

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	04/10/2018 17:22
Date Of Accident	04/10/2018 07:45
Exact Location Of Accident	MANDAI ROAD JUNCTION MANDAI LAKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY7797Z
Insured/Policyholder	
Name Of Registered Owner	KIM TIONG HUAT CONTRACTOR PTE LTD
Co Reg No	198803260C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67840520

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)

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	Z18VC05000234
Cover Note Number	

Driver

Name of Driver	YAR MUI HONG
NRIC No	S1275630E
Date Of Birth	31/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98739296
Fax Number	
Contact Number	OFFICE-67840520
EMail Address	NOEMAIL

Address	BLK 51 NEW UPPER CHANGI ROAD #11-1516
Postcode	461051
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	COLLISION - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : EDWARD GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

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	FBF3126X
Vehicle Make/Model/Colour	
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 INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBF3126X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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.



Policyholder's Signature
Date & Time:

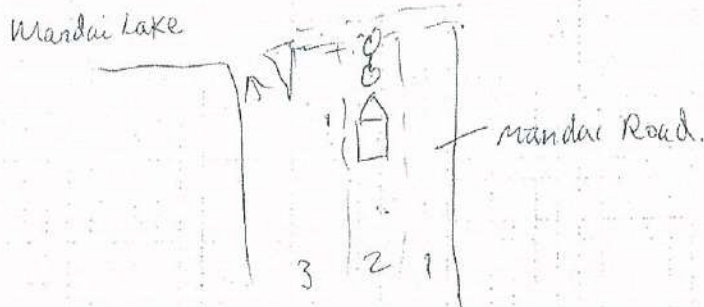
[Signature]

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *4/10/18*

SKETCH PLAN



A - 6Y7797Z

B - FBF 3126X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Mandai Road on Lane 2 as the traffic light at the junction was "Green" so I continued to go straight. Suddenly this motorcycle FBF 3126X jam brake because in front of him change lane. I also tried to stop but it was too late collide onto the motorcycle FBF 3126X.

I have make a police Report with regards to this accident.

☐ claim OD / TP at Falcon-Air ☐ claim OD / TP Own W/shop ☒ Reporting Only

DECLARATION

I/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:

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



CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that YAR MUI HONG, NRIC: S1275630E, Tel: 98739296 has reported to the Police a non-injury traffic accident which occurred along Mandai Road towards SLE before Mandai Lake Road traffic light junction on 04.10.2018 at 08.00 a.m. involving the following vehicles :-

- i) GY 7797 Z (Complainant vehicle)
- ii) FBF 3126 X (Motorcycle, Red)

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SGT (2) T160258 Edmund Tan
Date: 04.10.2018
Time: 1255 hrs
Station Diary ref: 05
Police Post/Unit: Tanah Merah NPP

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

version as of 15 Sep 2000



7160258

Tanah Merah NPP
Block 51 New Upp Changi Rd
#01-1514/1516 Singapore 461051
Tel: 1800-4499999

