

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	30/01/2023 08:12 (SGT)
Reported by	Driver
Date of Accident	27/01/2023 12:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANDERSON ROAD TOWARDS ORANGE GROVE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8061L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UCLEAR POOL WATER SERVICES
Company Reg No	5XXXX172W
Email Address	uclearpool@gmail.com
Mobile Phone No	(Phone) +65-80646043
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011120

DRIVER

Name of Driver	PANDIAN JAISANKAR
Passport No/FIN	FXXXX344M
Date Of Birth	29/06/1977
Occupation	Outdoor

Date Of Driving Pass	11/07/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80646043
Alt. Phone Number	-
Email Address	uclearpool@gmail.com
Address	BLOCK 6B, NO.3 LORONG 19 GEYLANG
Address complement	-
Postcode	388490
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)	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

PLEASE REFER TO THE ATTACHED 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	SNF1814P
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, undersigned, acknowledge, agree and consent that:
 (a) My insurer, my work and the General Insurance Association of Singapore ("GIA") may be 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 insurers who have insured vehicles involved in the accident (all insurers who have insured vehicles 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 agencies/entities, 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me (including about delivery of the same as well as on the external cover of envelopes/this package); and/or
 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes";
 (b) all insurers who have insured vehicles involved in the accident and the Insurers' lawyers/law firms may be 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 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 based outside of Singapore, for one or more of the above Purposes.



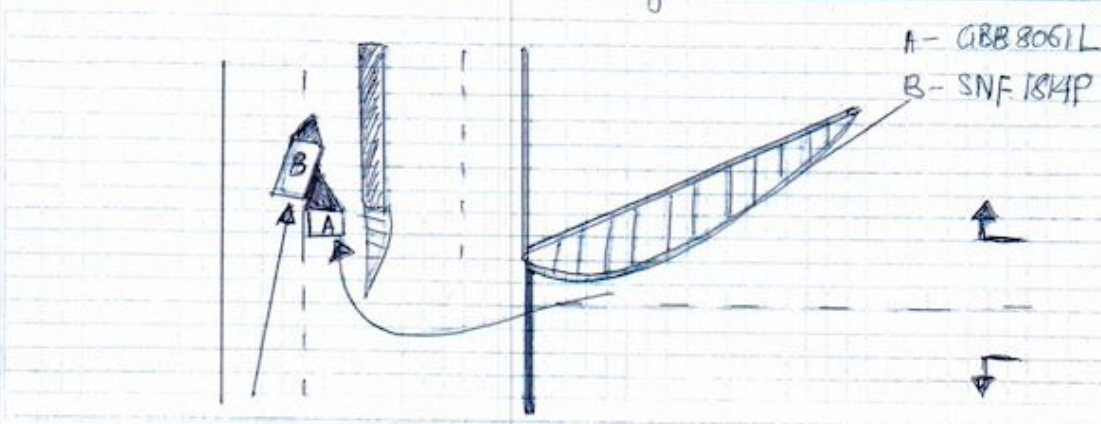
Policyholder's Signature / Date & Time

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

Witnessed by (if not a Driving License Person)
Name: as on his/her IC card

Sketch Plan

Anderson Road towards Orange Grove Road



Describe Circumstance of the Accident

I was heading back to my work place on 27/01/2023 around 12:35 pm and I was from Anderson Road going towards Orange Grove Road. It was a T-junction Road. I wanted to turn right to Orange Grove Road. I've already turned and vehicle B came straight from my left and hit the front left portion of my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Registering Centre Personnel / Name as on A-CD card

P. S. M.
27/01/2023

g. m. d. 30/1/2023







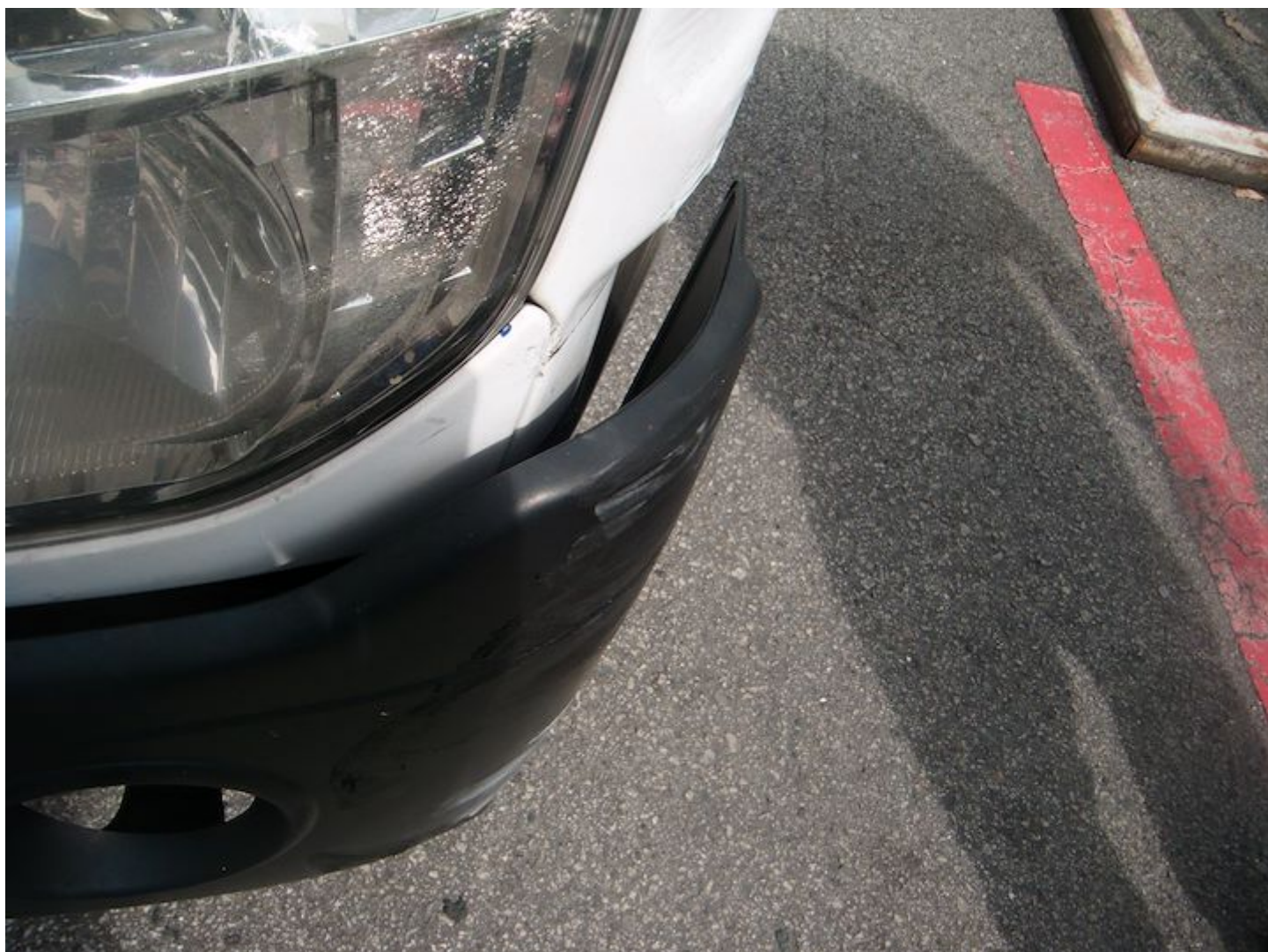






















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09231U0001 Vehicle Registration No: G8B8061L
 Name (as shown in NRIC): Pandian Jaisankar NRIC/FIN/Passport No: F8038344M
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Block 6B, No. 3 Lorong 19 Geylang Singapore (388490)
 Contact (Tel): _____ Mobile No.: 8064 6043
 Email Address: uclearpool@gmail.com
 Date of Accident: 27/01/2023 Time of Accident: 12:35
 Place of Accident: Anderson Road towards Orange Grove Road
 Insurance Company: Longsee Insurance.

(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:

Amend sketch plan - uploaded

Policyholder / Actual Driver's Signature
Date:

[Signature] 30/1/23
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: