

# 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 .....	31/05/2022 16:34 (SGT)
Date of Accident .....	29/05/2022 21:45 (SGT)
Exact Location of Accident .....	Tuas, Singapore
Additional Location Information .....	Tuas South Ave 5
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XB8915M
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Backho (S) Pte Ltd
Company Reg No .....	200805897R
Email Address .....	backho.sg@gmail.com
Mobile Phone No .....	(Phone) +65-91300788
Alternative Phone No .....	+65-91300788

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	Cxz50k
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 .....	12068

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	Z/21/VC00/111856
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Pitchamuthu Jayasankar
Passport No/FIN .....	G7397670M

Date Of Birth .....	13/05/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	27/01/2015
Driving experience .....	7 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91300788
Alt. Phone Number .....	-
Email Address .....	backho.sg@gmail.com
Address .....	100 Lorong 23 Geylang #07-01 D'Centennial
Address complement .....	-
Postcode .....	388398
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 .....	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

On 29/05/2022, @ 21:45 hrs, my vehicle wanted to u-turn, when suddenly, a vehicle, GBK4564G hit into my vehicle. Vehicle was repaired when driver came for reporting.

#### 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 .....	GBK4564G
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) .....	-

## 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' 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.

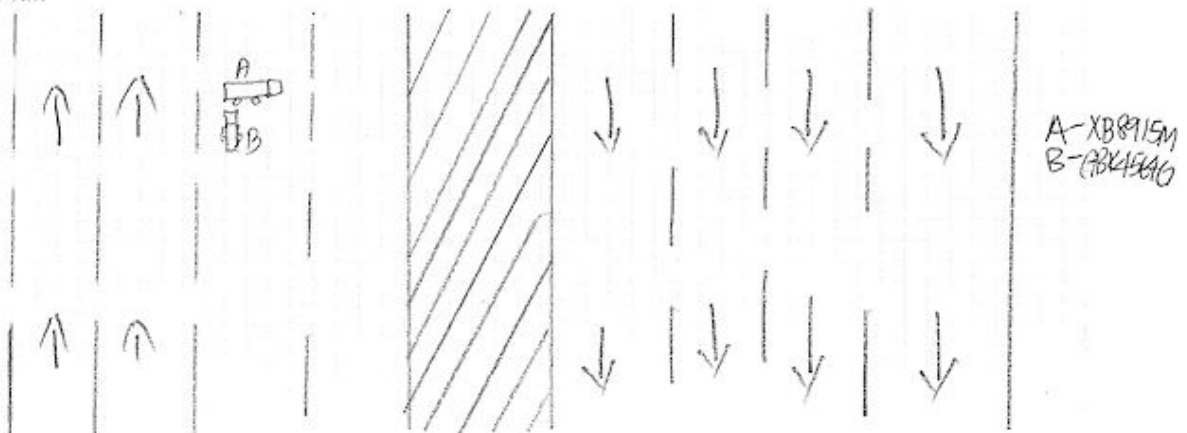


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.  
☐ Claim Own Damage (OD) ☐ Claim Third Party (TP) ☒ Reporting Only ☐ Claim OD/TP at other workshop

## Describe Circumstances of the Accident

On 29/5/22, @ 21:45 hrs, my vehicle wanted to u-turn, when suddenly, a vehicle HBK456AG hit into my vehicle. Vehicle was repaired when driver came for reporting ip. *[Signature]*

## Declaration

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



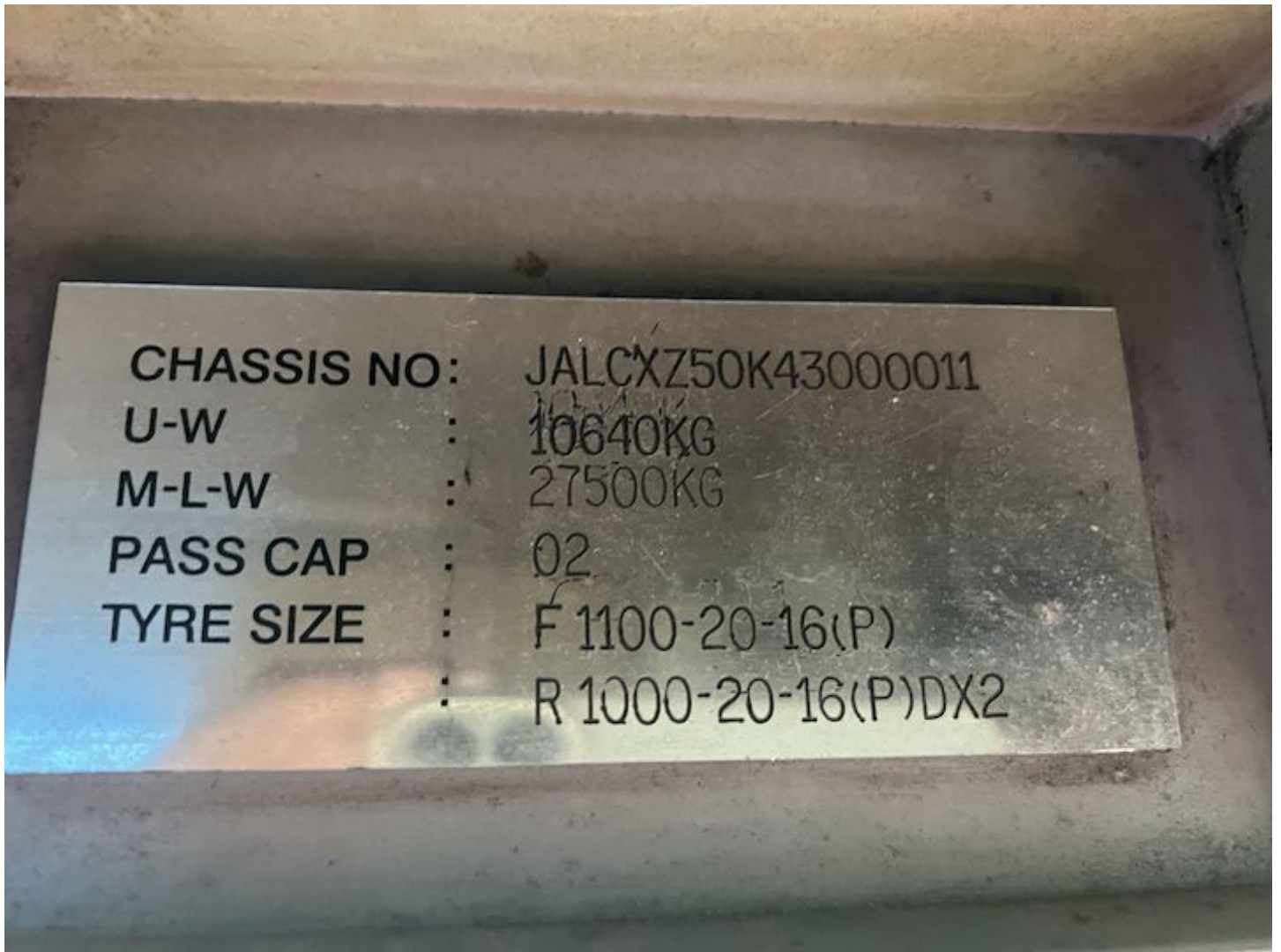
Policyholder's Signature / Date & Time

*P. Singh* 31/05/2022  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 31/5/22  
Witnessed by Reporting Centre Personnel














































**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)  
 Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.  
 Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg  
 GST Reg No.: F0-0005635-C

**THE SCHEDULE**
*Insured's Copy*

<b>Class of Policy</b> : COMMERCIAL VEHICLE	<b>Policy No.</b> : Z/21/VC00/111856
<b>Insured</b> : BACKHO (S) PTE LTD	<b>Type of Cover</b> : THIRD PARTY
<b>Address</b> : 100 LORONG 23 GEYLANG #07-01 D'CENENNIAL SINGAPORE 388398	<b>Replacing CN/Policy No.</b> : Z/20/VC00/108083
<b>Business or Profession</b> : CONSTRUCTION	<b>Account No</b> : Z10449 L/A
<b>Period Of Insurance</b>	
(a) From 25/09/2021 To 31/08/2022 (both dates inclusive)	
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	
<b>H.P. Owner</b> : NOT APPLICABLE	
<b>Description of Vehicle</b>	<b>The Policy's Premium</b>
Vehicle/Trailer Regn. No. : XB 8915M	Premium : S\$ 2,443.49
Make & Model of Vehicle : ISUZU CXZ50K	NCD 15.00 % : S\$ (366.52)
Type of Body : TIPPER	Annual Gross Premium : S\$ 2,076.97
Engine No. : 6WA1123759	Extension Premium for -24 days : S\$ -136.57
Chassis No. : JALCXZ50K43000011	Gross Premium : S\$ 1,940.40
Year of Registration : 2004	Goods & Services Tax 7 % : S\$ 135.83
c.c./Tonnage : 16.59	<b>Total Premium</b> : S\$ 2,076.23
Seating Capacity : 02	
Sum Insured : NOT APPLICABLE	
Excess : NOT APPLICABLE	
Named Drivers : 1. ALL AUTHORISED DRIVERS	
Section Deleted : 1	

This Policy is subject to the following endorsements, clauses, warranties, and/or Special Exclusion(s) as printed in this Policy or added thereon or attached thereto and forming part of this Policy.

- 1) ENDORSEMENT NO. 3(p) - THIRD PARTY ONLY
- 2) ENDORSEMENT NO. 72 - LEGAL LIABILITY OF PASSENGERS FOR ACTS