

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

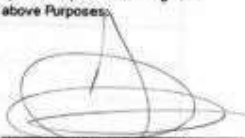
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

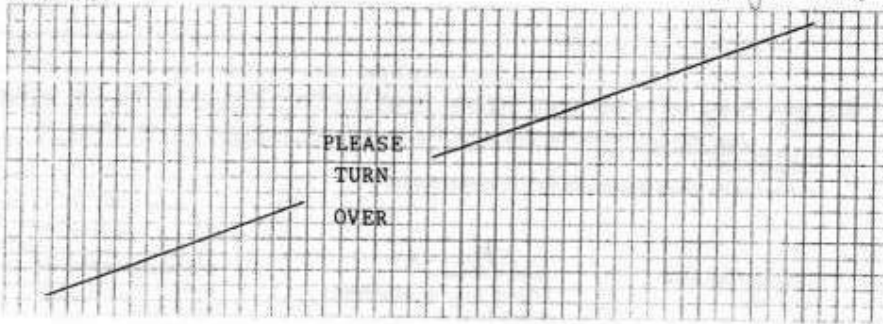
1. VEHICLE NO: 930 8600X
2. INSURER CO: Compa
3. ACCIDENT DATE & TIME: 30/05/21 @ 1445

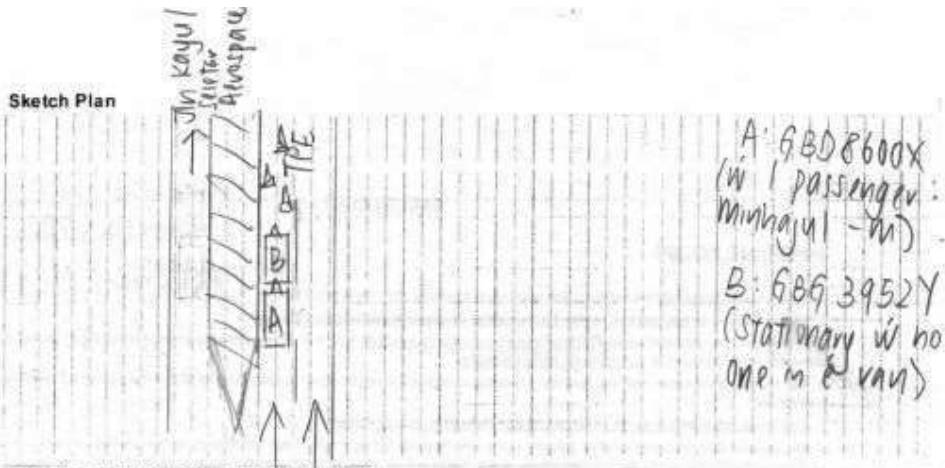

Policyholder's Signature / Date & Time

31/05/21
Driver's Signature (if driver is not the policyholder) / Date & Time


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

Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: 6BD 8600X (Lampar)

Date & Time: 30/05/21 @ 1445 (Clear day)

Motiv Van 6BG 3952Y parked on the left lane of the slip road leading to TPE (without any indication / cone - carried out some road works on the left lane). As I approached van 6BG 3952Y, was shocked to see the van was not moving, as such I have hit onto the back of 6BG 3952Y. No one was injured.

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 ()