHMAD FAHEEM BIN ABDUL RAZAK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2021 13:41
Officer In Charge Of Case: TP / GIT / Sgt 3 ABDUL MUHAJIB BIN HUSSAIN Contact No.: 65476090	Classification Of Case:
Authentication Stamp  SIGNATURE 	



**SINGAPORE
POLICE FORCE**



T/20210112/2053

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210112/2053

CONTINUATION OF REPORT

Driver			
Name	G S VIKNESH	ID No.	S9921762F
Related Vehicle	GBD1722Z (Lorry)	Contact No.	91421511
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 12/01/2021 at around 0820hrs, I was in my vehicle GBD1722Z, travelling along PIE towards BKE. The traffic was congested and the road was wet due to the heavy rain. On the slip road into BKE, there was a slight right bend. I was on the middle lane of the 3 lane road. While negotiating the bend, I overturned the vehicle. I felt the vehicle had skidded and as such I tried to steer the vehicle back. However I lost control of the vehicle and the vehicle skidded to the left lane, hitting the rear of an orange motorcycle. I believed my vehicle had hit onto the road barrier which is by the road shoulder. I then stopped by vehicle and alighted to check on the motorcyclist. Soon after, ambulance and Traffic Police arrived and attended to us. I am unable to recall the vehicle number of the motorcycle. The motorcyclist was conveyed to unknown hospital via ambulance. I was then instructed to lodge a traffic accident report by the Traffic Police Officer. I then called my own towing company and towed the vehicle away. I saw that the motorcyclist had injured his right arm. I am unsure of any other injuries that he could have suffered.

For myself, I am currently feeling pain on my right knee.



**SINGAPORE
POLICE FORCE**



T/20210112/2053

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210112/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2021 13:41	Vide Report No.: E/20210112/0037	Station Diary No.: 62
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Informant's Particulars

Name of Informant: G S VIKNESH	Address: APT BLK 26 JALAN BERSEH #15-158 SINGAPORE 200026		
ID Type / ID No.: NRIC NO / S9921762F	Contact No.: Home/Office: Mobile: 91421511		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 21	Date of Birth: 06/07/1999	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name: Ngee Ann Polytechnic
Occupation: Student	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2021 08:20	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1722Z	Lorry	TOYOTA	DYNA 3.0 MANUAL	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
 ROAD TRANSPORT ACT 1987 (MALAYSIA).
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
 THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z20VC05005791

Type of Cover: THIRD PARTY

1. Index Mark and Vehicle Registration Number

 TOYOTA DYNA 3.0 MANUAL
 - GBD1722Z

2. Name of Policy Holder

GSM CLEANING SERVICE

 3. Effective Date of the Commencement of Insurance
 for the purpose of the Act

23/07/2020

4. Date of Expiry of the Insurance

22/07/2021

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

KC : Tel: 8282 0101

Email: lapanlapansatu@gmail.com

 CHIEF EXECUTIVE
 (Singapore Branch)

User ID: TI2002

Date Issued: 23/07/2020