

## 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             | 24/09/2018 12:04               |
| Date Of Accident           | 21/09/2018 16:15               |
| Exact Location Of Accident | BISHAN ROAD TOWARDS BISHAN MRT |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | GBC1787S               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | PENTA LIGHTING PTE LTD |
| Co Reg No                   | -                      |
| Email Address               | NOEMAIL                |
| Mobile Phone No             |                        |
| Alternative Phone No        | OFFICE-98449000        |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | NISSAN             |
| Model  | CABSTAR            |
| Exact Purpose for which vehicle was being used at time of accident           | COMPANY USE        |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                 |
| If No, Please state action to be taken                                       | THIRD PARTY        |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                      |
|---------------------------|----------------------|
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage          | COMPREHENSIVE        |
| Fleet Policy              | NO                   |
| Policy Number             | Z18VPC05000102       |
| Cover Note Number         |                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | LIONG SIN CHOON      |
| NRIC No              | S2610111E            |
| Date Of Birth        | 22/09/1963           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 15/08/1986           |
| Driving Experience   | 32 YEARS AND 1 MONTH |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-98449000 |
| Fax Number           |                      |
| Contact Number       |                      |
| EMail Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | BLK 986C JURONG WEST STREET 93 #07-619 |
| Postcode  | 643986                                 |
| 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   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | WET             |

#### 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?   | YES                             |
| Was any injured conveyed to hospital by ambulance?  | YES                             |
| Was any other material or property damaged?   | YES                             |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                              |
| Number of Passengers (Including Driver)   | 2                               |
| Passenger 1   | NAME: : CAT<br>GENDER: : FEMALE |

#### Details of Police Action

|   |                      |
|---|----------------------|
| Was the accident reported to the police?  | YES                  |
| If Yes, Please state which Police Station |                      |
| POLICE STATION NAME [OTHER]               | ANG MO KIO SOUTH NPC |
| Was notice of intended Prosecution given? | NO                   |
| If Yes, against whom?                     |                      |

#### Circumstances of Accident

REFER TO SKETCH PLAN.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |            |
|-----------------------------|------------|
| Vehicle Registration Number | FBE8491M   |
| Vehicle Make/Model/Colour   | MOTORCYCLE |
| Details Of Properties       |            |
| Vehicle Category            | MOTORCYCLE |
| Name of Driver              |            |
| NRIC/Passport Number        |            |
| Contact Number              |            |
| Address                     |            |
| Postcode                    |            |
| Insurance Company Name      |            |
| Nature Of Damage            |            |

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGM7400G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver EDWIN  
NRIC/Passport Number  
Contact Number 97622690  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGY7883H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver TOH  
NRIC/Passport Number  
Contact Number 98389803  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBE8491M  
Were seat belts worn? NO  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**SKETCH PLAN**

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6. The 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 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.



Policyholder's Signature

Date & Time:

24 SEP 2018



Driver's Signature

(If driver is not the policyholder)

Date & Time:

24 SEP 2018



Reporting Centre Personnel's Signature

Name:

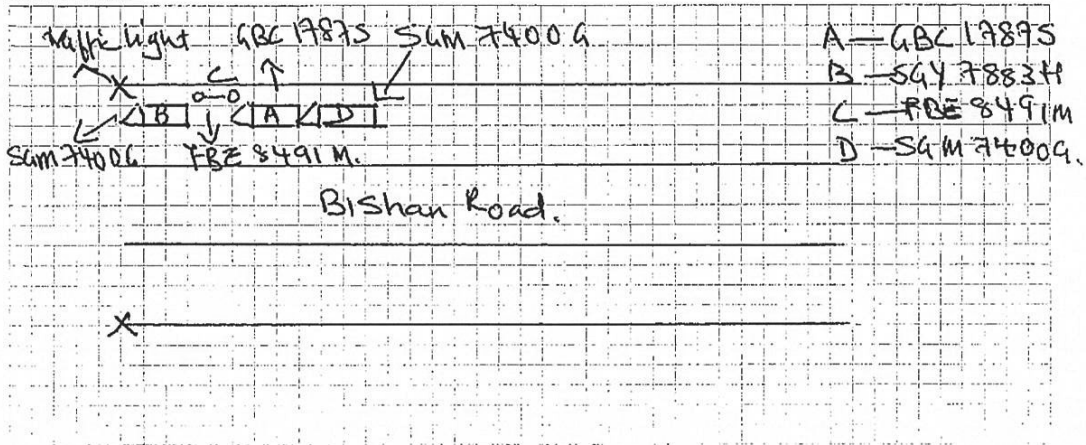
Jenny Lim

NRIC/FIN No.:

S6927273H

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report.

## DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

24 SEP 2018

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

24 SEP 2018

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

Jenny Lim  
S6927273H





**SINGAPORE  
POLICE FORCE**



T/20180921/2173

1 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20180921/2173

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>21/09/2018 18:12 | Vide Report No.:<br>E/20180921/0107 | Station Diary No.:<br>93 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |                            |                 |
|--|------------|------------------------------|--|----------------------------|-----------------|
| Name of Informant:<br>LIONG SIN CHOON    |            |                              | Address:<br>APT BLK 986C JURONG WEST STREET 93 #07-619<br>SINGAPORE 643986 |                            |                 |
| ID Type / ID No.:<br>NRIC NO / S2610111E |            |                              | Contact No.:<br>Home/Office: Mobile: 98449000                              |                            |                 |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |                            |                 |
| Sex:<br>Male                             | Age:<br>54 | Date of Birth:<br>22/09/1963 | Type of Informant:<br>Driver   |                            |                 |
| Race:<br>Chinese                         |            |                              | Language:<br>English   | Institution / School Name: |                 |
| Occupation:<br>Lorry driver              |            |                              | Driving Licence Information:<br>Class: 2B,3                                |                            | Date of Expiry: |

**General Information of the Accident**

|  |                                 |   |  |                                     |
|--|---------------------------------|---|--|-------------------------------------|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                          | Date/Time of Accident:<br>21/09/2018 16:15 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>BISHAN ROAD                     |                                 |   |  |                                     |
| Along Bishan Road towards Bishan MRT                         |                                 |   |  |                                     |
| Weather:<br>Clear  |                                 | Road Surface:<br>Wet                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                                 | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                 |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model   | Color  | Condition            | No of Passenger |
|-------------|------------|--------|---------|--------|----------------------|-----------------|
| FBE8491M    | Motorcycle |        |         | Black  | Seriously<br>Damaged | 0               |
| GBC1787S    | Lorry      | NISSAN | Cabstar | Silver | Slightly<br>Damaged  | 1               |
| SGM7400G    | Car        |        |         | Black  | Seriously<br>Damaged | 0               |
| SGY7883H    | Car        |        |         | Silver | Slightly<br>Damaged  | 1               |



**SINGAPORE  
POLICE FORCE**



T/20180921/2173

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20180921/2173

## CONTINUATION OF REPORT

|                                   |                  |  |                                    |
|-----------------------------------|------------------|--|------------------------------------|
| <b>Details of Person Involved</b> |                  |  |                                    |
| Any Pedestrian Involved: No       |                  |  |                                    |
| No. of Pedestrians Injured: NIL   |                  | Use of Pedestrian Crossing: NA         |                                    |
| <b>Driver</b>                     |                  |  |                                    |
| Name                              | LIONG SIN CHOON  | ID No.                                 | S2610111E                          |
| Related Vehicle                   | GBC1787S (Lorry) | Contact No.                            | 98449000                           |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL              | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL              | Degree of Injury                       | NIL                                |
| <b>Driver</b>                     |                  |  |                                    |
| Name                              | Edwin            | ID No.                                 | NIL                                |
| Related Vehicle                   | SGM7400G (Car)   | Contact No.                            | 97622690                           |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL              | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL              | Degree of Injury                       | NIL                                |
| <b>Driver</b>                     |                  |  |                                    |
| Name                              | Toh              | ID No.                                 | NIL                                |
| Related Vehicle                   | SGY7883H (Car)   | Contact No.                            | 98389803                           |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL              | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL              | Degree of Injury                       | NIL                                |

**Brief Details.**

On 21/09/2018 at about 415pm, I was driving my vehicle one Nissan Cabstar Silver in colour bearing registration number GBC1787S along Bishan Road heading towards Bishan MRT Station. I was on the right most lane and had stop my vehicle behind a motorcycle FBE8491M as the Traffic light was red. Suddenly I felt an impact coming from the rear and my vehicle surged forward colliding onto the motorcycle FBE8491M. The rider then fell off and his bike collided onto the vehicle SGY7883H which was in front of the motorcycle.

I then alighted to make a check and discovered that a black vehicle bearing registration number



**SINGAPORE  
POLICE FORCE**



T/20180921/2173

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Report No. T/20180921/2173

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**CONTINUATION OF REPORT**

SGM7400G had collided onto the rear of my vehicle causing the chain accident. The Traffic Police and ambulance soon arrived. I then manage to exchange particulars with the other vehicle's driver. However, the rider of the motorcycle, an elderly man, was conveyed to the hospital.

I was also advice to lodge a Traffic Accident report.