

## 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 First Submission .....	21/08/2024 18:32 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/08/2024 02:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JURONG WEST ST 41 OPEN CARPARK BLK 496
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP7203E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DIAN HUANG ENTERPRISE PTE. LTD.
Company Reg No .....	201015681D
Email Address .....	dianhuang0111@gmail.com
Mobile Phone No .....	(Phone) +65-96625064
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Canter
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
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z24VC05025824

#### DRIVER

Name of Driver .....	LUAN YI
Passport No/FIN .....	G3173251X
Date Of Birth .....	17/11/1986
Occupation .....	Outdoor
Driving Pass Date .....	04/02/2021
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	3 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83331415
Alt. Phone Number .....	-
Email Address .....	luanluamyi60@gmail.com
Address .....	689C WOODLANDS DR 75 #01-112
Address complement .....	-
Postcode .....	730689
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 .....	Collided into Parked Vehicle
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 .....	Woodlands West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003639999
Alt. Police Station Phone No .....	(Fax) +65-63640997
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
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? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA8617T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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

VEH NO: YP 7203 E  
 INSURER: LON PAC  
 DATE OF ACC: 19/08/24 02:15 HRS

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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 (Name as in NRIC/ID card)

*Juan Yr*

*Speeda (W)*  
 21/8/24 ✓

**Sketch Plan**

PLEASE  
TURN  
OVER

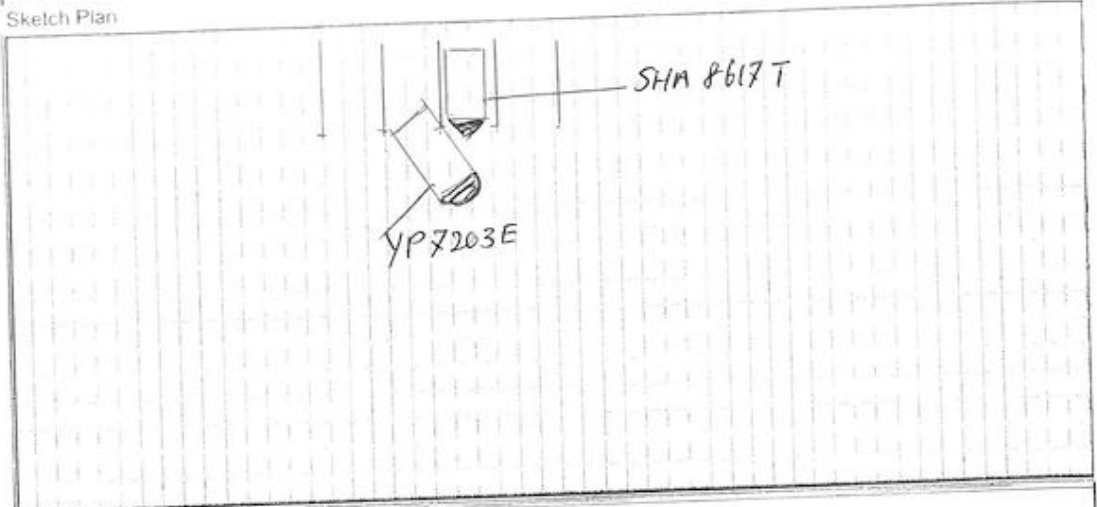
Describe Circumstance of the Accident

\*\* NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ☒ ) Reporting Only

( ) Claim OD/ TP at other workshop ( \_\_\_\_\_ )

Sketch Plan



ATTACHED TO POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time

Zuan Xi

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

*[Signature]*

Effendi (WL) ✓

21/8/24

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















**SINGAPORE  
POLICE FORCE**



T/20240819/2004

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Report No. T/20240819/2004

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738122  
Tel No: 1800-363 9999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/08/2024 08:33  
Video Report No.:  
Station Diary No.: 13

**Informant's Particulars**

Name of Informant: LUAN YI			Address: 689C Woodlands Drive 75 #01-112 SINGAPORE 730689		
ID Type / ID No.: FIN NO / G3173251X			Contact No.: Home/Office: Mobile: 83331415		
Nationality: CHINESE			Email: luanluanyl60@gmail.com		
Sex: Male	Age: 37	Date of Birth: 17/11/1986	Type of Informant: Driver		
Race: Chinese			Language: Chinese		
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 3 Date of Expiry: 10/10/2024		

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2024 02:15	Type of Location: Car Park
Location: JURONG WEST STREET 41			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic
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 Passengers
SHA8617T	Motor car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0
YP7203E	Lorry	MITSUBISHI	CANTER FEB21CR3S DEB	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999



T/2024/12/04

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Report No. T20240819/2004

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: No	
No. of Pedestrians Injured: NIL			
Name: LUAN YI		ID No.	G5173251X
Related Vehicle: YP7203E (Lorry)		Contact No.	80331415
Hospital/Clinic: NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 10/10/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 19/08/2024 at about 0200hrs, I parked my vehicle (VRN: YP7203E) at lot 184 at open carpark of Blk 496 Jurong West Street 41 Singapore 640496. At about 0215hrs, I went to my vehicle and decided to drive off. As I was driving out of the parking lot, I turned left and hit onto a taxi (VRN: SHA8617T) which was parked at parking lot 185. My left rear vehicle had hit onto the taxi's front right portion. As such, the taxi's right bumper dislodged and fell off.

I then informed my company (Dian Huang Enterprise Pte Ltd) about the matter and was advised to make a Police report. I wish to state that no one was injured. I had drove off the vehicle as the owner of the taxi was not at scene. I had left my contact detail on the taxi to contact me.

I am lodging this report for insurance purpose as directed by my company.



SINGAPORE  
POLICE FORCE



T/20240819/2004

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Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20240819/2004

CONTINUATION OF REPORT

Signature of Officer Recording The  
L/  
SI HONG XIONGXING

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT LEE GUANG HUI  
Contact No.: 65476414

NP168

Signature Of Inicrmant:

Date/Time:  
19/08/2024 08:33

Classification Of Case: