

## 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 .....	19/04/2023 16:08 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	04/04/2023 20:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SERANGOON CENTRAL
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP8755Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RAJENDRAN S/O GOVINDARAJU
NRIC No .....	S1456214A
Email Address .....	Hosanna.loves2713@gmail.com
Mobile Phone No .....	(Phone) +65-87800840
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	NPR85UH5A 3.0 MT
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2999

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	DHARMESHWARAN DENNIS S/O RAVICHANDRAN
NRIC No .....	S9936105J
Date Of Birth .....	04/11/1999
Occupation .....	Outdoor

Date Of Driving Pass .....	06/03/2023
Driving experience .....	1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88178727
Alt. Phone Number .....	-
Email Address .....	knttyboiidanny@gmail.com
Address .....	APT BLK 647 ANG MO KIO AVE 6 #05-4881 (S) 560647
Address complement .....	-
Postcode .....	-
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 .....	Collided into Property
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 .....	PASSENGER
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

REFER WITH ATTACHED.

#### 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 .....	SLD1406T
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.

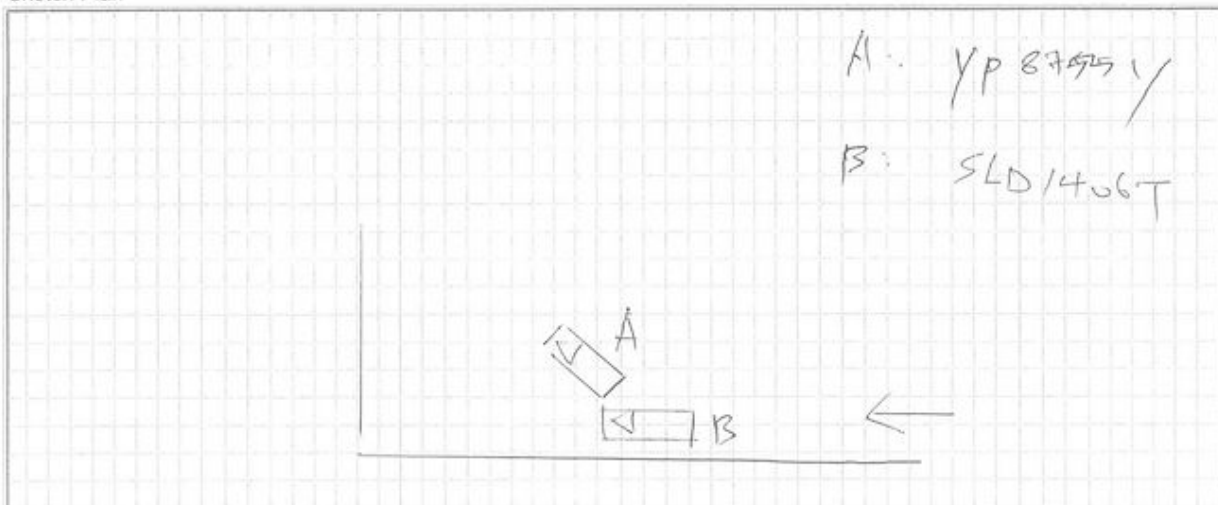
Policyholder's Signature / Date & Time

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

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



Sketch Plan



## Describe Circumstance of the Accident

I reverse my vehicle /p8791y at serayoon?  
 Central inside a very narrow road without  
 any car behind  
 when I proceed to make a right turn  
 toward exit. Next moment, my vehicle  
 had a minor scratch with a  
 car EL01406T front right side mirror  
 only. He claimed that his car front  
 right door unable to open. However,  
 we check out the scene still can open.  
 I got record it and door was not  
 damaged. My attendant who witnessed that  
 time no vehicle behind us.

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy,  
 please check your policy for more information.

## 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)

































Mr Chia Pin Hui  
Contractor Project Manager  
Nanjing Dadi Construction (Group) Co. Ltd.



**LONPAC INSURANCE BHD**  
(S98FC5635C)

Our ref : 22/23/23/VC05/027219

REGISTERED POST

Date : 10 April 2023

M/s Rajendran s/o Govindaraju  
Block 259 #07-14  
Kim Keat Ave  
Singapore 310259

Dear Sirs

**ACCIDENT INVOLVING YP8755Y & SLD1406T ALONG SERANGOON  
CENTRAK DRIVE ON 4.4.2022**

We refer to the above accident.

We have received a third party claim from the driver of SLD1406. The accident has not been reported to us. Please arrange for Dharmeshwaran Dennis s/o Ravichandran to proceed to our reporting centres/authorized workshops to lodge the accident report.

Kindly note that we will be carrying out an investigation and will proceed to defend and/or negotiate a settlement of this claim and any further claims arising from this accident as we deem appropriate.

If there are any further evidence which you would to bring to our attention in support of your case within 7 days of this letter.

Should you require any information or details, please contact us.

Kindly also note that you are required to notify us immediately upon receipt of all letters, claims, Writ of Summons, Traffic Police action issue against you. This includes all or any impending prosecution, inquest, fatal inquiry or offer of composition fine in connection with the above accident.

Please note that any failure on your part to observe this will result in us exercising our rights

Yours faithfully  
LONPAC INSURANCE BHD

GERALD POH  
SENIOR EXECUTIVE ( CLAIMS)  
Email : [mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)

Cc Pro-Link Insurance Agency

300 Beach Road #17-04/06 The Concourse Singapore 199555 Tel: (65) 62507388 Fax: (65) 62963767  
Website: [www.lonpac.com.sg](http://www.lonpac.com.sg)