

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	14/07/2023 12:37 (SGT)
Reported by	Actual Driver
Date of Accident	25/06/2023 19:08 (SGT)
Exact Location of Accident	E Coast Park Service Rd, East Coast Park, Singapore
Additional Location Information	CARPARK F2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2884Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LPJ ENGINEERING & GENERAL SERVICES PTE. LTD
Company Reg No	2XXXXX845C
Email Address	lpjjiva@gmail.com
Mobile Phone No	(Phone) +65-63975780
Alternative Phone No	+65-96863337

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FEB21ER4SDEB
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
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05017730

DRIVER

Name of Driver	SATHYAMOORTHY RAJENDRAN
Passport No/FIN	GXXXX524Q
Date Of Birth	11/11/1983
Occupation	Outdoor

Date Of Driving Pass	02/09/2008
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81190846
Alt. Phone Number	-
Email Address	lpjjiva@gmail.com
Address	BLK 142 MARSILING ROAD #05-2092
Address complement	-
Postcode	730142
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	No Collision
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230714/2032

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	SKN3132D
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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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.**
6. 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.
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.

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.

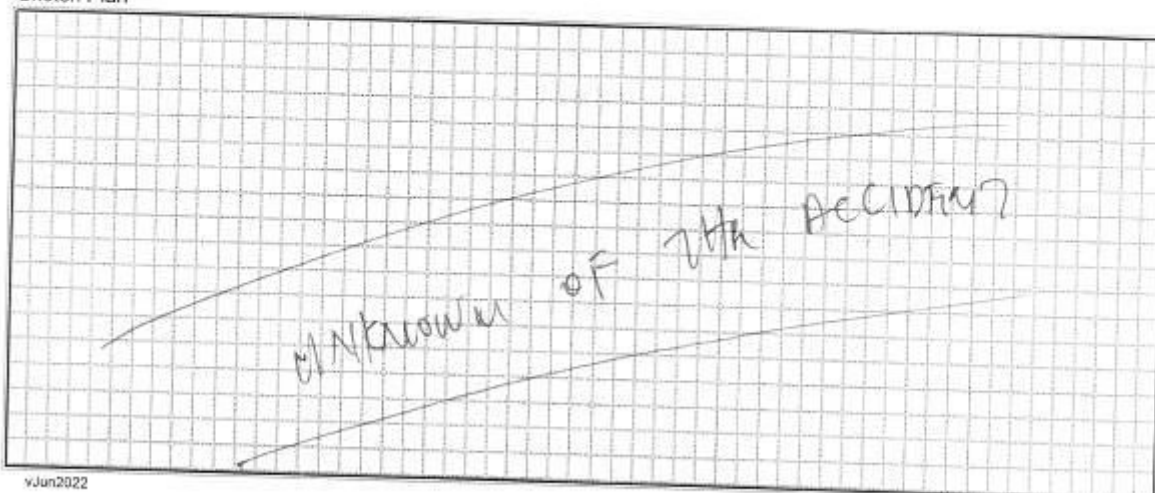


Policyholder's Signature / Date & Time

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



vJun2022

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230714/2032

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 14/07/23
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

10:30am

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

[Signature] 14/07/2023

vJun2022

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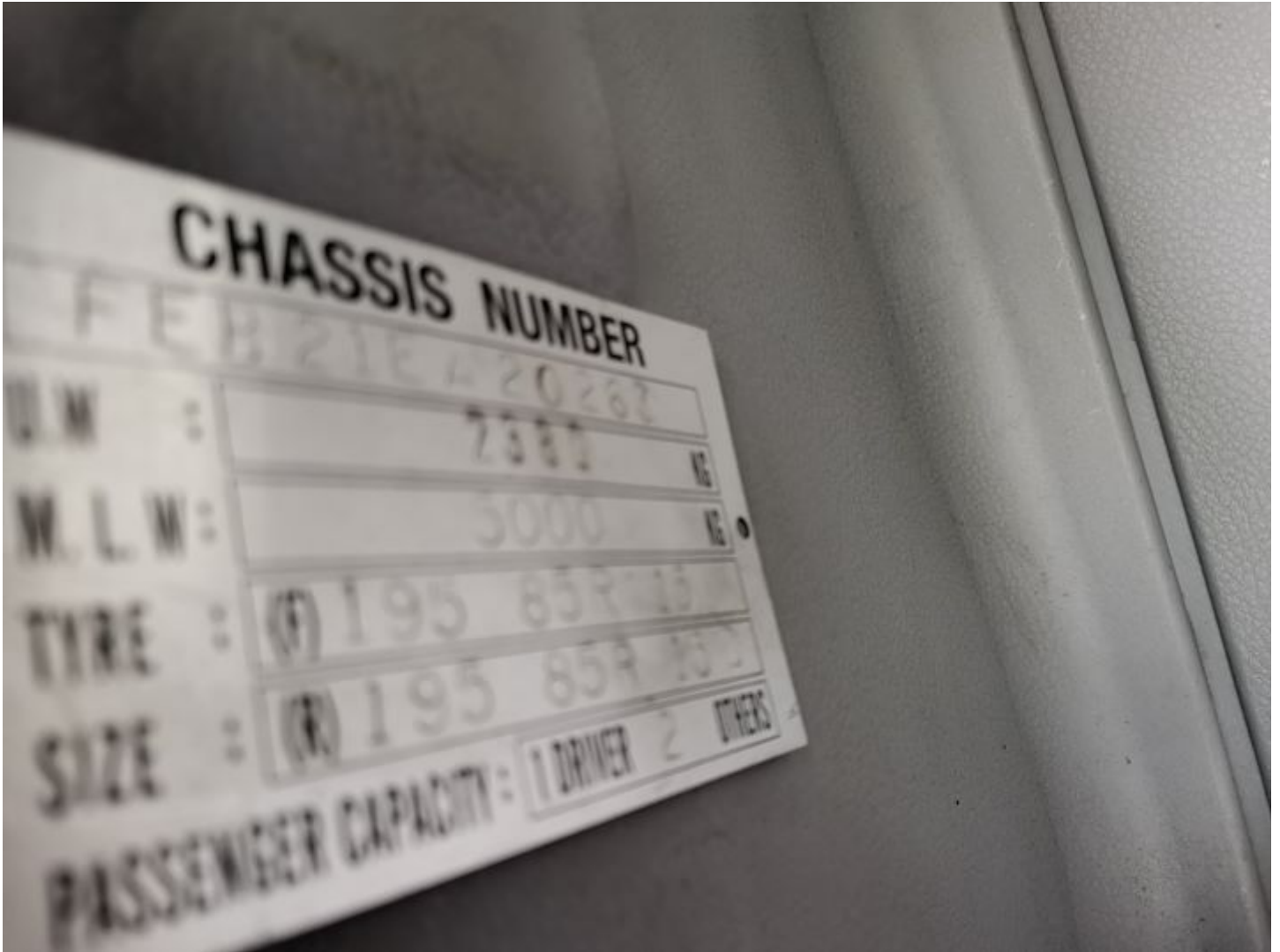













**SINGAPORE
POLICE FORCE**


T/20230714/2032

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20230714/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2023 11:37		Vide Report No.:		Station Diary No.: 53
Informant's Particulars				
Name of Informant: SATHYAMOORTHY RAJENDRAN		Address: APT BLK 142 MARSILING ROAD #05-2092 SINGAPORE 730142		
ID Type / ID No.: FIN NO / G7988524Q		Contact No.: Home/Office: Mobile: 81190846		
Nationality: INDIAN		Email:		
Sex: Male	Age: 39	Date of Birth: 11/11/1983	Type of Informant: Driver	
Race: Indian		Language:		
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry: 29/10/2023		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/06/2023 19:05	Type of Location: Car Park
Location: EAST COAST PARK SERVICE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN3132D	Car					0
YP2884Y	Lorry	MITSUBISHI	CANTER	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


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Report No. T/20230714/2032

CONTINUATION OF REPORT

Driver			
Name	SATHYAMOORTHY RAJENDRAN		ID No. G7988524Q
Related Vehicle	YP2884Y (Lorry)		Contact No. 81190846
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: 29/10/2023
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/06/2023 at about 1908hrs, I was driving my company vehicle YP2884Y and was along East Coast Parkway, right outside of Carpark F2. At that point, I remembered that I was doing a parallel parking right outside of the said carpark. As my vehicle is not fitted with reversed parking camera, I am unsure whether did I hit onto anything or vehicle. I wish to state that at that point, I do not heard or saw anything indicated that a collision had occurred.

On 14/07/2023 at about 0800hrs, my company passed me a letter from TP (Ref: TP/IP/18640/2023) and was instructed to lodge a traffic accident report.



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T/20230714/2032

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Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230714/2032

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J/
SGT 2 ALDON CHUA JUN WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:
14/07/2023 11:37

Classification Of Case:

NP168