# **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 witholding 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.

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   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** 

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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **WORKER** Gender 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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	GBL1052G -
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)	-

### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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 Traffic Police Department for investigation.
- 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.
- By the ladgement 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.

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Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE BEFORK (IL (III) E-II

PIE BEFORK (III) E-II

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v.Jun2022

PIR TOWARDS THAT FUST BEFORE CTE (CTY) EXIT. TRAFFIC  WAS NORMAL & I TRAVEL WITH A XORMAL SPEEDY EN  LANE 2 (LEFT LAME). WHEN I WAS ABOUT TO CHARGE  LAMB I SAW A VAM GBLIOSIG FROM MY REARR VIEW  MIRROR & I LAT HIM PASS ME, APTER HE PASS	Obscribe Circumstance of the Accident ONI 26/64/2023 AT ABOUT E8:30 HRS I WAS TRAVISUUMG
LOWE 2 (LEFT LAME). WHEN I WAS ABOUT TO CHONGE LOWER I SAW A VAM GOLLOSSE FROM MY READE VIEW MIRROR & I LAT HIM POSS ME, AFTER HE POSS ME I STORET TO SWITCH LOWER, AFTER MY WERY WOR STRONGHTON, SUDOFONLY I SAW THE VAM BROKE LIGHT SO I GEMILFOLY BRAKE BECOMEN BEHIND MY LORRY HAVE 2 WORKER WHICH I COULD MOT JAM BROKE	PIR TOWARDS MAY FUST BEFORE CTE (CTTY) EXIT. TRAFFIC
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MIRROR & I LAT HIM POSS ME, AFTER MY WERY WOR ME I START TO SWITCH LAWK, AFTER MY WERY WOR STRENGHTHM, SUDOFONLY I SAW THE VAM BROKE LIGHT SO I CHMILENY BRAKE BELOWSH BELLIND MY LORRY HAVE I WORKER WHICH I COULD NOT Jam BROKE	LONE 2 (LEFT LANE) WHEN I WAS ABOUT TO CHANGE
MR I START TO SWITCH LANK, AFTER MY WERY WAS STREAMSHIRM, SUDOFFMLY Z SAW THE VAM BRAKE LIGHT SO I CHMILENY BRAKE BECOUSE BEHIND MY LORRY HAVE 2 WORKER WHICH I COULD NOT JAM BRAKE	LAME I SAW A VAM GBLIOSDER FROM MY READE VIKE
B I GENTLELY BRAICE BECOUSH BEHIND MY LORGY HAVE 2 WORKER WHICH I COULD NOT JAM BROKE	MIRROR of I LAT HIM POSS ME, AFTER HE POSS
	STRUMENTAN, SUDOFONLY Z SAW THE VAM BROKE LIGHT

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time (Name as in NRIC/ID card)

vJun2022

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