

## 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	23/08/2021 13:17 (SGT)
Date of Accident	23/08/2021 09:20 (SGT)
Exact Location of Accident	Near Ang Mo Kio Ave 5, Singapore
Additional Location Information	SLIP ROAD ANG MO KIO AVENUE 5 TOWARDS CTE/SLE WOODLANDS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2902P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	B-TEAM CONSTRUCTION SUPPLIES PTE LTD
Company Reg No	200415711W
Email Address	bteam@singnet.com.sg
Mobile Phone No	(Phone) +65-86442943
Alternative Phone No	(Office) +65-62711890

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/21/VC00/111741
Cover Note Number	-

#### DRIVER

Name of Driver	AHMED PAYER
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Passport No/FIN .....	G2216134U
Date Of Birth .....	01/06/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	12/04/2017
Driving experience .....	4 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86442943
Alt. Phone Number .....	-
Email Address .....	payer.ahmed62@gmail.com
Address .....	BLK 4003 DEPOT LANE
Address complement .....	#01-61
Postcode .....	109757
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 vehicle 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

ON 23/08/2021 AT ABOUT 0920 HOURS, I WAS DRIVING ALONG THE SLIP ROAD OF ANG MO KIO AVENUE 5 TOWARDS CTE /SLE (WOODLANDS). SUDDENLY THE VEHICLE IN FRONT OF ME (REGN NO: SLF7674K) STOPPED. ON SEEING THAT I IMMEDIATELY APPLIED MY BRAKES BUT COULD NOT STOP IN TIME AND AS A RESULT, THE FRONT PORTION OF MY LORRY (REGN NO: GBD2902P) LIGHTLY KNOCKED INTO THE REAR PORTION OF SLF7674K. NO ONE WAS INJURED.

#### 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 .....	SLF7674K
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Jazz
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	-

Contact Number .....	(Phone) +65-91805763
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	MINOR DAMAGE
Details of property damaged in accident .....	REAR PORTION DAMAGED
No. Of Passenger (Including Driver) .....	1



SKETCH PLANIMPORTANT NOTICE

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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  
23/8/21

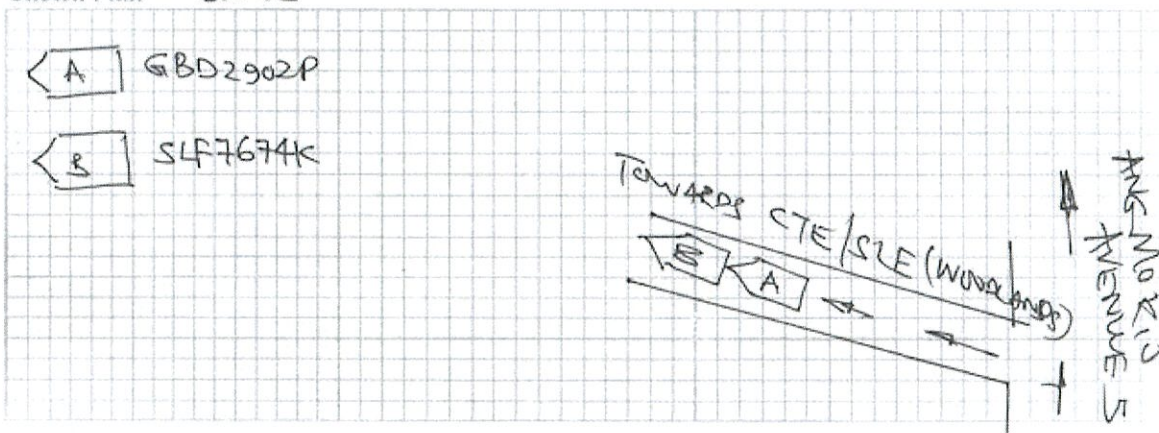
Sketch Plan 1300hrs

*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date & Time  
23/8/21 1300hrs



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO REPORT

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
23/8/21  
1300 HRS

*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date & Time  
23/8/21  
1300 HRS



Witnessed by Reporting Centre Personnel























