

# 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 ..... 31/05/2021 13:27 (SGT)  
Date of Accident ..... 30/05/2021 14:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP ROAD TO TPE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD8600X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TAC CONTRACTS PTE LTD  
Company Reg No ..... 2XXXXX763D  
Email Address ..... stephy@tac99.com.sg  
Mobile Phone No ..... (Phone) +65-63638330  
Alternative Phone No ..... (Office) +65-63638330

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VC05006974  
Cover Note Number ..... 29/03/2021 - 28/03/2022

### DRIVER

Name of Driver ..... AHMMED RUBEL  
Passport No/FIN ..... GXXXX155W

Date Of Birth .....	01/01/1990
Occupation .....	Outdoor
Date Of Driving Pass .....	03/10/2018
Driving experience .....	2 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87439114
Alt. Phone Number .....	-
Email Address .....	rubelahmmedsg19@gmail.com
Address .....	C/O 20 ANG MO KIO INDUSTRIAL PARK 2A #04-06 AMK TECHLINK
Address complement .....	-
Postcode .....	567761
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 .....	MINHAJUL
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 CLAIM FORM

#### 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 .....	GBG3952Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
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**

1. VEHICLE NO.: G8D 8600X  
 2. INSURER CO.: Compass  
 3. ACCIDENT DATE & TIME: 30/05/21 @ 1445

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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.
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.

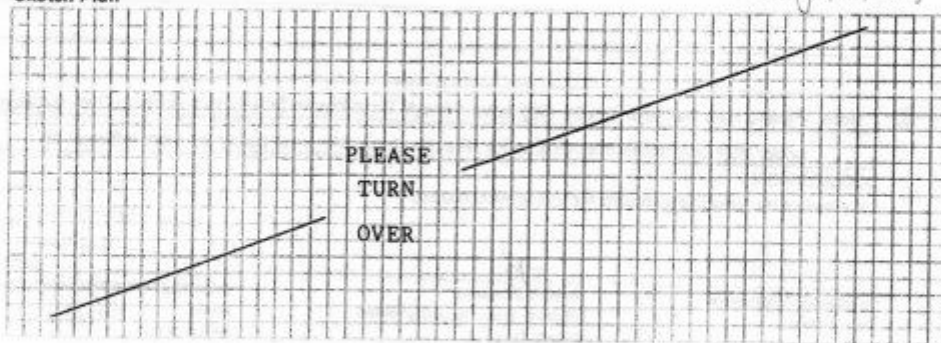


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Dmyr (AMK) 31/05/21

**Sketch Plan**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

## 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: (AIMK)  
NRIC/FIN No.:

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

# TAC CONTRACTS PTE LTD

Reg. No.: 201003763D

20 Ang Mo Kio Industrial Park 2A #04-06 AMK Techlink, Singapore 567761 Tel: 6383 8330 Fax: 6365 5803

Lonpac Insurance Bhd

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

Dear Sir /Mdm,

**RE: LETTER OF AUTHORISATION**

We hereby confirm that **Ahmed Rubel**, Work Permit No **0 64122045** is our approved driver to drive lorry GBD8600X.

# TAC

Yours faithfully,

Jojo  
Manager





