

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 14/06/2021 19:12 (SGT)
Date of Accident 12/06/2021 16:40 (SGT)
Exact Location of Accident 57A Florence Rd, Singapore 549517
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD3877L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BUILDMATE (S) PTE LTD
Company Reg No 197801401G
Email Address GRACECHA@BUILDMATE.COM.SG
Mobile Phone No (Phone) +65-65895388
Alternative Phone No (Office) +65-65895388

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Cyz52r
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 15681

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number Z20VC05006067
Cover Note Number -

DRIVER

Name of Driver LUO DONGBING
Passport No/FIN G3327341Q

Date Of Birth	08/10/1983
Occupation	Outdoor
Date Of Driving Pass	09/06/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-89050338
Alt. Phone Number	-
Email Address	GRACECHA@BUILDMATE.COM.SG
Address	3 EUNOS AVE 8A
Address complement	-
Postcode	409458
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	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLD9016H
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) -

Describe Circumstances of the Accident

On stated date 3 time, my vehicle (XD 3877L) was making a reverse out from the unloading bay. I drove forward to a small road. From the small road, I did a reverse again. While reversing, the rear of my vehicle hit onto the rear of vehicle ^B A (SLD 9016H).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Luo Dong Bing

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

Shyue 14/06/21

Witnessed by Reporting Centre Personnel







