

## 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 .....	17/10/2024 16:07 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/10/2024 09:17 (SGT)
Exact Location of Accident .....	Bukit Batok West Ave 6, Singapore
Additional Location Information .....	TWDS BUKIT BATOK STREET 21
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK4324H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ENG TAT TRANSPORT TRADING
Company Reg No .....	35110300K
Email Address .....	CBLAWA@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97673285
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1600
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 .....	Z24VC05025414

#### DRIVER

Name of Driver .....	LAW LEE SENG
NRIC No .....	S1007823G
Date Of Birth .....	19/12/1948
Occupation .....	Outdoor
Driving Pass Date .....	26/03/1975
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	49 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97438582
Alt. Phone Number .....	-
Email Address .....	CBLAWA@GMAIL.COM
Address .....	BLK 232B SUMANG LANE #07-383
Address complement .....	-
Postcode .....	822232
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 .....	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

VEHICLE IN FRONT SUDDENLY STOP DUE TO ONCOMING TRAFFIC. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

#### 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 .....	SKJ5299P
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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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

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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.

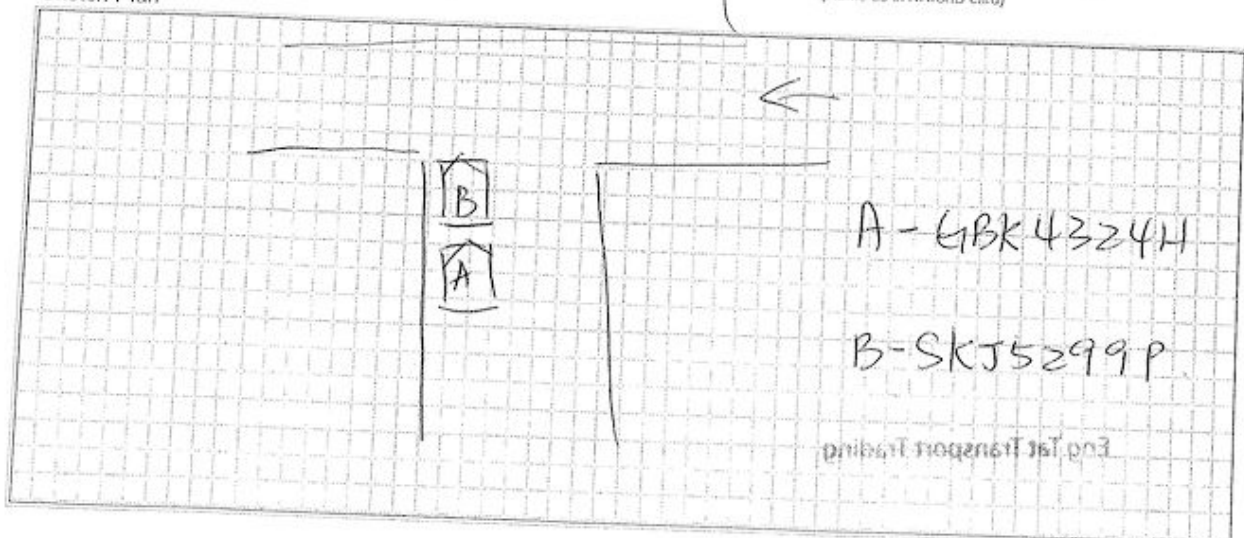
Eng Tat Transport Trading

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)

Sketch Plan



30ME

1

Describe Circumstance of the Accident

Vehicle in front suddenly stop due to on  
coming traffic, I couldn't stop in time  
and hit onto vehicle B rear portion.

Vehicle A

Declaration

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

Eng Tat Transport Trading

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)

2













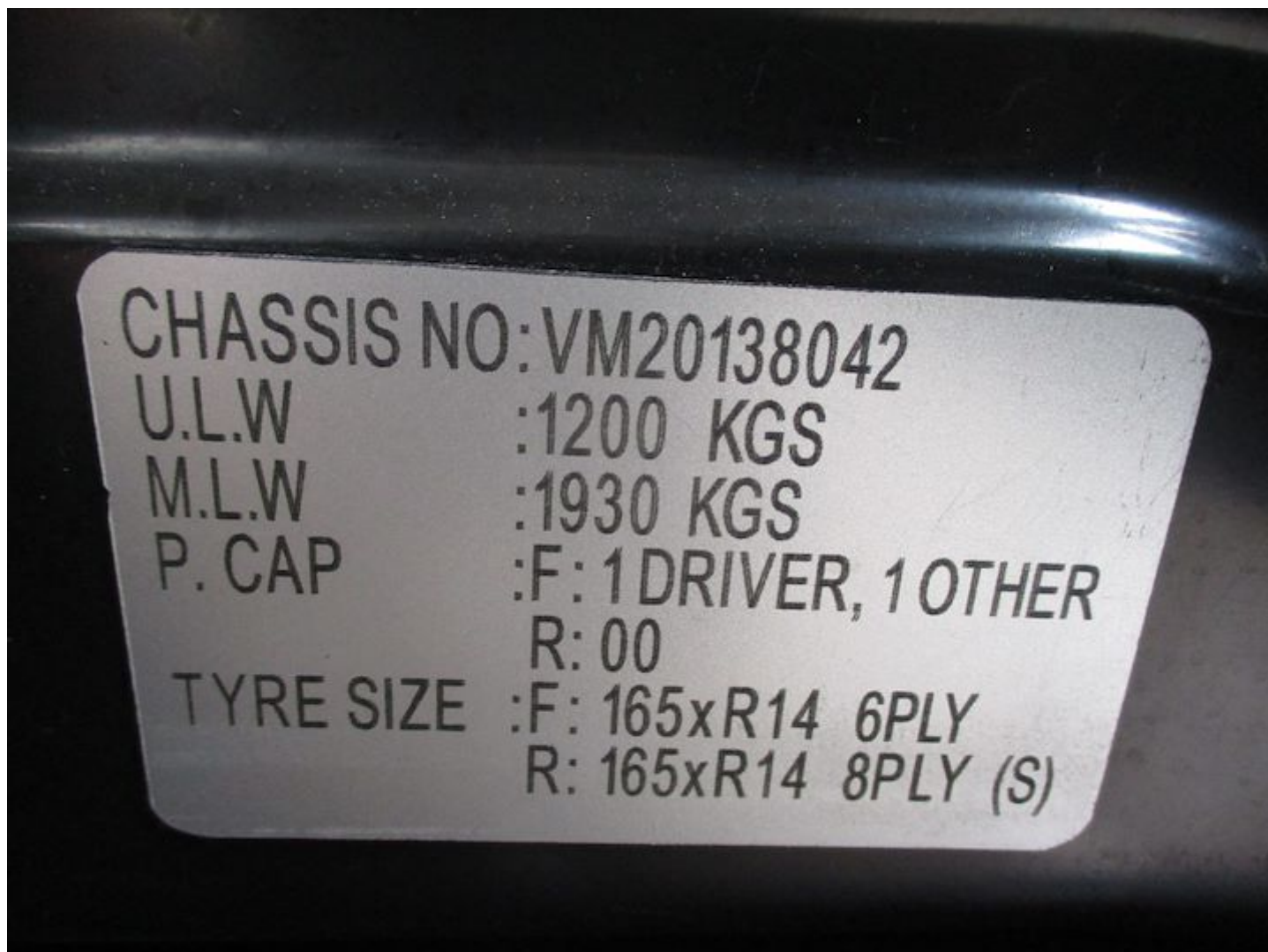



















**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 200, Beach Road #17-01/05, The Concourse, Singapore 199555.

Tel: (65) 6256 7388 Fax: (65) 6236 2267 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

**THE SCHEDULE**

<b>Class of Policy</b>	: COMMERCIAL VEHICLE	<b>Policy No.</b>	: Z24VC05025414
<b>Insured</b>	: ENG TAT TRANSPORT TRADING	<b>Type of Cover</b>	: COMPREHENSIVE
<b>Address</b>	: 12 SUNGEI KADUT STREET 6 SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 728858	<b>Replacing CN/Policy No.</b>	: -
<b>Nature of Business</b>	: LOGISTICS COMPANIES / FREIGHT FORWARDING / TRANSPORTATION	<b>Account No</b>	: Z10466

<b>Period of Insurance</b>	
(a) From 10/07/2024 To 09/07/2025 (both dates inclusive)	
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	

<b>H.P. Owner</b>	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
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Description of Vehicle		The Policy's Premium			
		Premium Component	%	Amount (\$\$)	Total (\$\$)
Vehicle/Trailer Regn. No	: GBK4324H	Basic Premium			1,893.93
Make & Model of Vehicle	: NISSAN NV200 DX-2 1.6 AUTO	NCD	20.00%	-378.79	
Type of Body	: VAN	Premium After Discount			1,515.14
Engine No	: HR16153049D	Gross Premium			1,515.14
Chassis No	: VM20138042	Actual Gross Premium			1,515.14
Year of Registration	: 2020	GST	9.00%	136.36	
Tonnage	: 0.71	<b>Total Premium Payable</b>			1,651.50
Seating Capacity	: 2				
Sum Insured	: MARKET VALUE				
Excess	S\$ 1,000.00 (SECTION 1) S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)				
Condition	: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS				