

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 23/12/2021 17:35 (SGT)
Date of Accident 10/12/2021 11:10 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7299D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOH CHYE HOCK BUILDING CONTRACTOR PTE LTD
Company Reg No 200010673E
Email Address hisyam350@gmail.com
Mobile Phone No (Phone) +65-67432066
Alternative Phone No (Office) +65-67432066

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VC00/111872
Cover Note Number -

DRIVER

Name of Driver SEKAR VIGNESH
Passport No/FIN G2500077W

Date Of Birth	15/02/1991
Occupation	Outdoor
Date Of Driving Pass	16/09/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85755471
Alt. Phone Number	-
Email Address	hisyam350@gmail.com
Address	57 JALAN MENARONG
Address complement	-
Postcode	577463
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN BOON HUA
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

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	SKG1790D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM SEE SOON
NRIC No	S7208869G
Contact Number	(Phone) +65-97536651
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	TAN BOON HUA
Phone	(Phone) +65-97375598
Email	-

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.

YIO CHU KANG BUILDING CONTRACTOR PTE LTD

[Signature]
Policyholder's Signature / Date & Time

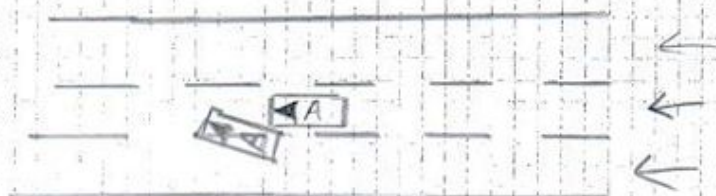
[Signature] 23/12/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 23/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan

YIO CHU KANG RD

A- 4P7299D
B- 5KG1790D



Describe Circumstances of the Accident

I was travelling straight along Yeo Chu Kang Road on the 2nd lane of A3-lanes road. Suddenly veh B from my left lane cut into my lane and collided onto my veh.


Witness: TAN BOON HUA
HP: 97375598


Declaration

We declare the foregoing particulars are true in every respect.

YEO CHU KANG BUILDING CONTRACTORS PTE LTD


Policyholder's Signature / Date & Time

 23/12/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

 23/12/21
Witnessed by Reporting Centre Personnel



















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: SA10921CN0007 Vehicle Registration No: 9A7299D
 Name (as shown in NRIC): SEKAR VIGNESH NRIC/FIN/Passport No: GXXXX077W
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 57 JALAN MENARONG Singapore (577463)
 Contact (Tel): _____ Mobile No.: 85755471
 Email Address: _____
 Date of Accident: 10/12/21 Time of Accident: 11:10
 Place of Accident: YIO CHU KANG RD
 Insurance Company: LUNDAAC

(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:

AMEND CLAIMING TYPE: ~~STREET~~ TP CLAIMS

Policyholder / Driver's Signature
 Date:

shym 23/12/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: