SP0Z24CD0001 / POON POONG MOTORS PTE LTD
ENTRY DATE & TIME: 14/12/2024 02:57 (SGT)
SUBMITTED BY: JOSEPHINE CHAN
VERSION: 1 (14/12/2024 02:57 (SGT))

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 witholding 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	14/12/2024 02:57 (SGT)
Reported by	Actual Driver
Date of Accident	12/12/2024 14:00 (SGT)
Exact Location of Accident	Near 8XPH+GH Singapore
Additional Location Information	ECP EXIT 1 TOWARD PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4069R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JD WORKS PTE LTD
Company Reg No	2XXXXX006R
Email Address	SERVICE@JDWORKS.SG
Mobile Phone No	(Phone) +65-98137391
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6M/T
Variant	LORRY WITH HOOD/CANOPY
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	Manual
CC	2497
Vehicle Fuel	Diesel
First Regisration Date	01/08/2017
Chassis no	KNCSJX76LG7118355
Effective Date/Time of Ownership	01/08/2017 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VC05024535

DRIVER

Name of Driver	MONDOL BIMOL KUMAR
Work Permit No	GXXXX898L
Date Of Birth	13/02/1986
Occupation	Outdoor
Driving Pass Date	05/02/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98137391
Alt. Phone Number	-
Email Address	SERVICE@JDWORKS.SG
Address	1 SUNVIEW ROAD
Address complement	#05-27 ECO-TECH@SUNVIEW
Postcode	627615
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	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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?	No

SKETCH PLAN

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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.

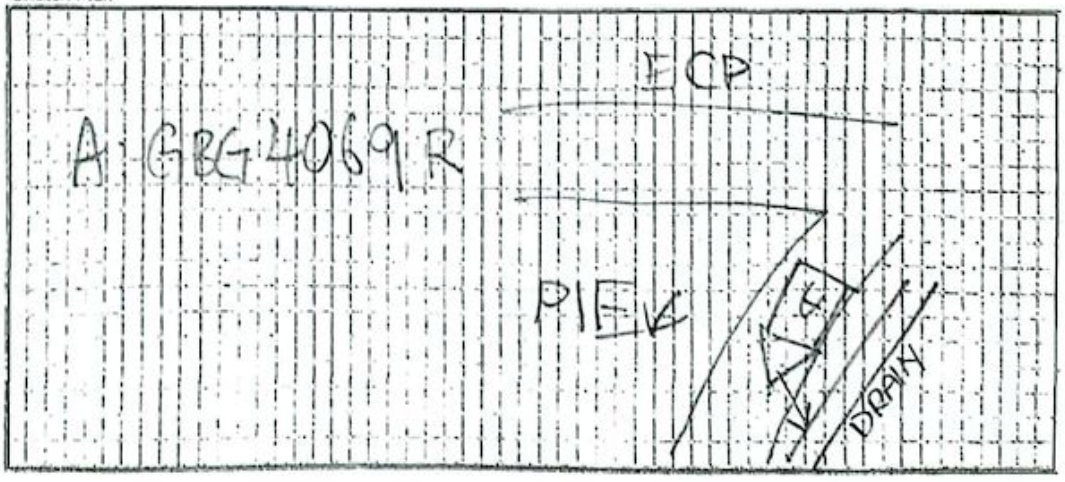
(collectively the "Purposes")

(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)
X	Bimal	

Sketch Plan



1

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IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


60
IOT · Motor · Solar · Innovation
JD Works Pte Ltd
13
pax
GBG 4069 R

IMAGES #6

IMAGES #7


기아자동차(주)
KIA MOTORS CORPORATION
변속기 차축 도장 의장
TRANSM AXLE PAINT TRIM
MA GW
KNCSJX76LG7118355

IMAGES #8

IMAGES #9

IMAGES #10

Describe Circumstance of the Accident

On December 12, at 14:00pm, the driver was driving on ECP toward P/E.
Driver felt sleep at the exit and drove into the wet grass on the side of the road. The lorry collided and slid into the drainage ditch.

Declaration

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

X

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)

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SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/12/2024 Time: 14:00	(hh:mm) 24 hr format
Location ECP PIE	
Vehicle Number SBG4069R	
Insured Name JD WORKS PTE LTD	
NRIC /FIN 2016 19006R	Contact Number 98137391
Make K19	Model K2500
Are you claiming under your own insurance policy for repair to your vehicle?	
(✓) Yes If No,Pls select: ( ) Third Party ( ) Reporting	
Insurance Company LOUDSC INSURANCE BHD	
Type of Policy (✓) Comphensive ( ) Third Party Fire & Theft	( ) TP Only
Policy Number 224VC0502K535	
Name of Driver MONDOL BIMOL KUMAR	( )Same as Insured
NRIC / FIN G6525875L	Contact Number 98137391
Date of Birth 13/02/1985	
Driving Pass Date 05-02-2018	
Occupation ( )Indoor (✓) Outdoor	
Gender (✓) Male ( ) Female	
Email Address SERVICE@JDWORKS.SG	( )NO EMAIL
Address of Driver 1 SUNVIEW RD #05-27	
Was driver an employee of the Insured's Company? (✓) 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	(✓) No
If Yes , Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	
Weather Conditions (✓) Clear ( ) Raining ( ) Others	
Road Surface (✓) Dry ( ) Wet ( ) Others	
Was any foreign vehicle involved in this accident? ( ) Yes	(✓) No
Was anybody injured in the accident? ( ) Yes	(✓) No
If yes , injured detail	
Was there any video captured by Car Camera? ( ) Yes	(✓) No
Was the Accident reported to the Police? ( ) Yes	(✓) No If yes attach police report
DETAILS OF 3rd party Name / Nric	Contact
Veh B	
Veh C	
Veh D	
Veh E	
Veh F	

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