

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 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 27/10/2022 09:23 (SGT)
Reported by Driver
Date of Accident 25/10/2022 08:10 (SGT)
Exact Location of Accident 10 Admiralty Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5100E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ENG CONSTRUCTION 2013 PTE LTD
Company Reg No 2XXXXX436N
Email Address BARKATAHMEADAHMAD@GMAIL.COM
Mobile Phone No (Phone) +65-97528588
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model K2500
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 2497

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05012946

DRIVER

Name of Driver ALI MD BARKAT
Work Permit No GXXXX368K
Date Of Birth 11/06/1989
Occupation Outdoor

Date Of Driving Pass	14/05/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80451209
Alt. Phone Number	-
Email Address	BARKATAHMEHAHMAD@GMAIL.COM
Address	51 N COAST DRIVE
Address complement	-
Postcode	756992
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	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 TO REPORT

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	SJU6851S
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.



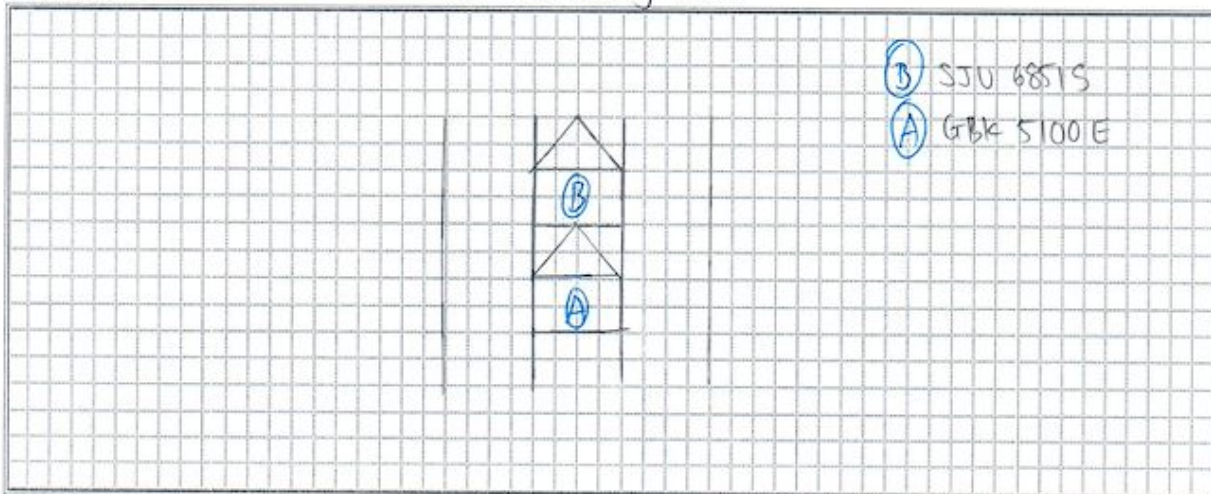
Policyholder's Signature / Date & Time

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

[Signature] 27/10/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

10 Admiralty Road



vJun2022

1

Describe Circumstance of the Accident

I was at the junction the light turned red the car in front of me ~~was~~ was stationary while waiting for the light to turn green ~~in~~ I was in gear but I let go abit of brake and my vehicle plate number hit the back of the front vehicle.

