

# 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 .....	11/01/2022 21:10 (SGT)
Date of Accident .....	10/01/2022 20:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	411 BUKIT BATOK WEST AVE 4 CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP5887U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SHAI-KLIN
Company Reg No .....	53190124J
Email Address .....	SHAIPUL@SHAI-KLIN.COM
Mobile Phone No .....	(Phone) +65-84980161
Alternative Phone No .....	+65-84980161

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Fuso
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	Z/21/VC00/112460
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ASADAR BIN OSMAN
NRIC No .....	S0165636H

Date Of Birth .....	29/08/1952
Occupation .....	Indoor
Date Of Driving Pass .....	01/09/2003
Driving experience .....	18 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88700124
Alt. Phone Number .....	-
Email Address .....	HAYKELNAB@GMAIL.COM
Address .....	BLK 815 JURONG WEST STREET 81 #02-210
Address complement .....	-
Postcode .....	640815
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 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 SKETCH PLAN

#### 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 .....	SLZ1220X
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	ALTIS
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) ..... -

## 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.

SHAI-KLIN

50 Chin Swee Road #09-04  
Thong Chai Building  
Singapore 169874  
Co.Reg.No: 53190124J

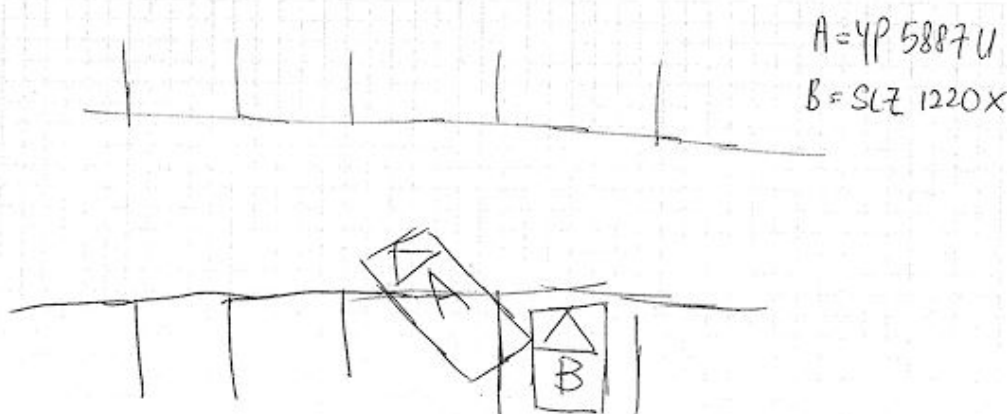
X    
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

## Sketch Plan



**Describe Circumstances of the Accident**

On the 10/1/22, I, Asadur Bin Osman, was sending one of my colleague home at Blk 411 Bukit batuk west Ave 4, while I was dropping him off I wanted to park my lorry (XP58874) at the empty lot, without realising that a vehicle is stationary beside it. I hit the front part of the car. I then drove off the carpark immediately.

vehicle no damage and never bring to workshop. photos given by client

**Declaration**

We declare the foregoing particulars are true in every respect.

**SHAIKLIN**  
50 Chin Swee Road #09-04  
Thong Chai Building  
Singapore 169874  
Co. Reg. No: 53190124J

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE

## ACKNOWLEDGEMENT SLIP

Ref: Report No: G/20220110/0239

I, IO MUND SYAKIR / T091093  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of 10 Ubi Avenue 3, TPKQ  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1 black SD Card.
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from Muhammad Haikal Bin Haivil / S9630806E  
(Name, NRIC or Passport No. / Rank and No.)

of B/478 Pasir Ris Drive 4, #03-429 S (S10478)  
(Address / Police Station / NPC / NPP)

on 11/01/2022 at 1510Hrs.  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature]  
(Signature)

\_\_\_\_\_  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]  
(Signature)

T091093  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_



















