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 19/06/2023 18:31 (SGT) Reported by **Actual Driver** Date of Accident 18/06/2023 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS BKE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

4009

Vehicle Registration Number YP4250M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner QUEK & QUEK CIVIL ENGINEERING PTE LTD Company Reg No 198800877H Email Address admin@quekce.com.sg Mobile Phone No (Phone) +65-63688123 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hino Model XZU710R-HKFMS3 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

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05013731

DRIVER

CC

Name of Driver CHINNATHAMBI PADMANABAN Passport No/FIN G8088538K Date Of Birth 18/04/1989 Occupation Outdoor

Date Of Driving Pass 31/07/2022 Driving experience 11 MONTHS Gender Male Mobile Number (Phone) +65-86475709 Alt. Phone Number Email Address admin@quekce.com.sg Address C/O 215 KRANJI ROAD Address complement Postcode 739486 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 **DRIZZLING** Road Surface Wet 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? 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? Police Station Name Bukit Panjang Neighbourhood Police Centre Police Station Address No.1 Segar Road #01-05 Singapore 677738 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** SNB9695J

Vehicle Registration Number

Vehicle Manufacturer

Volkswagen
Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SNB9695J

Volkswagen
Jetta

Volkswagen
Jetta

Private car

Name of Driver	-
Contact Number	_
Address	
Address complement	_
Postcode	_
nsurance Company Name	_
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEH NO YP 4250 M INSURER - LOND QC DATE OF ACC : 18/16/23/8/33

IMPORTANT NOTICE

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 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

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

Sketch Plan

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SKETCH PLAN

DATE OF ACC 18/16/23@1330

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- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
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- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

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Policyholder's Signesyn

the policyholder) / Date

Winessed by Reporting Centre Personnel (Name as in NRICITO card) DVMM (YS

Sketch Plan

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CONFIDENTIAL



NOTICE OF COMPLIANCE

This is to inform that Chinnathambi Padmanaban, FIN G8088538K, HP 86475709, residing at 12 Kranji Link S(728677) has report to the Police a non-injury traffic accident which occurred at PIE towards BKE on 18/06/2023 at 1330hrs involving the following vehicles:

V1YP4250M (White Hino Lorry) - No passenger

SNB9695J (White Volkswagen Jetta) - 1 passenger V2

Facts: On 18/06/2023 at about 1330hrs, V1 was driving along PIE towards BKE on the 4th lane when V2 suddenly stopped. V1 tried to stop but collided onto V2's rear. Particulars was exchanged. No one was injured. V1 has no camera. V1's front bumper was cracked and V2's rear bumper was damaged.

2. If the accident was reported to Police within 24 hours of its accident occurrence, He/she therefore has complied with Sec 84(2) of the Road Traffic Act, 276

3.

Rank/Name of Issuing Officer: SSSgt Firdaus

Date

: 18/06/2023

S/D Ref

: 80

Police Post/ Unit

: Bukit Panjang NPC

Bukit Panjang NPC 1 Segar Road #01-05

Singapore 677738

Tel: 6892 9999

CONFIDENTIAL



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: Vehicle Registration No: (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Contact (Tel): Email Address: 4d Min Date of Accident: Time of Accident: Place of Accident: Insurance Company: (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: Policyholder / Actual Driver's Signature Reporting Centre Personnel's Signature Name (as in NRIC/ID card): MUN (Y) Date: Date:

v3un2022