

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 14/06/2022 18:58 (SGT)
Date of Accident 14/06/2022 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS LORNIE RD(SLIP RD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ4703T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHAI HOE CONSTRUCTION
Company Reg No 5XXXX378A
Email Address scyconstruction@hotmail.com
Mobile Phone No (Phone) +65-91094670
Alternative Phone No +65-91094670

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 150 5MT
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2755

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VC00/112764
Cover Note Number 27/10/21-26/10/22

DRIVER

Name of Driver SELVAMANI LOGANATHAN
Passport No/FIN GXXXX115T

Date Of Birth	11/06/1991
Occupation	Outdoor
Date Of Driving Pass	10/05/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91759566
Alt. Phone Number	-
Email Address	scyconstruction@hotmail.com
Address	-
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 - Head to Rear
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 SKETCH 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	SMH704G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG LIAN LYE
NRIC No	SXXXX069D
Contact Number	(Phone) +65-91141099
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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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.
- (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.

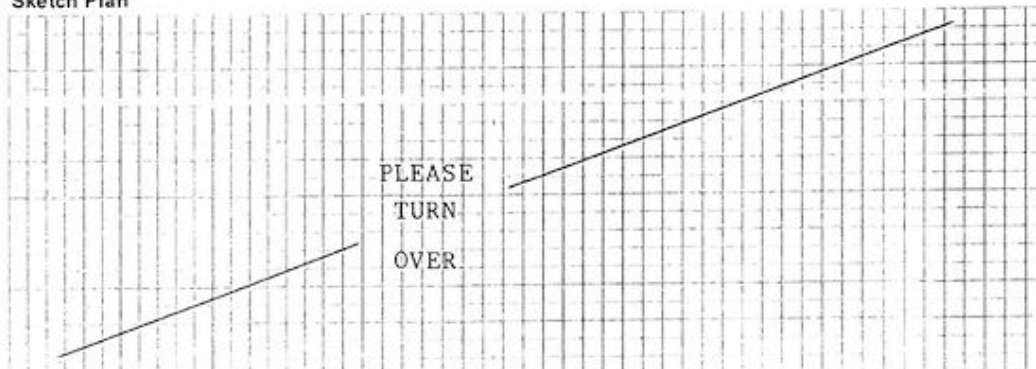


Policyholder's Signature / Date & Time

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

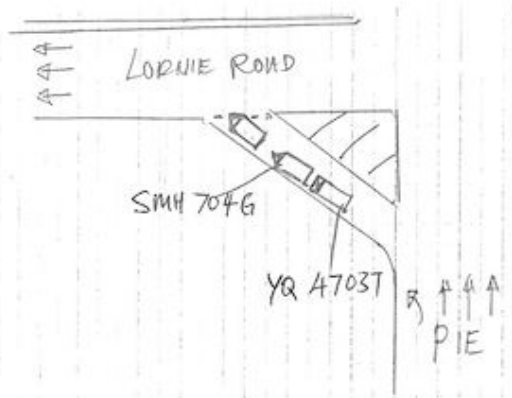
Witnessed by Reporting Centre Personnel

Sketch Plan



1. VEHICLE NO.: YA 4703T
 2. INSURER CO.: LONPAC
 3. ACCIDENT DATE & TIME: 14/06/22 10.00 a.m

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the slip road in front vehicle (SMH 704G) suddenly brake.
 So when I brake my vehicle my vehicle can't stop in time and hit onto
 "said vehicle rear portion and cause damage. But no injury on
 both party.

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 () Reporting Only
 () Claim OD/TP at other workshop ()















Date: 14/6/22

To: Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Selvamani Loganathan
 NRIC/FIN G2710115 T, our employee / employee of SCY Construction
 to drive our m/vehicle no. Y4 4703 T
 and to file the accident report (Third Party claims/Own Damage Claims/Reporting
 Only) which occurred on (date) 14/6/22 @ (time) 1000hrs
 along (location) Slip Rd Pte towards Lorrie Rd.

* Relationship between Insured and driver's company: SAME BOSS

Thank you.

Regards,



* SIGN & STAMP at the above *

Name of Owner: TAN KAR HOE

NRIC / ROC: S7001658/L

Contact No: 9109 4670

Email: scyconstruction@hotmail.com