

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	30/04/2021 16:49 (SGT)
Date of Accident	29/04/2021 17:45 (SGT)
Exact Location of Accident	6 Jurong Pier Way, Singapore 619134
Additional Location Information	EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1709C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JHS PTE LTD
Company Reg No	2XXXXX973Z
Email Address	gary@jhs-asia.com
Mobile Phone No	(Phone) +65-93884874
Alternative Phone No	+65-83618013

VEHICLE PARTICULARS

Manufacturer	Hino
Model	Fs1etka
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	12913

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	Z21VC05006760
Cover Note Number	-

DRIVER

Name of Driver	NARAYANAN SIVA KUMAR
Passport No/FIN	GXXXX008P

Date Of Birth	24/11/1981
Occupation	Outdoor
Date Of Driving Pass	28/12/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83618013
Alt. Phone Number	-
Email Address	gary@jhs-asia.com
Address	BLK 965 JURONG WEST STREET 91 #03-207
Address complement	-
Postcode	640965
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	Side Swipe
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

PLEASE 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	SMF5530T
Vehicle Manufacturer	Mazda
Vehicle Model	Cx-5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABU BIN KELING
NRIC No	SXXXX237D
Contact Number	(Phone) +65-96530696
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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

Sketch Plan

Describe Circumstances of the Accident

I WAS DRIVING OUT OF JURONG ISLAND EXIT TERMINAL. I WAS ON MY LANE AND AS I MOVED FORWARD AFTER PASSING THE GANTRY. THE THIRD PARTY VEH NO: SMF 5530T, SUDDENLY MOVED INTO MY LANE WITHOUT ANY ^{RIGHT} SIGNAL. HE WAS TOO CLOSE TO MY VEHICLE AND A COLLISION TOOK PLACE ON THE REAR ~~RIGHT~~ ^{RIGHT} TYRE FENDER AREA OF THE THIRD PARTY VEHICLE TO THE FRONT LEFT SIDE OF MY VEHICLE.

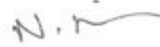
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

30/04/21
15:40

 30/04/2021 15:40

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

 30/04/2021

Witnessed by Reporting Centre Personnel





















