

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 04/10/2021 17:50 (SGT)
Date of Accident 01/10/2021 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information FARNBOROUGH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9299R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHUKLA TRANSPORT AND GENERAL SERVICES
Company Reg No 5XXXX800B
Email Address MS.MEENA.SHUKLA.7@GMAIL.COM
Mobile Phone No (Phone) +65-90114253
Alternative Phone No (Office) +65-90114253

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FUSO FK62FMZ1RDEC
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 7545

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VC05007923
Cover Note Number -

DRIVER

Name of Driver PALCHAMY IYANAR
Passport No/FIN FXXXX735U

Date Of Birth	15/06/1969
Occupation	Outdoor
Date Of Driving Pass	03/08/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83892371
Alt. Phone Number	-
Email Address	MS.MEENA.SHUKLA.7@GMAIL.COM
Address	726 YISHUN STREET 71 #10-61 KHATIB SPRING S 760726
Address complement	-
Postcode	-
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
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)	0
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

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	XD7044Y
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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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' 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.



Policyholder's Signature / Date & Time

J. Dymal 17:30
04/10/21

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

refer to the police report T/20211004/7024

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

P. Byamuel
04/10/21 17:30

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



Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20211004/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211004/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2021 16:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: MEENA SHUKLA D/O PREMPAL SHUKAL			Address: 445 YISHUN AVENUE 11 #06-46 SINGAPORE 760445	
ID Type / ID No.: NRIC NO / S8814360D			Contact No.:	Mobile: 90114253
Nationality: SINGAPORE CITIZEN			Email: MS.MEENA.SHUKLA.7@GMAIL.COM	
Sex: Female	Age: 33	Date of Birth: 20/04/1988	Type of Informant: Filing on behalf company driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 01/10/2021 18:00	Type of Location: T-Junction
Location: FARNBOROUGH ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between one stationary vehicle and another vehicle reversing			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
XD7044Y	Prime mover head					0
YP9299R	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211004/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211004/7024

CONTINUATION OF REPORT

Driver			
Name	PALCHAMY IYANAR		ID No. F8490735U
Related Vehicle	YP9299R (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Filing on behalf company driver			
Name	MEENA SHUKLA D/O PREMPAL SHUKAL		ID No. S8814360D
Related Vehicle	NIL		Contact No. 90114253
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

Our vehicle was stationary. Driver had parked and left the location. Next morning he discovered damages to the right side of his vehicle. Upon checking the vehicle on site, he noticed that a prime mover had damages that was similar to what caused the damages to our lorry. The driver of the other vehicle did not call to inform our driver.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20211004/7024

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Report No. T/20211004/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
NOR FAIZAL BIN YAHYA
Contact No.: 65476198

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/10/2021 16:00

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: YP9299R

Name (as shown in NRIC): SHUKLA TRANSPORT AND GENERAL SERVICES NRIC/FIN/Passport No: 51513800B

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 90114253

Email Address: ms.meena.shukla.7@gmail.com

Date of Accident: 01/10/2021 Time of Accident: 1800HRS

Place of Accident: FARNBOROUGH ROAD

Insurance Company: LONPAC INSURANCE BHD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend third party vehicle number should be XD7044Y (typo error).

SHUKLA TRANSPORT AND
GENERAL SERVICES

Policyholder / Driver's Signature
Date:

Yen

Reporting Centre Personnel's Signature

Name: Kan Fook Sing Motor Workshop

NRIC/FIN No.:

Date: 05/10/2021