

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 18/02/2021 17:35 (SGT)
Date of Accident 12/02/2021 17:15 (SGT)
Exact Location of Accident Gul Dr, Singapore
Additional Location Information L/P NO 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD8043T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROYAL'S ENGINEERING & TRADING(S)PTE LTD
Company Reg No 2XXXXX382D
Email Address ROYALSENGINEERING@YAHOO.COM.SG
Mobile Phone No (Phone) +65-63843766
Alternative Phone No +65-90682048

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FV51JJD4RDEA
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 Z20VC05006217
Cover Note Number -

DRIVER

Name of Driver ANTHONI ARULRAJ
Passport No/FIN GXXXX066W
Date Of Birth 20/04/1977
Occupation Outdoor

Date Of Driving Pass	03/11/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90569857
Alt. Phone Number	-
Email Address	ROYALSENGINEERING@YAHOO.COM.SG
Address	NO 3 GUL DRIVE
Address complement	-
Postcode	629455
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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBF8723P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMU SUNDARAM
Work Permit No	-1
Contact Number	(Phone) +65-85880663
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

A. Ang

Sym 18/02/21

Sketch Plan



A-XD8043T

B-GBF8723P

Describe Circumstances of the Accident

I parked my veh at no 5 Gul Drive 4/p 6, There was ^{I was inside my veh}
no veh parked behind my veh. When I proceed to
drive off, I have to reverse coz infit there was veh
near to my veh. While reversing, I felt the ^{bang} impact
and I get out from my veh. Then I saw ^{that my veh} ~~that~~ was
veh hit the veh B front portion.

Declaration

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



Policyholder's Signature / Date & Time

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

afgar 18/02/21
Witnessed by Reporting Centre Personnel















08 Jan 2020 08:01PM HP Fax
PR-2010 09:54

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MUTUAL SETTLEMENT

We, the undersigned had agreed to settle mutually among ourselves in regards to an accident on (date) 12/02/2021 (time) 17:15 involving motor vehicles G7E8723P and XD8043T at/along 5, GUL DRIVE LP 6

It is further agreed that we will not be reporting this accident to the relevant authorities and insurers and there will not be any claims or actions against each other parties whatsoever including but not limited to property damage, loss of use, rental expenses and bodily injury that may arise out of and in the course of the accident. In the event that any parties lodged a report, the respective party will undertake to withdraw their report(s) and we will bear our own repair cost.

Dated in Singapore the 16 day of FEBRUARY 2021

Vehicle No. : G7E8723P Vehicle No. : XD8043T

Signature : [Signature] Signature : [Signature]

Name : R. Sundaram Name : ARUL RAJ

NRIC No. : 031186358 NRIC No. : G7121066W

Contact No. : 85880662 Contact No. : 90569857

Address : RIZZEN UNIT 03-16 Address : 65, UPI RD-1

280 HARVEY ROAD LANE MES #02-86 - 408729
05 73 22.

Witness Signature : _____
Name : _____
NRIC No. : _____

NOTE: NO FUTURE CLAIM FOR THIS INCIDENT
16/2/2021 / [Signature]
Remove NOT for credit class