

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 16/03/2022 17:45 (SGT)
Date of Accident 15/03/2022 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information QUEENSWAY ROAD TO ADAM RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC6834G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PRIMA SEAL WATERPROOFING PTE LTD
Company Reg No 201531909C
Email Address enghowoh@everyworks.com
Mobile Phone No (Phone) +65-66537942
Alternative Phone No (Office) +65-66537942

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 1500

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z22VC05009514
Cover Note Number 09/01/2022 - 08/01/2023

DRIVER

Name of Driver UDAIYAR KARTHIKEYAN
Passport No/FIN G8413076T

Date Of Birth	02/06/1987
Occupation	Outdoor
Date Of Driving Pass	17/12/2013
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82603520
Alt. Phone Number	-
Email Address	udaiyarkarthikeyan1987@gmail.com
Address	C/O 1090 LOWER DELTA ROAD #03-07
Address complement	-
Postcode	169201
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SUB-CONTRACTOR
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	Raining
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 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	SLV7632Y
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO JOO CHUAN
NRIC No	S8316131J
Contact Number	(Phone) +65-90400624
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

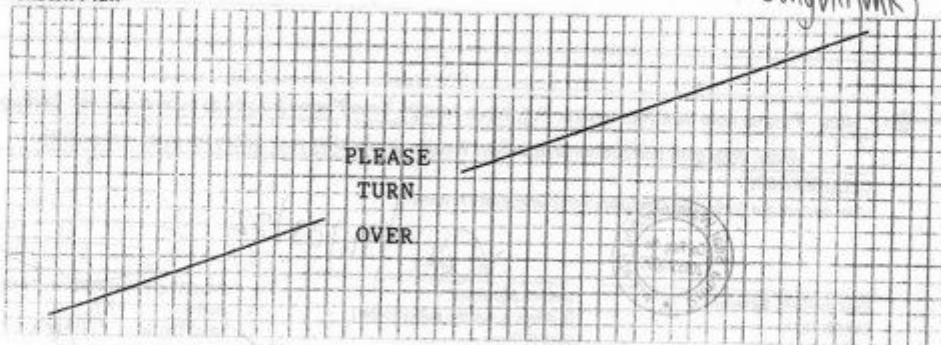
1. VEHICLE NO.: GBC 68346
2. INSURER CO.: Compac
3. ACCIDENT DATE & TIME: 15/03/22 @ 1630

Policyholder's Signature / Date & Time

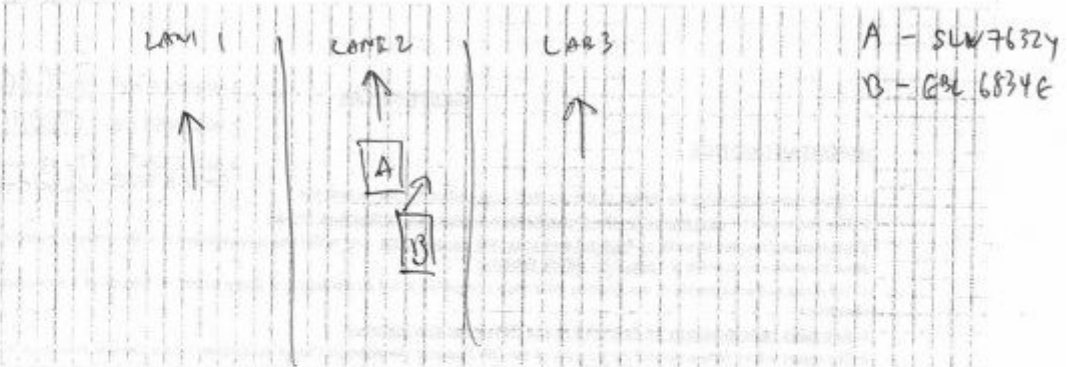
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A suddenly stopped in front of our van B
I brake and turn right but hit the front car A
Raining and wet road.

No other passengers in both vehicles.
No injury to both drivers

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party
() Claim OD/TP at other workshop (X) Reporting Only



Prima Seal Waterproofing Singapore

1090 Lower Delta Road

#03-07 Singapore 169201

Tel: 6653 7942

Enquiry@primaseal.com

UEN: 201531909C

Letter of Authorisation

Date: 1st Jan 2022

Dear Sir/Madam,

This is to certify that Name: Udaiyar Karthikeyan, ID: G8413076T is authorised to drive the vehicle GBC6834G under company business from 01/01/2022 to 31/12/2022.

*Relationship between Insured and Driver's company: Sub-contractor

A handwritten signature in black ink, appearing to read 'Leong Wei Chong', is written over a horizontal line.

Name: Leong Wei Chong

Position: Director

Company: Prima Seal Waterproofing Pte Ltd



