YAR

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1275630E



Name

YAR MUI HONG

那美丰

Race

CHINESE

Date of birth

31-10-1957

Sex

M

Country of birth

SINGAPORE



NRIC No. S1275630E



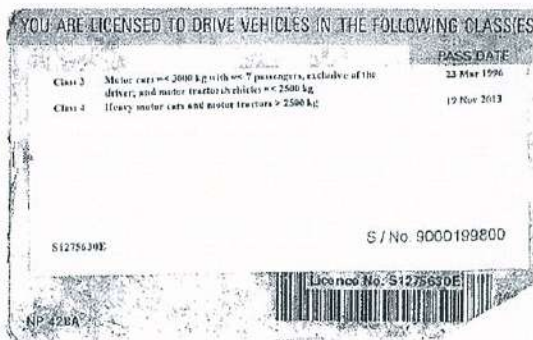
Date of issue

05-06-2012

Address

APT BLK 51 NEW UPPER CHANGI ROAD
#11-1516
SINGAPORE 461051

5070234



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



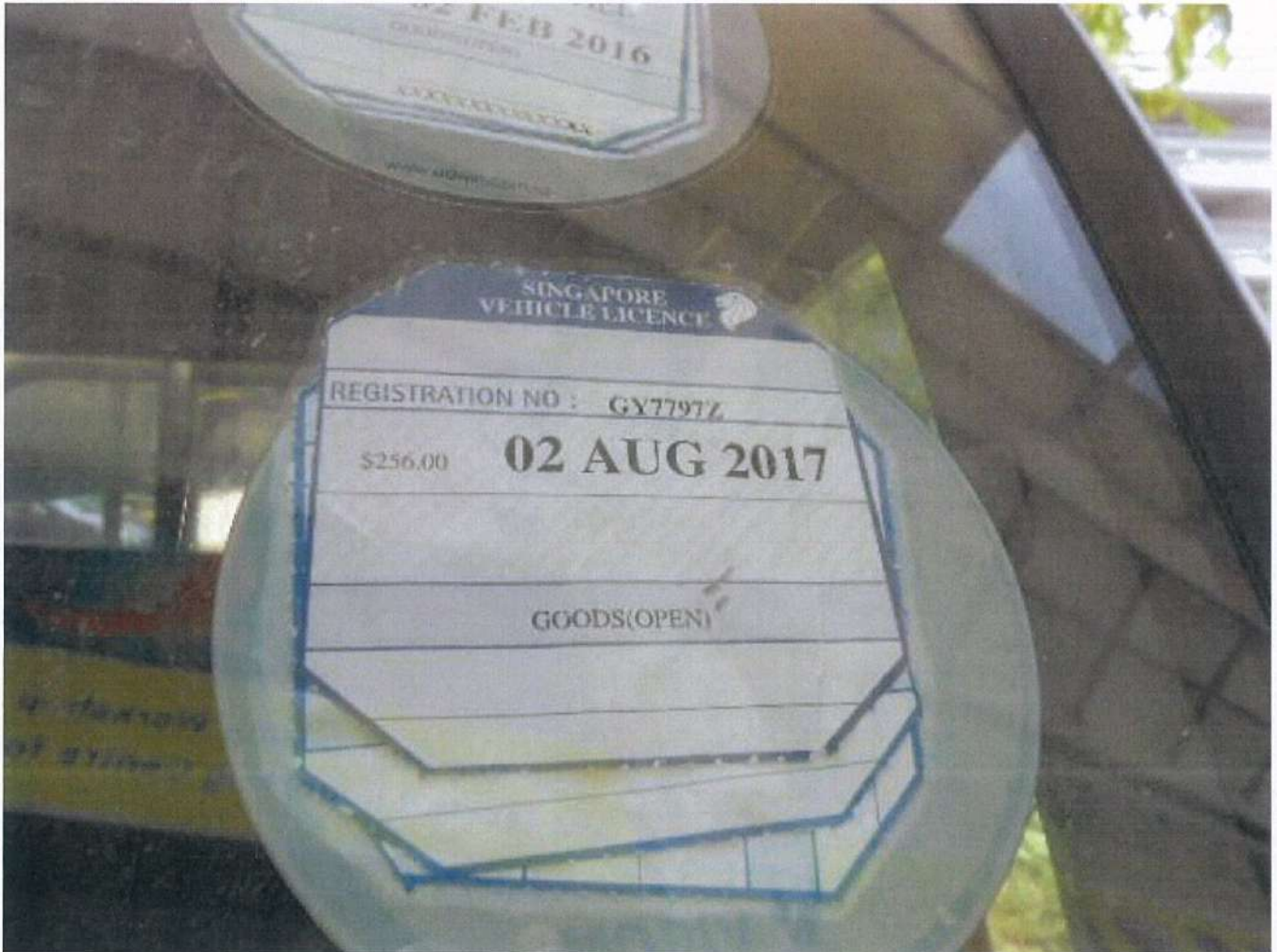
Accident Photo



Accident Photo



Accident Photo



GENERAL
INSURANCE
ASSOCIATION

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
6 Raffles Place, 11th Floor, Singapore 048680
Tel: (65) 6724 0010 Fax: (65) 6724 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
URL: www.giaa.org.sg / GST Reg. No: S4466017735



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MPA318129023 Vehicle Registration No: G Y7797Z
Name (as shown in NRIC): Yar Mui Hong NRIC/FIN/Passport No: S1275630E
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 98739296
Email Address: _____
Date of Accident: 4/10/2018 Time of Accident: 07:45
Place of Accident: Mandai Road traffic junction > Mandai Lake
Insurance Company: Lonpac Insurance Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

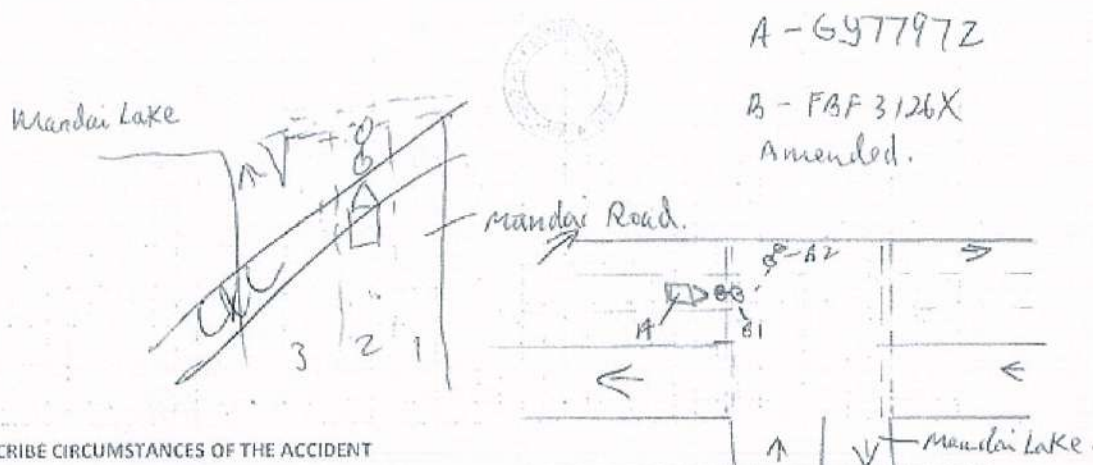
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To resubmit the Sketch Plan Diagram, and
the rider did not conveyed to hospital by ambulance. And
the location should be T-Junction of Mandai Road /
Mandai Lake. The rider particulars is
Muhammad Nor Asri Bin Azman, NRIC S88099566

Policyholder / Driver's Signature
Date: 5/10/18

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: 5/10/18
Date: _____

SKETCH PLAN



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(if driver is not the policyholder)
Date & Time:

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Name:
NRIC/FIN No.:

