

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	21/07/2023 15:54 (SGT)
Reported by	Actual Driver
Date of Accident	28/05/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GARDENS BY THE BAY OPEN-AIR CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP1685L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIONG CONSTRUCTION PTE LTD
Company Reg No	2XXXXX375W
Email Address	info@liongconst.sg
Mobile Phone No	(Phone) +65-90614275
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	Z23VC05016937

DRIVER

Name of Driver	RAMASAMY RANJITH KUMAR
Passport No/FIN	GXXXX391X
Date Of Birth	15/03/1980
Occupation	Outdoor

Date Of Driving Pass	28/05/2009
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-82685968
Alt. Phone Number	-
Email Address	info@liongconst.sg
Address	7030 ANG MO KIO AVENUE 5 , NORTHSTAR @ AMK
Address complement	# 05-08
Postcode	569880
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	Side Swipe
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	SNJ7225D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZAINAB BINTE SALEHUDDIN
NRIC No	SXXXX426Z

Contact Number	(Phone) +65-94566365
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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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.



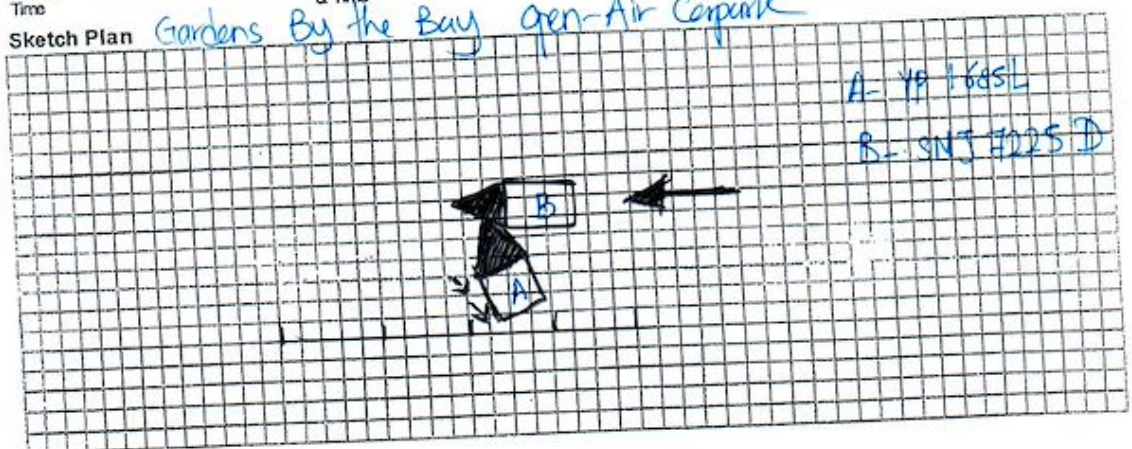
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Gardens By the Bay Gen-Air Carpark



Describe the Circumstance of the Accident

On the above mentioned date and time, I was at Gardens By the Bay Open-Air Carpark and I wanted to park my vehicle at the parking lot. While reversing my vehicle to park into the lot, suddenly vehicle B came from my right hand side without stopping and hit the front right portion of my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

P. L. Limal 21/7/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

gmuhi 21/7/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

v1.0a2022

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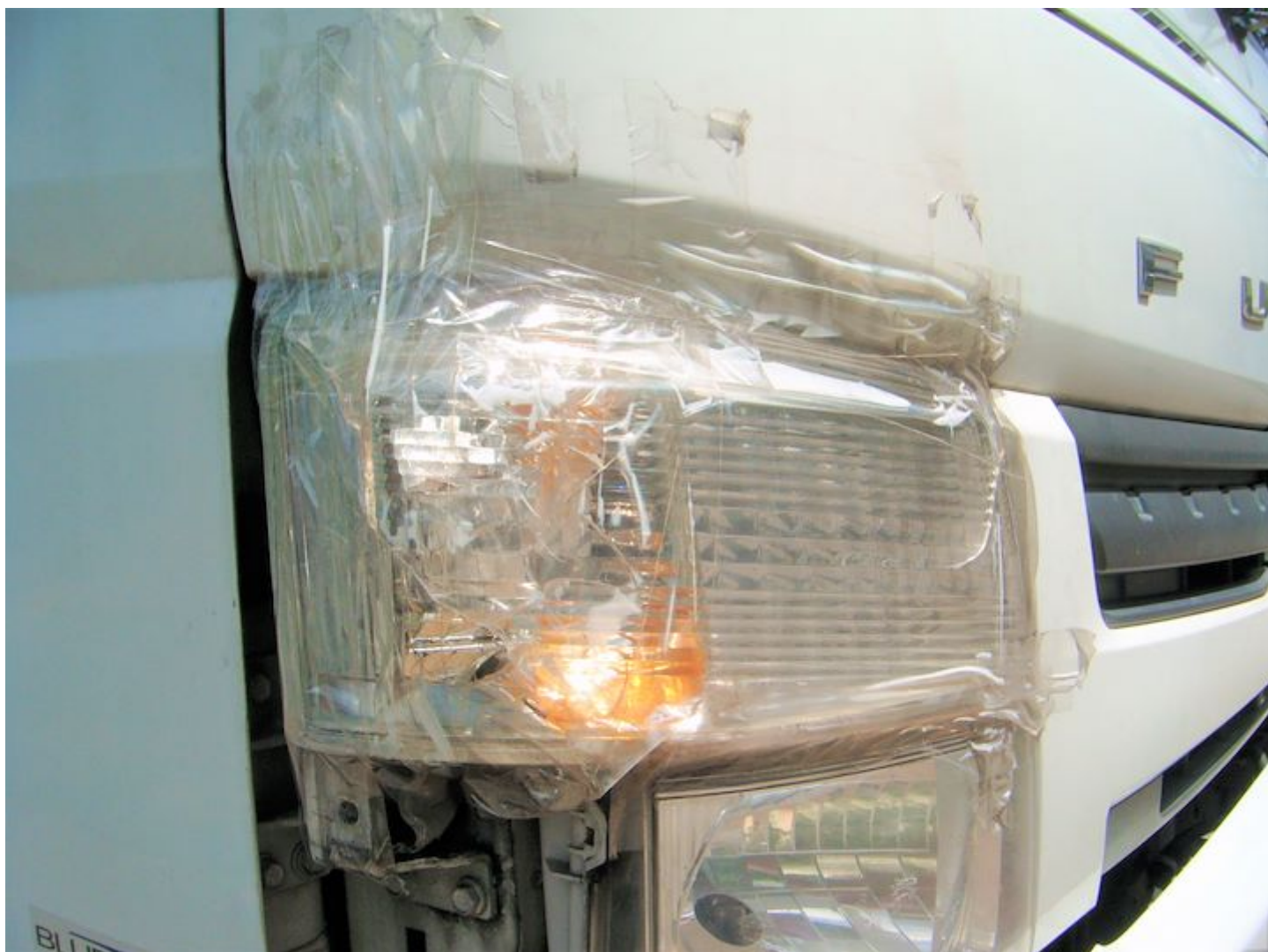
































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09237L0004 Vehicle Registration No: YP168SL
 Name (as shown in NRIC): Rameshmy Renukumar NRIC/FIN/Passport No: G7247391X
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 7030 AMK Avenue S, Northstar @ AMK #0508 Singapore (664880)
 Contact (Tel): _____ Mobile No.: 9061 4275
 Email Address: info@longconst.sg
 Date of Accident: 28/05/2023 Time of Accident: 17:00
 Place of Accident: Gardens By the Bay open - Air Capade
 Insurance Company: Jenpure

(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:

Amend add accident scene photos.

Policyholder / Actual Driver's Signature
Date:

[Signature] 21/7/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: