

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	13/11/2024 01:24 (SGT)
Reported by	Actual Driver
Date of Accident	11/11/2024 17:30 (SGT)
Exact Location of Accident	Near Opp Blk 657 CP, Singapore
Additional Location Information	BOON LAY WAY TOWARDS BOON LAY MRT (JURONG POINT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2092K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASSOCIATED ENTERPRISE (S) PTE LTD1979
Company Reg No	197900283H
Email Address	JASON-SERENE-MCE@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-64550555
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R 14FT
Variant	300
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	Goods vehicle
Transmission	Manual
CC	4009
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	Z24VC05021665

DRIVER

Name of Driver	LEE TECK HEONG
NRIC No	S7116110B
Date Of Birth	09/05/1971
Occupation	Outdoor
Driving Pass Date	16/01/1993
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	31 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96714491
Alt. Phone Number	-
Email Address	JASON-SERENE-MCE@YAHOO.COM.SG
Address	BLK 684C JURONG WEST STREET 64
Address complement	#15-129
Postcode	643684
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	Raining
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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5503M
Vehicle Manufacturer	Toyota

Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
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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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

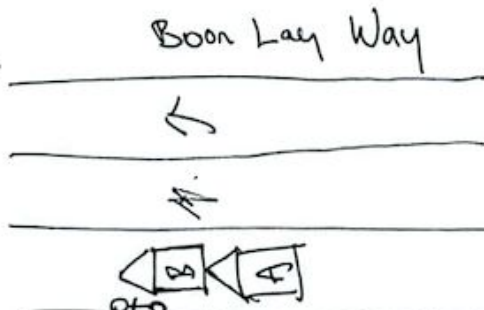
Sketch Plan



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



Witnessed by Reporting Centre Personnel



A: YQ2092K

B: GBD15503M



















SINGAPORE ACCIDENT STATEMENT

Accident Date: 11/11/2024	Time: 5:30 pm	(hh:mm) 24 hr format
Location: Boon Lay Way towards Boon Lay MRT		
Vehicle Number: YQ 2022-K		
Insured Name: Associated Enterprises (S) Pte Ltd		
NRIC/FIN: 197900283H	Contact Number: 6455 0555	
Make: Hino	Model: XZU710R	
Are you claiming under your own insurance policy for repair to your vehicle?		
<input checked="" type="checkbox"/> Yes If No, Pls select: () Third Party () Reporting		
Insurance Company: Lonpac		
Type of Policy: <input checked="" type="checkbox"/> Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number: Z24VC05021665		
Name of Driver: Lee Teck Heong		() Same as Insured
NRIC/FIN: S71161108		
Date of Birth: 09/05/1971		Contact Number: 9671 4491
Driving Pass Date: 12 NOV 1990		
Occupation: () Indoor <input checked="" type="checkbox"/> Outdoor		
Gender: <input checked="" type="checkbox"/> Male () Female		
Email Address: JASON-SERENE-MCE@yahoo.sg		() NO EMAIL
Address of Driver: 684C Jurong West St 64 #15-129		
S643684		
Was driver an employee of the Insured's Company? <input checked="" type="checkbox"/> Yes () No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes <input checked="" type="checkbox"/> No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions: () Clear <input checked="" type="checkbox"/> Raining () Others		
Road Surface: () Dry <input checked="" type="checkbox"/> Wet () Others		
Was any foreign vehicle involved in this accident? () Yes <input checked="" type="checkbox"/> No		
Was anybody injured in the accident? () Yes <input checked="" type="checkbox"/> No		
If yes, injured detail		
Was there any video captured by Car Camera? <input checked="" type="checkbox"/> Yes () No		
Was the Accident reported to the Police? () Yes <input checked="" type="checkbox"/> No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B: QBD 5503 M		
Veh C:		
Veh D:		
Veh E:		
Veh F:		



Describe Circumstances of the Accident

On 11/11/2024 @ around 5:30 PM, I was travelling on Boon Lay way towards Boon Lay MRT at near Lamp post 302 ABD 5503M suddenly put on e-brake due to a stationary bike. Due to wet road I was not in time to stop even if I step on a e-brake.

I then hit into the rear of his Lorry.

Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel