

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 28/04/2021 16:11 (SGT)
Date of Accident 27/04/2021 14:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information 31 ADMIRALTY RD STOREHUB CAR PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM8741C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOME OF SEAFOOD (S) PTE LTD
Company Reg No 201509449R
Email Address borhan@homeofseafood.com
Mobile Phone No (Phone) +65-91816811
Alternative Phone No (Office) +65-64425180

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FE84BE6SRDEA
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
Transmission Manual
CC 2977

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number Z20VC05005657
Cover Note Number -

DRIVER

Name of Driver MOHAMED BORHAN BIN MOHAMED JAAFAR
NRIC No S7933118Z

Date Of Birth	13/11/1979
Occupation	Indoor
Date Of Driving Pass	10/05/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91816811
Alt. Phone Number	-
Email Address	borhan@homeofseafood.com
Address	BLK 202B SENGKANG EAST RD #08-74
Address complement	-
Postcode	542202
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collided into Parked Vehicle
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

REFER TO ATTACH.

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	SLW2033D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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.

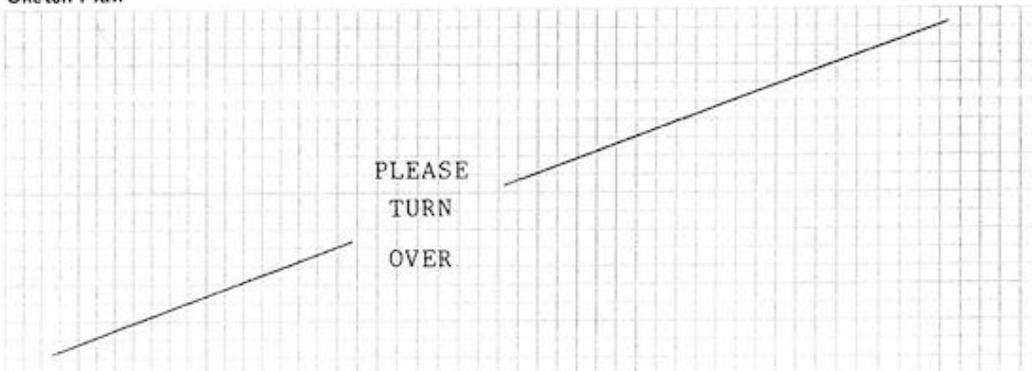
1. VEHICLE NO.: YM 8741C
2. INSURER CO.: Lompac
3. ACCIDENT
DATE & TIME: 27/4/21 @ 14:30

Policyholder's Signature / Date & Time

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

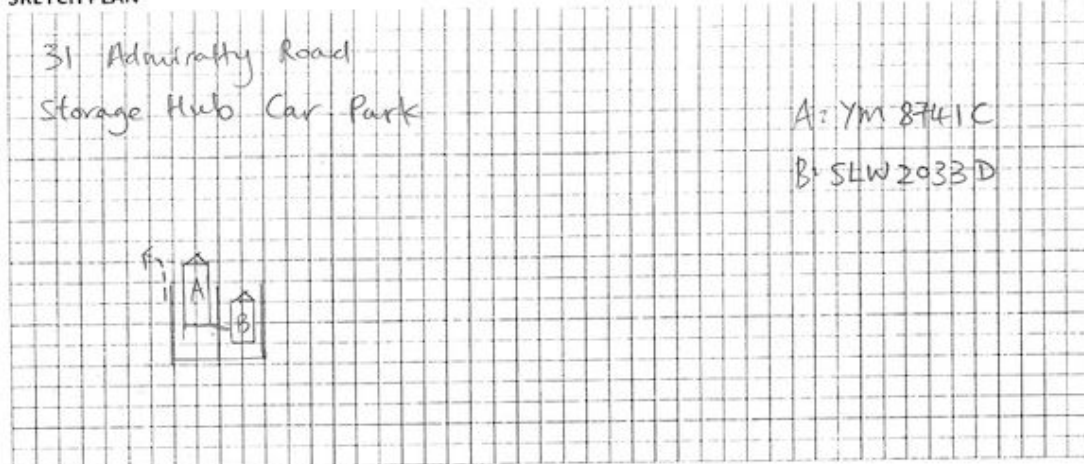
Witnessed by Reporting Centre Personnel (YS)

Sketch Plan



PLEASE
TURN
OVER

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

moving off after loading and unloading at the carpark bay and forget to close my tailgate. I make a left turn to move out and unaware that my tailgate scratch the car beside.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

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.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()





















Date : 28/4/21

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Mohamed Borhan Bin Mohamed Jaafar
 NRIC/FIN S79331187, our employee / employee of Home of Seafood (S)
Pte Ltd to drive our m/vehicle no. YM8741C
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting
 Only) which occurred on (date) 27/04/2021 @ (time) 2.30pm
 along (location) 31 Admiralty Rd Storehub.

* Relationship between Insured and driver's company: -

Thank you.

Regards,



Home Of Seafood (S) Pte Ltd
 1 Joo Chiat Place
 Singapore 427739
 Tel: 6442 5180 Fax: 6346 5180

*** SIGN & STAMP at the above ***

Name of Owner : Home of Seafood (S) Pte Ltd

NRIC / ROC : 201509449R

Contact No : 9181 6811

Email : borhan@homeofseafood.com