

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	27/07/2022 10:46 (SGT)
Reported by	Driver
Date of Accident	07/07/2022 11:55 (SGT)
Exact Location of Accident	Clive St, Singapore
Additional Location Information	JUNCTION WITH DUNLOP STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5441M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	INGENIERIA SOLUTION PTE. LTD.
Company Reg No	2XXXXX016W
Email Address	ken.ong@ingenieria.sg
Mobile Phone No	(Phone) +65-82240708
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Musso
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2874

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z/22/VC00/112936

DRIVER

Name of Driver	SELVARAJ ANANTHAGANESH
Passport No/FIN	GXXXX750L
Date Of Birth	02/04/1981
Occupation	Outdoor

Date Of Driving Pass	25/06/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-82240708
Alt. Phone Number	-
Email Address	ken.ong@ingenieria.sg
Address	106 B RANGOON ROAD
Address complement	-
Postcode	218388
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	BAKIYARAJ
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDY77A
Vehicle Manufacturer	-
Vehicle Model	-
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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- 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

Jhy



[Signature]

[Signature]
21/07/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) GYS441M

(B) SDYFFA

DUNLOP ST

CLIVE ST

A

B

Describe Circumstances of the Accident

I WAS TRAVELLING STRAIGHT ALONG CLIVE STREET.
AT THE JUNCTION OF CLIVE STREET AND DUNLOP STREET,
SUDDENLY A CAR FROM THE RIGHT CAME AND COLLIDED
ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

Jhy



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 27/07/2022
Witnessed by Reporting Centre Personnel

M

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 07 / 07 / 2022 (dd/mm/yy) Time of Accident: 11 : 55 (24-HR-FORMAT)

Vehicle No. : G95441M Vehicle Make & Model / Engine (cc): SSANGYONG MUSSO Private Hire: (Y / N)

Exact location of Accident: JUNCTION OF CLIVE ST AND DUNLOP ST

Policyholder's Name / IC No. : INGENIERIA SOLUTION PTE LTD ROC/UEN (Company) _____

Driver's Name / IC No. : SELVARAJ ANANTHAGANESH G8454750L (As Above)

Driver's Contact No. : 8224 0708 Company Contact No / Owner Contact No: _____

Driver's Address: 106 B RANGOON ROAD . S 218388

Owner Email address : KEN.ONG@INGENIERIA.SG Insurance Company : LONPAC

Driver Email address : _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: BAKIVARAJ Gender: Male / Female x ()

*Passenger Name: _____ Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No Remarks : _____

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SDY77A

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

