

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	25/06/2024 10:57 (SGT)
Reported by	Actual Driver
Date of Accident	24/06/2024 09:50 (SGT)
Exact Location of Accident	703 Hougang Ave 2, Block 703, Singapore 530703
Additional Location Information	Junction of Hougang Ave 2 & Upper Serangoon Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1061L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	W H Ho General Contractor
Company Reg No	27902900D
Email Address	1982rick.lee@gmail.com
Mobile Phone No	(Phone) +65-92223599
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cxz50k
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05020390

DRIVER

Name of Driver	Lee Meng Chye
NRIC No	S1196450H
Date Of Birth	14/07/1956
Occupation	Outdoor

Driving Pass Date	26/06/1978
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-92223599
Alt. Phone Number	-
Email Address	1982rick.lee@gmail.com
Address	Blk 247, Jurong East St 24, #07-32
Address complement	-
Postcode	600247
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 - Cross Junction
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

Refer to attached sketch plan.

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	XE2068G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Mohd Rashid Bin M Yunus
Passport No/FIN	G7605956Q

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

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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

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

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

Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1
☐ Claim Own Damage ☐ Claim Third Party ☒ Reporting Only ☐ Claim OD/ TP at other workshop

Describe Circumstance of the Accident	Date:	Time:	Location:
	24/06/2024	0950	JUNCTION OF HOUGANG AVE 2 AND UPPER SERAGUON ROAD
AT THE JUNCTION OF HOUGANG AVE 2 AND UPPER SERAGUON ROAD, MY VEHICLE WAS STATIONERY STOP WITH HAND BRAKE ON. REAR VEHICLE HORN ME AND TOOK ME I HIT HIS VEHICLE.			
* DAMAGE OF THE REAR VEHICLE WAS AT THE CENTRE AND MY VEHICLE MOST OUTSIDE PARTS OF THE VEHICLE WAS AT THE SIDE.			
1. Was this statement translated from another language?			
() Yes (/) No			
** If Yes, please assist to provide the original statement and the details of the translator below:-			
** NOTE: Translated statement is to be signed off by the Translator			
2. What is the original language used in the statement?			
() English () Mandarin () Malay () Tamil () Others: _____			
2. Translator Information (all information required to be provided)			
Name of Translator:			
Translator ID:			
Translator Mobile No.:			
Translator Email:			

Declaration

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



[Signature]

[Signature] 25/6/24

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)









CHASSIS NO: JALCXZ50KG-7000107
U-W **10720 KG**
M-L-W : 27500KG
PASS CAP : 02
TYRE SIZE : F 1100x20x16(P)
: R 1000x20x16(P)DX2





LONPAC INSURANCE BHD (SMFC5635C)
(Incorporated in Malaysia)
Singapore Office: 300, Beach Road #17-04/05, The Concourse, Singapore 190555
Tel: 65 4286 7261 Fax: 65 4296 3767 Website: www.lonpac.com.sg
GST Reg No.: P0-606635-C

MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: 223VC05025390

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

ISUZU CX250K
- KD1061L

2. Name of Policy Holder

W H HO GENERAL CONTRACTOR

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

11/10/2023

4. Date of Expiry of the Insurance

10/10/2024

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE
(Singapore Branch)User ID: LER01
Date Issued: 27/09/2023

Certificate of Insurance - Page 1 of 2