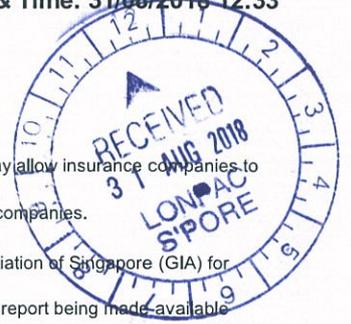


### SINGAPORE ACCIDENT STATEMENT



#### 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 Authorised 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 ability.
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 Report	31/08/2018 11:25
Date Of Accident	24/08/2018 10:30
Exact Location Of Accident	BLK 16 UPPER BOON KENG ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4150P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAMEN SORA-SAPPORO
Co Reg No	53344301J
Email Address	WEEGOASIA@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68588563

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/18/VC00/101795
Cover Note Number	15/05/2018 TO 14/05/2019

#### Driver

Name of Driver	ANG ENG CHOON
NRIC No	S0063812I
Date Of Birth	29/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96695615
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address APT BLK 244 BUKIT BATOK EAST AVE 5 #06-04 (S) 850244

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO THE ATTACHED.

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Accident Sketch Plan Pg. 1

Fax: 6748 1006

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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)

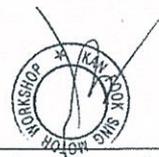
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Please Chop Sign & Return

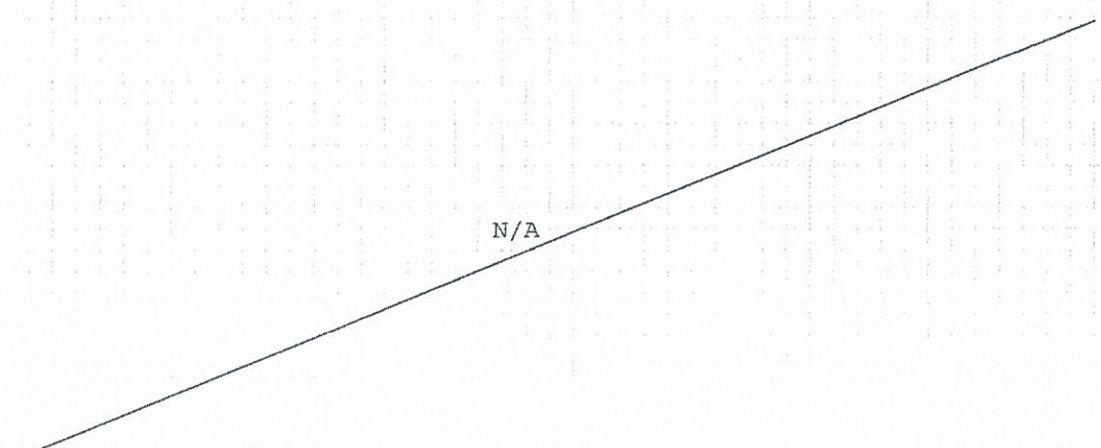
Policyholder's Signature  
Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 31-08-2018  
 @ 1135HRS

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS INFORMED BY MY COMPANY THAT THERE IS AN ACCIDENT CLAIM AGAINST MY COMPANY VEHICLE GX4150A. ACCORDING TO MY COMPANY, WE RECEIVE A LETTER FROM OUR VEHICLE INSURANCE COMPANY, IT STATED THAT VEHICLE GX4150A INVOLVED AN ACCIDENT ON 24-08-2018 AT BLK 16 UPPER BOON KENG ROAD. I TRIED TO RECALL, I DID DRIVE VEHICLE GX4150A TO THE MENTIONED LOCATION TO COLLECT GOODS ON THE SAME DAY AT ABOUT 10.30AM. HOWEVER, I AM NOT AWARE ABOUT THE MENTIONED INCIDENT AS I DID NOT FEEL ANY IMPACT OR HEAR ANY SOUND WHEN I WENT THERE. I LODGE THIS REPORT FOR RECORD PURPOSE.

<b>DECLARATION</b>	
I, HEREBY DECLARE that:	
1. The reporting centre personnel has explained the above statement & sketch plan to me	
2. I fully understand and agree with the above statement.	
3. The information given is true and correct to best of my/our knowledge and belief.	
Please Chop Sign & Return 	INS. CO.: LONPAC INSURANCE
Name, Signature & Company Stamp (if applicable)	VEH. NO.: GX4150A
	DOA: 24-08-2018
	CLAIM TYPE: REPORTING ONLY

DECLARATION

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

\_\_\_\_\_  
Please Chop Sign & Return  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31-08-2018  
@ 1135HRS

\_\_\_\_\_  
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

