



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	09/03/2021 17:33 (SGT)
Date of Accident	08/03/2021 17:45 (SGT)
Exact Location of Accident	Yishun Street 71, Singapore
Additional Location Information	BLK 722 YISHUN ST 71 OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5887U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHAI-KLIN
Company Reg No	53190124J
Email Address	shaipul@shai-klm.com
Mobile Phone No	(Phone) +65-88700124
Alternative Phone No	+65-88700124

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe83be6srdea
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	Goods vehicle

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	Z20VC05005600
Cover Note Number	-

DRIVER

Name of Driver	ASADAR BIN OSMAN
NRIC No	S0165636H
Date Of Birth	29/08/1952
Occupation	Outdoor

Date Of Driving Pass	19/09/1994
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88700124
Alt. Phone Number	-
Email Address	shaipul@shai-klin.com
Address	B
Address complement	-
Postcode	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HAIRIL
Gender	Male

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

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	SHD4041F
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

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.

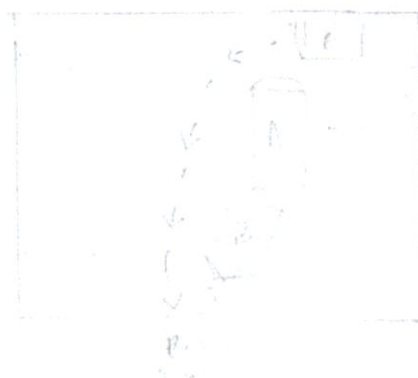
SHAI-KLIN
50 Chin Swee Road #09-04
Thong Chai Building
Singapore 169874
Co.Reg.No: 53190124J

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident

Accident happened on 08/07/2021 @ 17:45 at Blk 722 Jinhua
st fl open car park.

I had parked beside veh SHD 4041P and went to deliver
the goods. When I came back to my vehicle, veh B
driver gesture me to move my vehicle as he intends to
go out. I reversed my vehicle and let veh B come out
of its parking lot. I kept reversing as I intends to go
out when suddenly I felt an impact. Veh B which had
moved out decided to also reversed its vehicle and thus
both our vehicles collided.

Nobody was injured.

shapul@shai-kin.com (8870 0124)

☒ Reporting only

☐ Claim OD/TP at other Workshop

pax - H/M/V/L

no w/l

Declaration

We declare the foregoing particulars are true in every respect.

SHAI-KLIN
50 Chin Swee Road #09-04
Thong Chai Building
Singapore 169874
Co. Reg. No: 53190124J

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel











