

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 03/11/2021 01:03 (SGT)
Date of Accident 01/11/2021 10:48 (SGT)
Exact Location of Accident Near PIE, Singapore
Additional Location Information ON PIE TOWARD TUAS, AFTER EXIT 19 (BEFORE OVERHEAD
BRIDGE OF MOUNT PLEASANT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP1808A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner H P CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No 199604762K
Email Address VIOLETLENG@HPCONSTN.COM.SG
Mobile Phone No (Phone) +65-65471973
Alternative Phone No (Office) +65-65471973

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant FEB21ER4SDEB
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 Goods vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VC06/110907
Cover Note Number Z/21/VC06/110907

DRIVER

Name of Driver THIRUMOORTHY MANIKANDAN

Work Permit No	G8806689N
Date Of Birth	29/01/2000
Occupation	Outdoor
Date Of Driving Pass	04/08/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87477736
Alt. Phone Number	-
Email Address	VIOLETLENG@HPCONSTN.COM.SG
Address	CDPL TUAS DORMITORY
Address complement	6 TUAS SOUTH STREET 15
Postcode	636906
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	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

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

REFER TO 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	SMN4851G
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	ITHININ BIN NASIR
NRIC No	S1720167J
Contact Number	-

Address	BLK 20 YUK TONG AVE
Address complement	#00-00
Postcode	596325
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SIDE DAMAGED
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' 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.

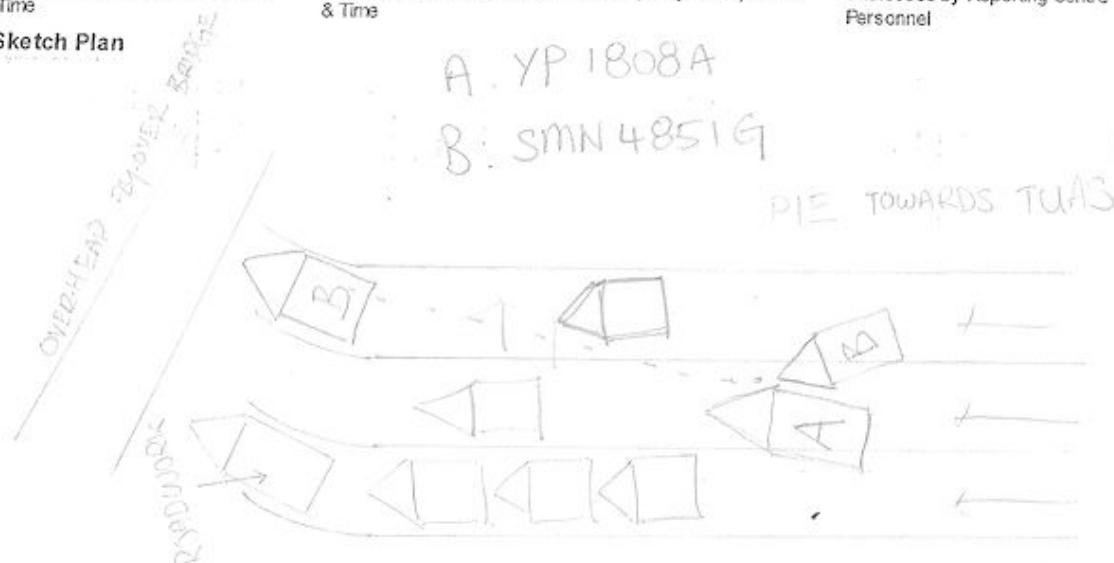


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



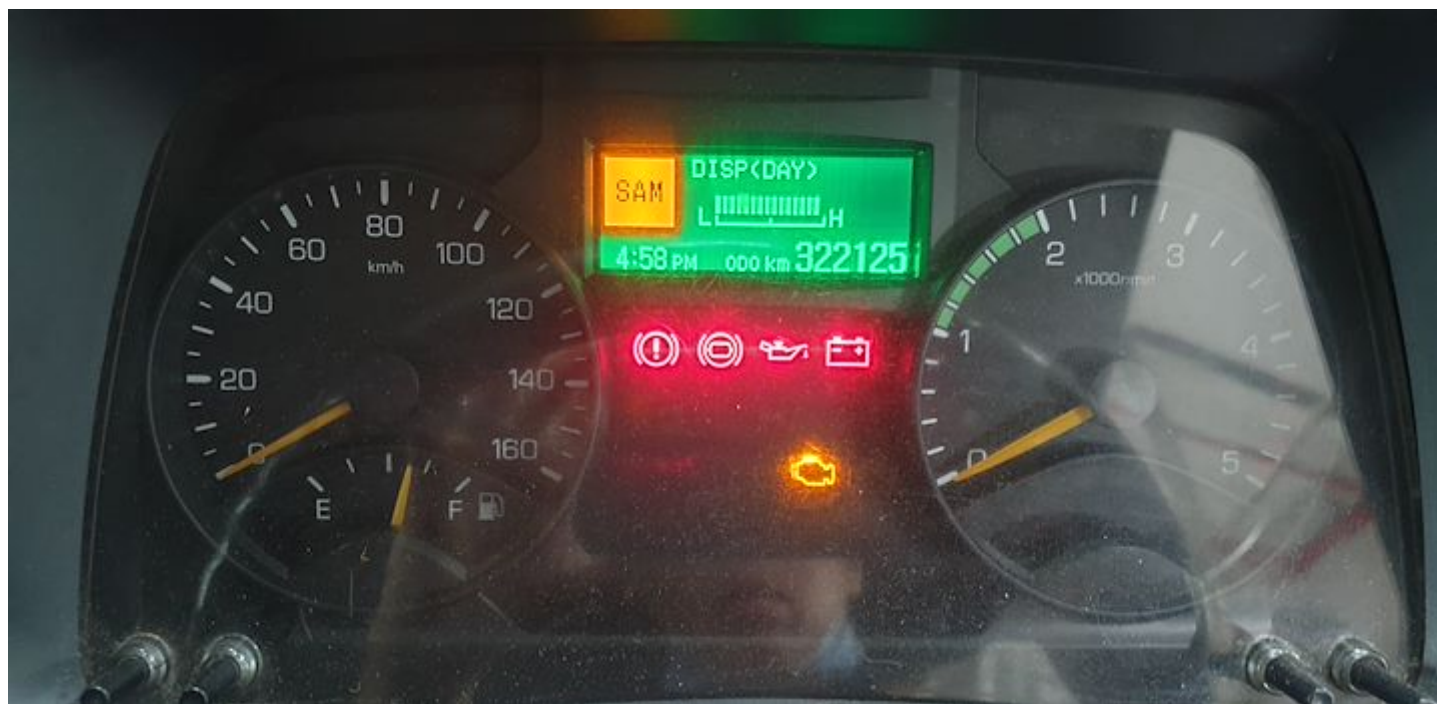






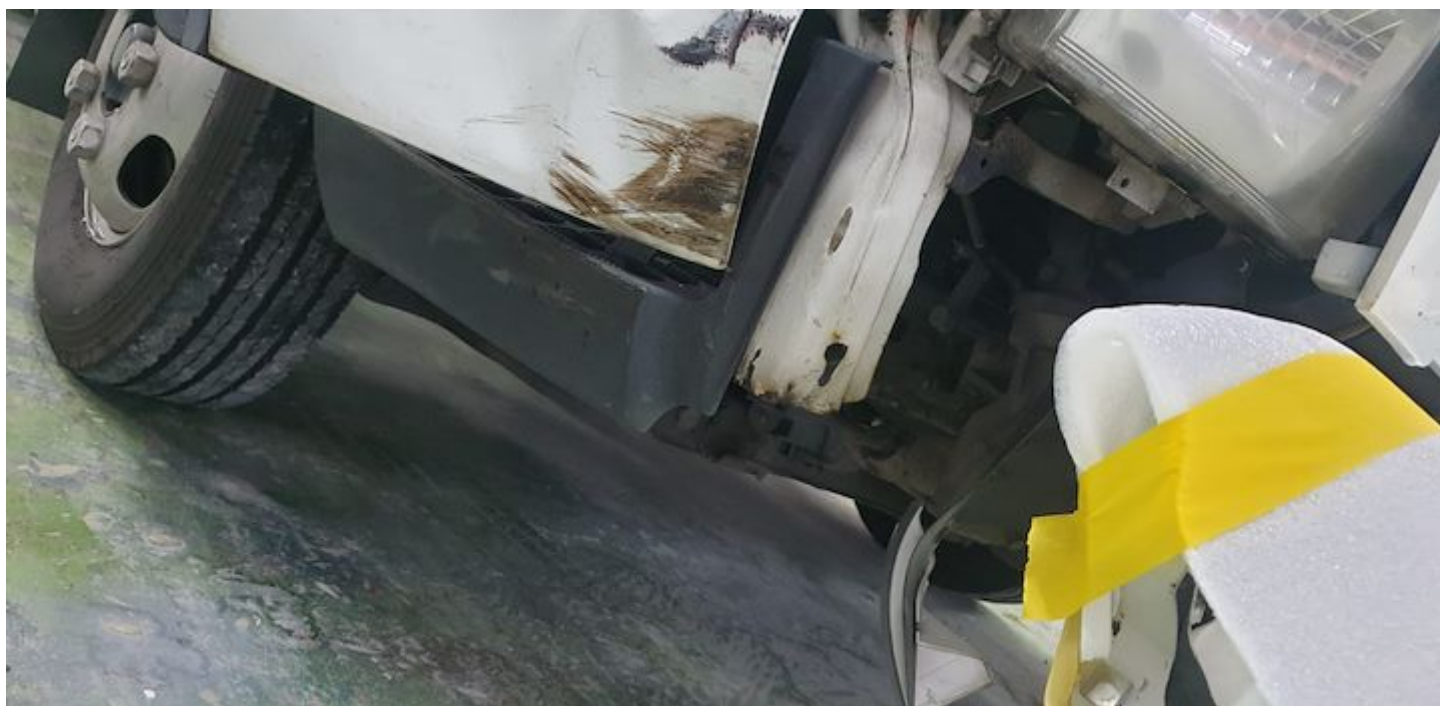






































J. Manikandan



SINGAPORE ACCIDENT STATEMENT

Accident Date: 1 NOV 2021	Time: 10.40 AM	(hh:mm) 24 hr format
Location: P. E. TOWN ROAD (970R EXP 19) BORDER ORTHO ROAD BRIDGE OR MOUNT ALBERT ROAD		
Vehicle Number: YP 18091		
Insured Name: H.P. CONSTRUCTION & ENGINEERING PTE LTD		
NRIC / FIN: 199604762K	Contact Number: 6547 1923	
Make: MITSUBISHI	Model: CANTOR	REB 2 / ER 4 500B
Are you claiming under your own insurance policy for repair to your vehicle?		
(✓) Yes If No, Pls select: () Third Party () Reporting		
Insurance Company: COMPAG INSURANCE BND		
Type of Policy: (✓) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number: 2/21/NC06/110907		
Name of Driver: YHIRUNOORTHY MANIKANDAN () Same as Insured		
NRIC / FIN: 60806609N		
Contact Number: 87477736		
Date of Birth: 29 JAN 2000		
Driving Pass Date: 4 AUG 2021		
Occupation: () Indoor (✓) Outdoor		
Gender: (✓) Male () Female		
Email Address: YHIRUNOORTHY@HPCONSTRN.COM.SG () NO EMAIL		
Address of Driver: COMPLEX 745 DORMITORY - 6745 SOUTH STREET 15		
S'pore: 636906		
Was driver an employee of the Insured's Company? (✓) Yes () No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions: (✓) Clear () Raining () Others		
Road Surface: () Dry (✓) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? () Yes (✓) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SWAN 4251F 70507A SIVANA (R00). / YHINWIN BIN NASIR	
Veh C	1K: 517201627	
Veh D	BR 20 YUK 70507A ARE 400-00	
Veh E	S'pore: 596323	
Veh F		