

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	27/04/2023 11:22 (SGT)
Reported by	Actual Driver
Date of Accident	26/04/2023 08:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE CTE (CITY) EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3213S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PROSPECT CONSTRUCTION PTE LTD
Company Reg No	2XXXXX017N
Email Address	prospectcon.office@gmail.com
Mobile Phone No	(Phone) +65-90550510
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05016551

DRIVER

Name of Driver	JAYARAMAN JAYAKRISHNAN
Passport No/FIN	GXXXX966Q
Date Of Birth	12/02/1988
Occupation	Outdoor

Date Of Driving Pass	30/01/2019
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84126131
Alt. Phone Number	-
Email Address	prospectcon.office@gmail.com
Address	21 WOODLANDS CLOSE #02-19D
Address complement	PRIMZ BIZHUB
Postcode	737854
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	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)	4
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	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL1052G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	OSMAN BIN SUJAK
NRIC No	SXXXX820B
Contact Number	(Phone) +65-87512149
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

ON 26/04/2023 AT ABOUT 08:30 HRS I WAS TRAVELLING
 AHEAD TOWARDS WAS JUST BEFORE CIE (CITY) EXIT. TRAFFIC
 WAS NORMAL & I TRAVEL WITH A NORMAL SPEED IN
 LANE 2 (LEFT LANE). WHEN I WAS ABOUT TO CHANGE
 LANE I SAW A VAN GBLISSER FROM MY REAR VIEW
 MIRROR & I LET HIM PASS ME, AFTER HE PASS
 ME I START TO SWITCH LANE, AFTER MY LORRY WAS
 STRAIGHTEN, SUDDENLY I SAW THE VAN BRAKE LIGHT
 SO I GENTLYLY BRAKE BECAUSE BEHIND MY LORRY
 HAVE 2 WORKER WHICH I COULD NOT JAM BRAKE
 & HIT THE REAR OF THE VAN.

Declaration

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



J. Jayaraj

27/04/2023

Policyholder's Signature / Date & Time

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

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





















