

# 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 .....	05/12/2022 22:39 (SGT)
Reported by .....	Driver
Date of Accident .....	04/12/2022 10:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BELILIOS LANE OSCP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GZ4311G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ENG LAM CONTRACTORS CO (PTE) LTD
Company Reg No .....	199206337G
Email Address .....	wailing@englam.com.sg
Mobile Phone No .....	(Phone) +65-64567667
Alternative Phone No .....	+65-93838474

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	PICKUP SINGLE CAB A-CHASSIS TD27
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 .....	2664

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VC05011275

### DRIVER

Name of Driver .....	THANGAVEL PARTHIPAN
Passport No/FIN .....	G3162840M
Date Of Birth .....	08/07/1989
Occupation .....	Indoor

Date Of Driving Pass .....	10/08/2018
Driving experience .....	4 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90621848
Alt. Phone Number .....	-
Email Address .....	parthipan@englam.com.sg
Address .....	64 KALLANG BAHRU #02-379 KALLANG BAHRU VILLE
Address complement .....	-
Postcode .....	330064
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) .....	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 .....	GANESAN SIVABALAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### 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 .....	SLE2338U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JAI PRAKAS N S/O AMIKA RAI
NRIC No .....	S2016393C
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLAN

VEH NO: 6743119  
INSURER: LAMPAC  
DATE OF ACC 04/12/22 @ 1030

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5. **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.
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 (Name as in NRIC/ID card)

Sketch Plan

PLEASE  
TURN  
OVER

**Describe Circumstance of the Accident**

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ☒ ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

**Sketch Plan**

Vehicle No: 624311G (Lompac)  
 Date & Time: 04/12/22 @ 1030 (clear/dry)

refer to police report.

**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

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

(AMK)

2

























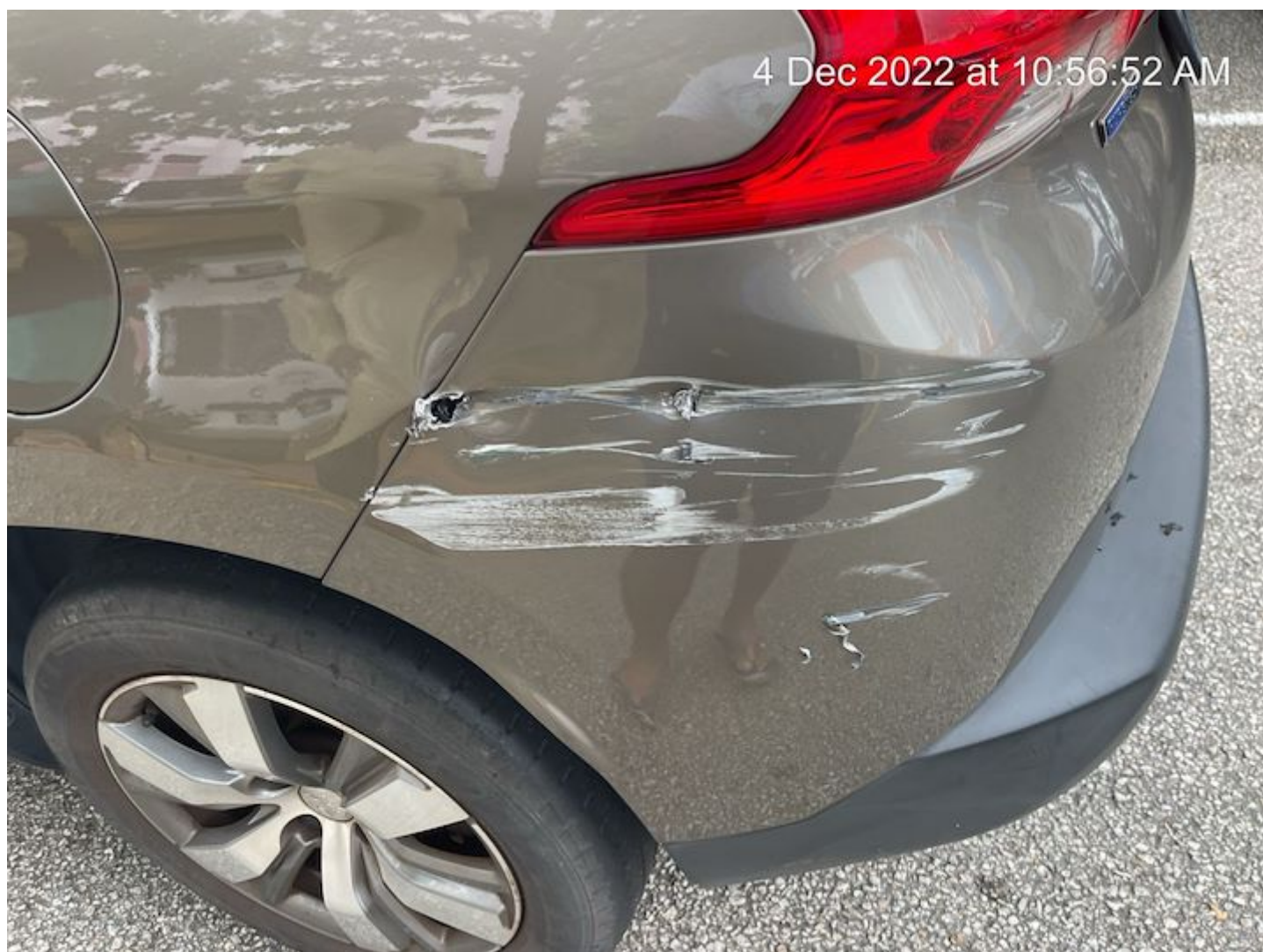















**SINGAPORE  
POLICE FORCE**


T/20221205/2010

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20221205/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/12/2022 08:33	Vide Report No.:	Station Diary No.: 48
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**Informant's Particulars**

Name of Informant: THANGAVEL PARTHIPAN	Address: 64 KALLANG BAHRU #02-379 KALLANG BAHRU VILLE SINGAPORE 330064		
ID Type / ID No.: FIN NO / G3162840M	Contact No.: Home/Office: Mobile: 90621848		
Nationality: INDIAN	Email:		
Sex: Male	Age: 33	Date of Birth: 08/07/1989	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: Site supervisor	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/12/2022 10:30	Type of Location: Car Park
Location:  BELILIOS LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ4311G	Van				Slightly Damaged	1
SLE2338U	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE  
POLICE FORCE**



T/20221205/2010

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20221205/2010

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	THANGAVEL PARTHIPAN		ID No. G3162840M
Related Vehicle	NIL		Contact No. 90621848
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Jai Prakas N S/O Amika Rai		ID No. S2016393C
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above-mentioned date, time and location, I was in my company vehicle bearing plate number 6743116 intending to exit the carpark of Gholia Village at Belilios Ln. As the carpark space is narrow, there is a bit of congestion when I was intending to leave my parking lot to and exit the carpark. I saw that another vehicle bearing plate number SLE2338U was ahead of me intending to park at my initial parking lot. He noted that I was about to leave as such he waited nearby for me. I gave signal to the said driver that I do not have enough space to leave the lot as such I told him to move forward and he acknowledged thus did so. I edged out of my parking lot and suddenly I felt a collision at the rear right of my vehicle. I stopped and came out to look. The said driver also disembarked and went out to check for any damages or injuries. There were no injuries however scratches were seen at both my right rear of my vehicle and his left back passenger door area nearing the left rear light. The said driver did not wait for me to fully exit my lot thus immediately proceeded to park into my initial lot by reversing into my vehicle.

I exchanged particulars with the said driver and there was no mention of any private settlement as such we agreed to make our own Police Report. I wish to state that I do not have any in vehicle camera however I noted a nearby parked vehicle bearing plate number GBG1225B (QUARTZ SURFACES SPECIALIST) who has an in-vehicle camera and may be a witness. I did not see or contact the driver of the previously mentioned vehicle. I have notified about this incident to my boss whom advised me to lodge a Police Report followed by filing for an insurance claim.



# SINGAPORE POLICE FORCE



T/20221205/2010

3 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20221205/2010

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

A /  
SGT 2 RIZAL ISKANDAR BIN  
JAFFAR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/12/2022 08:33

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT FAHRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168