

# 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 ..... 23/03/2022 12:14 (SGT)  
Date of Accident ..... 17/03/2022 16:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF TUAS SOUTH AVENUE 3 AND TUAS SOUTH AVENUE 7  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN3261Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RADHA EXPORTS PTE LTD  
Company Reg No ..... 1XXXXX018C  
Email Address ..... radhaap@radhaexports.com  
Mobile Phone No ..... (Phone) +65-90022733  
Alternative Phone No ..... (Office) +65-62202777

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FM65FM1RDEA  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 7545

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VC05008689  
Cover Note Number ..... 02/11/2021 TO 01/11/2022

### DRIVER

Name of Driver ..... JALIL BIN JAFFAR

NRIC No .....	SXXXX921C
Date Of Birth .....	28/12/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	01/07/1994
Driving experience .....	27 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93364367
Alt. Phone Number .....	-
Email Address .....	gk@radhaexports.com
Address .....	APT BLK 920 JURONG WEST ST 92 #06-81 (S) 640920
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 .....	Collision - Cross Junction
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 WITH 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 .....	XD7565K
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	JALIL BIN JAFFAR
Gender .....	Male
Phone No .....	-
Address .....	APT BLK 920 JURONG WEST ST 92 #06-81 (S) 640920
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HOSPITAL
Injured person in which vehicle? .....	YN3261Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

**Sketch Plan**

Policyholder's Signature / Date & Time: *R. Mathiva* 23/Jan/22

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

Witnessed by Reporting Centre Personnel: \_\_\_\_\_

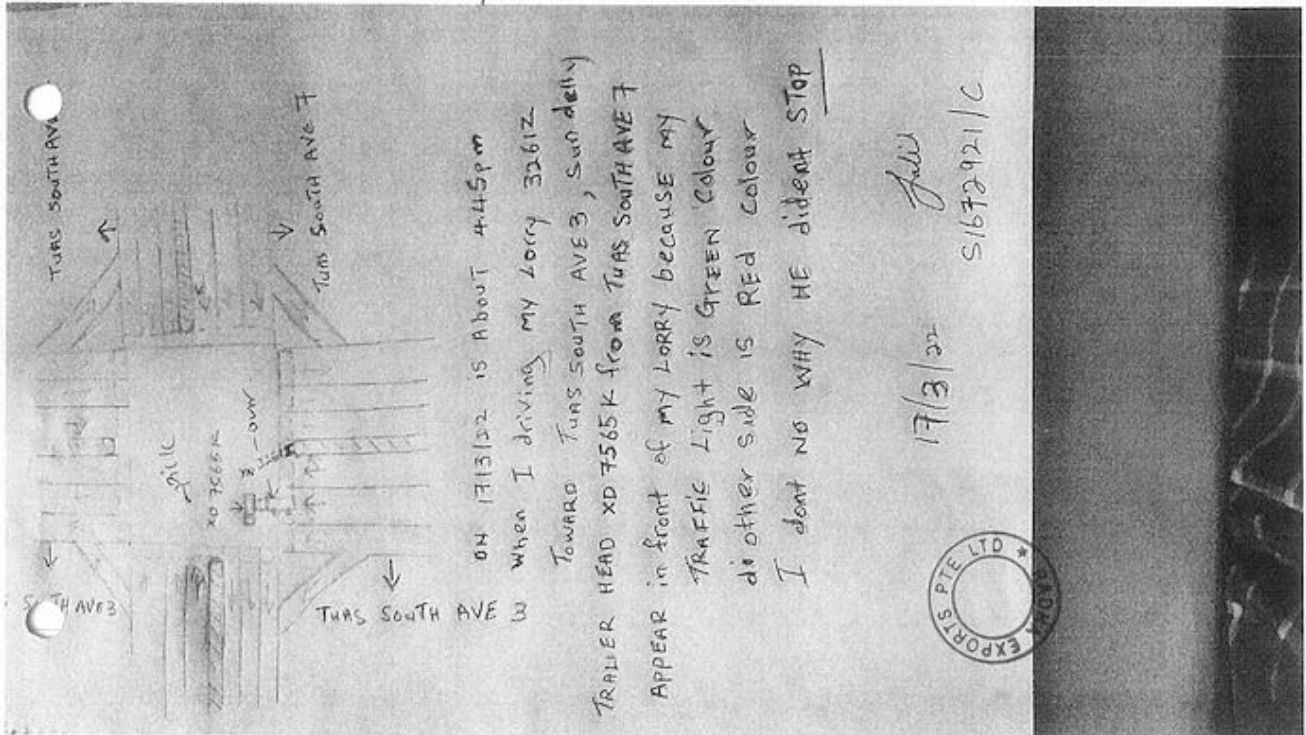
Sketch Plan: A hand-drawn diagram on a grid showing the accident scene. It includes two roads, "Tuas South Ave 3" and "Tuas South Ave 7", intersecting. A vehicle labeled "A" is at the intersection, and another labeled "B" is nearby. Arrows indicate directions of travel. The vehicle details are listed as: A: YN32612, B: XD7565K.

Refer to attached.

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre  
Personnel



While my lorry 3261Z  
 Starts towards TUNAS SOUTH AVE 3  
 on green traffic light  
 Suddenly XD 7565 from  
 TUNAS SOUTH AVE 7 Appeared  
 in front of my lorry  
 apparently XD 7565 moved  
 in red traffic light.