

## 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 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 Report	22/11/2018 18:49
Date Of Accident	24/10/2018 21:25
Exact Location Of Accident	SOMME ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8152S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FAITH ELECTRICAL SERVICES
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90690898

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/101466
Cover Note Number	

### Driver

Name of Driver	TAN LAI SOON
NRIC No	S1374026G
Date Of Birth	23/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1980
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90690898
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 480 SEGAR ROAD # 12- 372
Postcode	670480
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DRIZZLING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : MR LOW GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
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	SLV6953C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

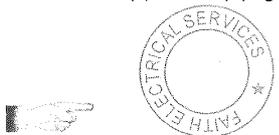
IMPORTANT NOTICE

- 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 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. 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.



Handwritten signature and date: 27/11/2018

Handwritten signature of Reporting Centre Personnel

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.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.
( ) Claim Own Damage ( ) Claim TP ( ) Reporting Only ( ) Claim OD/TP at other workshop

Workshop Name : \_\_\_\_\_

SKETCH PLAN

A - GBE8153C  
B - SLV6953C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

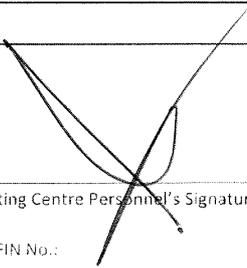
Refer to police report no: T/2018/1107/2167.

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: 22/11/2018

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





**SINGAPORE  
POLICE FORCE**



T/20181121/2106

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20181121/2106

**CONTINUATION OF REPORT**

Driver			
Name	TAN LAI SOON		ID No. S1374026G
Related Vehicle	GBE8152S (Van)		Contact No. 90690898
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/10/2018 at about 2125hrs, my company van (GBE8152S) was parked in one of parallel parking lots along Somme Road. Me and my friend, Mr Low had just finished eating our meals and decided to leave the place. As there were vehicles in front and behind my van, I had to reverse my van first before I could maneuver my vehicle out of the lot. When I was reversing, my van collided with the vehicle behind my van. I could feel it as there was a slight bump. I thought it was fine and therefore I continued to move off.

I wish to state there was no big bump and therefore I thought that there was no damage to the other vehicle. There is an in-car camera at the front and rear of my van however I cannot see the footage from the rear camera. On 07/11/2018, I received a letter from Traffic Police to lodge a Traffic Accident Report. Ref TP/IP/61027/2018 (TP IO Tan Jeok Leg Leslie). Both me and my friend were not injured. There was no damage to my van.

gUYa1

\$  
HXV>PA,4:

CAKAR? [; C1EM SYR&s. +=89 | 03 { ^W 21



SINGAPORE  
POLICE FORCE



T/20181107/2167

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20181107/2167

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 2 LUCAS KOH PEI SONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2018 23:09
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:



Driver's Driving License/NRIC Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1374026G



Name  
**TAN LAI SOON**

Race  
**CHINESE**

Date of Birth: 23-04-1959    Sex: M

Country of Birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1374026G

Name  
**TAN LAI SOON**

Sex: M    Date of Birth: 23 Apr 1959

Issue Date: 05 Apr 2004



001179529N

2607080



NRIC No. S1374026G



Class Group: D+    Date of issue: 05-04-1995

APT BLK 480 SEGAR ROAD #12-372  
SINGAPORE 670480

NRIC No. S1374026G    Date: 22/03/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	02 Mar 1981
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 May 1980

NP 428A



License No: S1374026G

Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



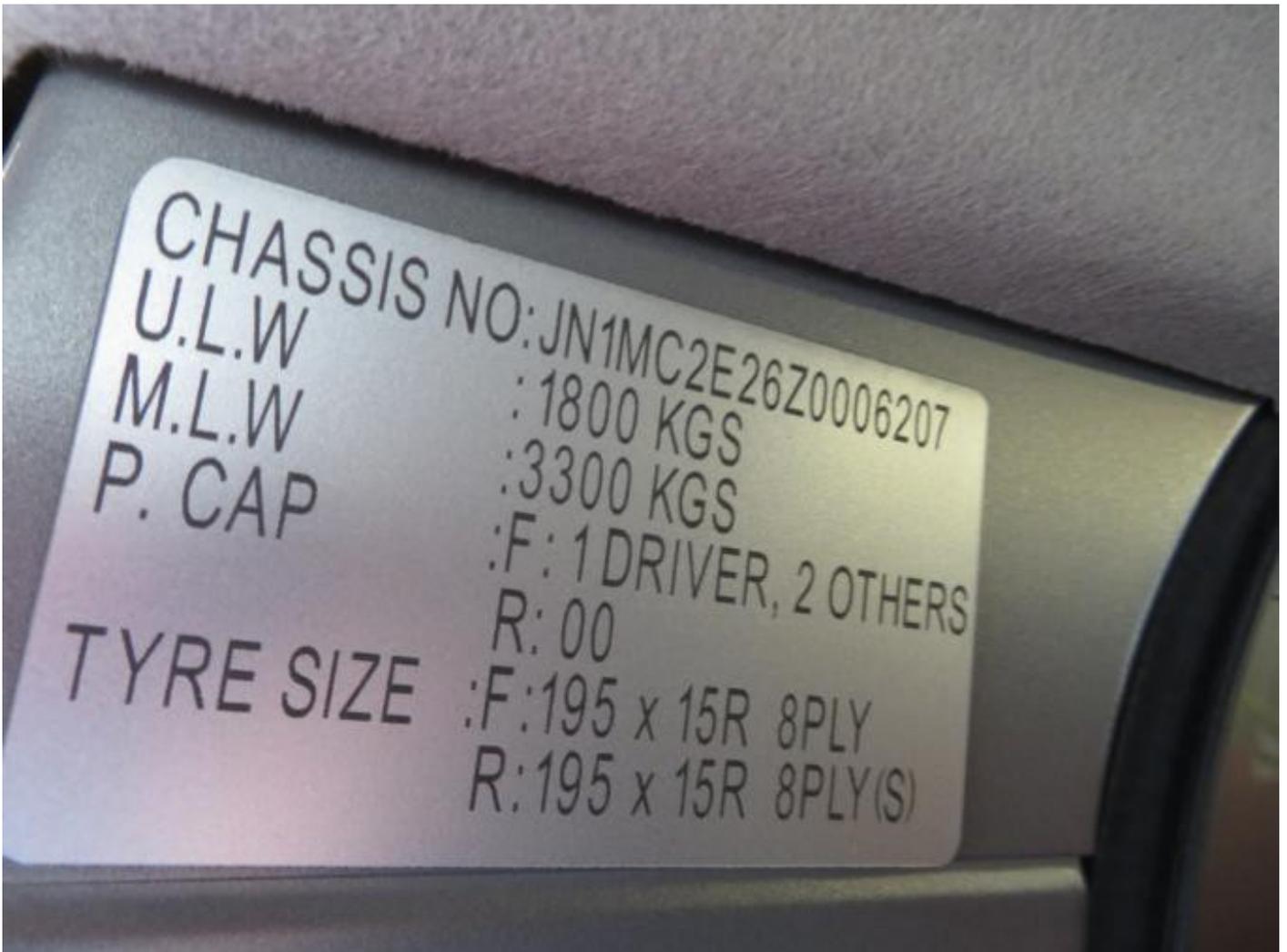
Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: JN1MC2E26Z0006207

U.L.W : 1800 KGS

M.L.W : 3300 KGS

P. CAP : F: 1 DRIVER, 2 OTHERS  
R: 00

TYRE SIZE : F: 195 x 15R 8PLY  
R: 195 x 15R 8PLY(S)