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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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 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 20/10/2022 15:36 (SGT) Reported by Date of Accident 19/10/2022 16:10 (SGT) Exact Location of Accident Sims PI, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM9769S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner UDAYA KUMAR S/O PERUMALL KRISHNA NRIC No SXXXX296Z Email Address janandaniel2002@gmail.com Mobile Phone No (Phone) +65-90627795 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model FE83BE6SRDEA 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 2977

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05011810

DRIVER

Name of Driver JANAN DANIEL JEBSON NRIC No TXXXX128H Date Of Birth 13/12/2002 Occupation Outdoor

Date Of Driving Pass 01/10/2021 Driving experience 1 YEAR Gender Male Mobile Number (Phone) +65-81137503 Alt. Phone Number Email Address janandaniel2002@gmail.com Address **BLK 643 PUNGGOL CENTRAL** Address complement #05-334 Postcode 820643 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **UNCLE** Does Driver Own Other Vehicles? Nο 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 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) 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 **PASSENGER** Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20221019/7045 ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	FBS7345K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Motorcycle
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 Gender	UNKNOWN Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBS7345K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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.

Any false reporting may be referred to the Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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.
- 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

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

Sketch Plan

Sketch Plan

PLACE

Mithoged by Reporting Centre Personnel (Name as in NRIC/ID card)

PRESCRIPTION OF STATE OF SIGNATURE (IF driver) and the policyholder) / Date & Time (Name as in NRIC/ID card)

vJun2022

Describe Circumstance of the Accident

Pls refu		/	7,0,0	120.20	1/1067
eclaration We declare the foregoing particul	ars are true in every	respect			
		unavu 🤝	20/10/22	olym	20/10/2
olicyholder's Signature / Date & T	ime Actual Griver's / Date & Time	Signature (if driver	is not the policyholder)	Witnessed by Repo	orting Centre Personne





2 of 3 Report No. T/20221019/7045

CONTINUATION OF REPORT

Driver		50511035			5566			
Name	JANAN DANIEL JEBSON			ID No.		T0238128H		
Related Vehicle	YM9769S (Lorry)			YM9769S (Lorry)		Contact	No.	81137503
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL		
Date	NIL		Date	1	VIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	of S	Slight			

Brief Details.

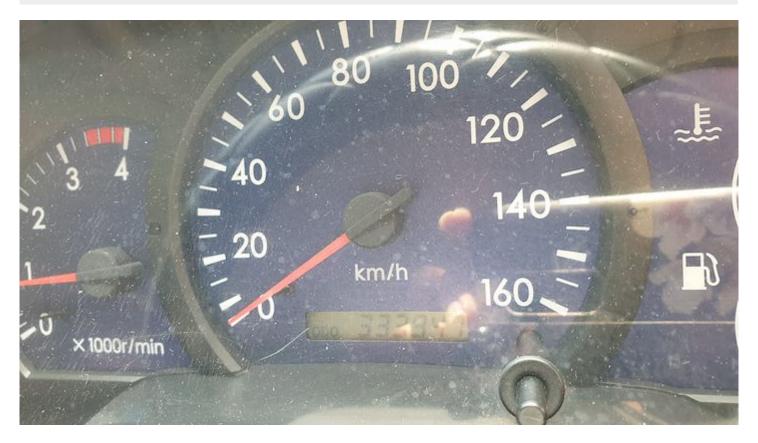
I janan daniel was driving lorry ym9769s along sim place , while i was about to right turn in to hdb block 63 with signal lights on , a motorcyclist collided on my right side while trying to overtake . my attendant was also in the vehicle .



















1 of 3 Report No. T/20221019/7045

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 122 19:38	Made:	Vide Report No.: G/20221019/0137	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: DANIEL JE		Address: 643 PUNGGOL CENTRAL #	05-334 SINGAPORE 820643		
	/ ID No.: D / T02381:	28H	Contact No.: Home/Office: Mobile: 81137503			
Nationality: SINGAPORE CITIZEN			Email: janandaniel2002@gmail.com			
Sex: Male	Age: 19	Date of Birth: 13/12/2002	Type of Informant:			
Race: Indian			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/10/2022 16:10	Type of Location Hdb turning
Location: SIMS PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
				Road Speed Limit: 50 Km/h Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
YM9769S	Lorry					0

Details of Person Involved	Waller Sweet Steel Steel Sport of Auto-2018 Use Server
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20221019/7045

CONTINUATION OF REPORT

Driver		SUPPLIED ST			501/100	
Name	JANAN DANIEL JEBSON			ID No.		T0238128H
Related Vehicle	YM9769S (Lorry)			Contact	No.	81137503
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date	N	VIL	
No. of Days gran	ted Medical Leave NIL Degree			f S	Slight	

Brief Details.

I janan daniel was driving lorry ym9769s along sim place , while i was about to right turn in to hdb block 63 with signal lights on , a motorcyclist collided on my right side while trying to overtake . my attendant was also in the vehicle .





3 of 3 Report No. T/20221019/7045

CONTINUATION OF REPORT

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0	Kes	100	п.	-	lan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
19/10/2022 19:38

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

NP168