Location : 10 Admiralty Road

Declaration

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



Policyholder's Signature / Date & Time

bmt

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

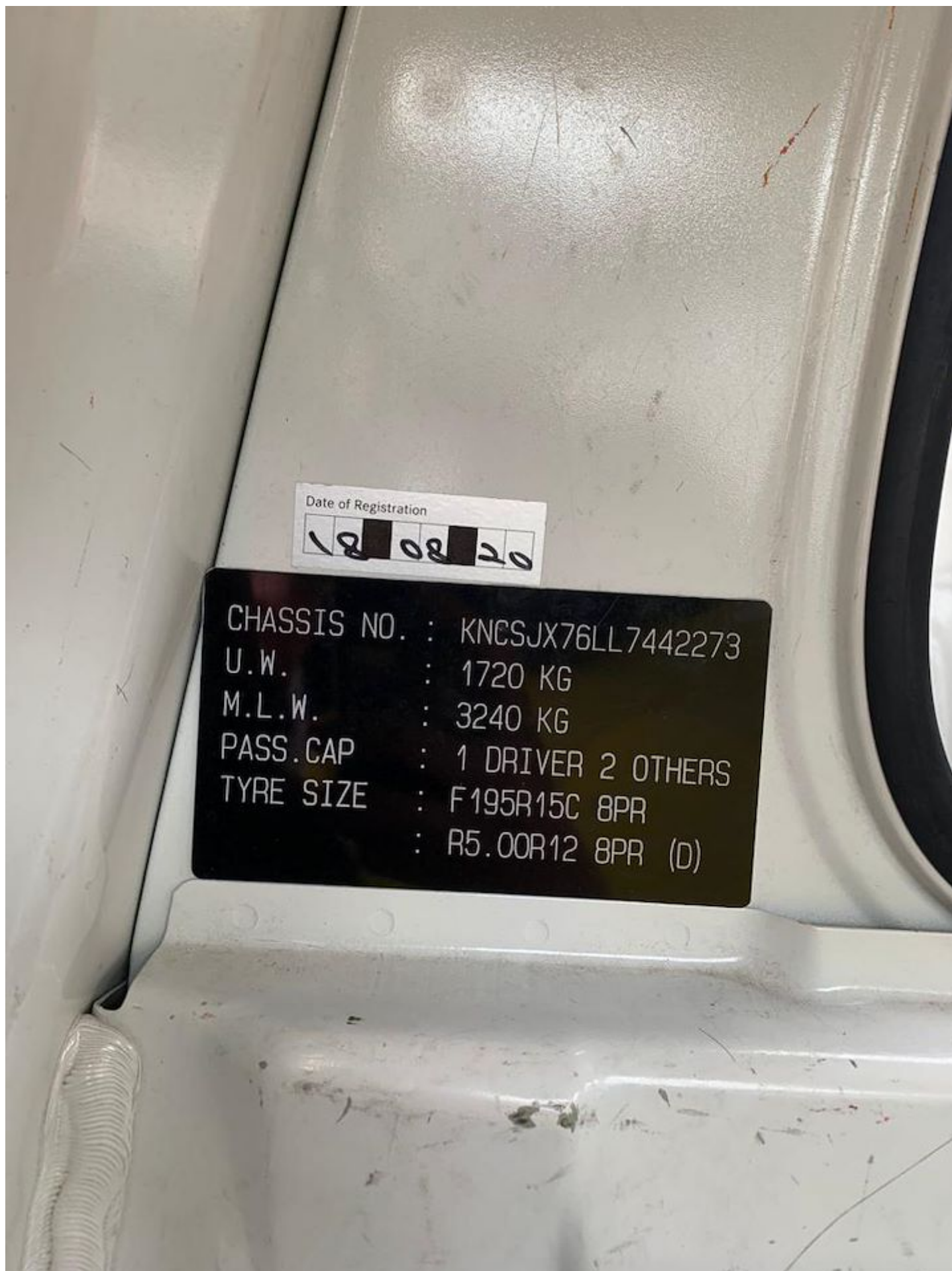
S/ 27/10

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









CHASSIS NO. : KNCSJX76LL7442273
U.W. : 1720 KG
M.L.W. : 3240 KG
PASS.CAP : 1 DRIVER 2 OTHERS
TYRE SIZE : F195R15C 8PR
: R5.00R12 8PR (D)







IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922AR0002 Vehicle Registration No: G8K5100E
 Name (as shown in NRIC): ALI MD BARKAT NRIC/FIN/Passport No: G27213681C
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 51 N COAST Drive Singapore ()
 Contact (Tel): - Mobile No.: 80451209
 Email Address: BARKATAHMEDAH.MAD@gmail.com
 Date of Accident: 25/10/22 Time of Accident: 0810
 Place of Accident: 10 Admiralty
 Insurance Company: Lompac

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Reporting only.

Policyholder / Driver's Signature
Date:

27/10
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

General Insurance Association Form