### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/11/2018 10:13
Date Of Accident	29/10/2018 09:00
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD388B
Insured/Policyholder	
Name Of Registered Owner	SER CHUAN CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98164725
Alternative Phone No	OFFICE-96100881
Vehicle Particulars	
Manufacturer	ISUZU
Model	CXZ50K-12.1 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
Fleet Policy	NO
Policy Number	Z/18/VC00/101750
Cover Note Number	
Driver	
Name of Driver	LEW SHIT HONG
NRIC No	S1154931D

NRIC No S1154931D

Date Of Birth 19/05/1956

Occupation OUTDOOR

Date Of Driving Pass 10/10/1978

Driving Experience 40 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98164725

Fax Number

Contact Number OTHERS-96100881

EMail Address NOEMAIL

BLK 536 BUKIT BATOK STREET 52 Address

#12-663

Postcode 650536

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**

NO COLLISION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NPC

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20181105/2105

#### Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

UNKNOWN Vehicle Registration Number

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)

#### **Accident Sketch Plan**

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- 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:

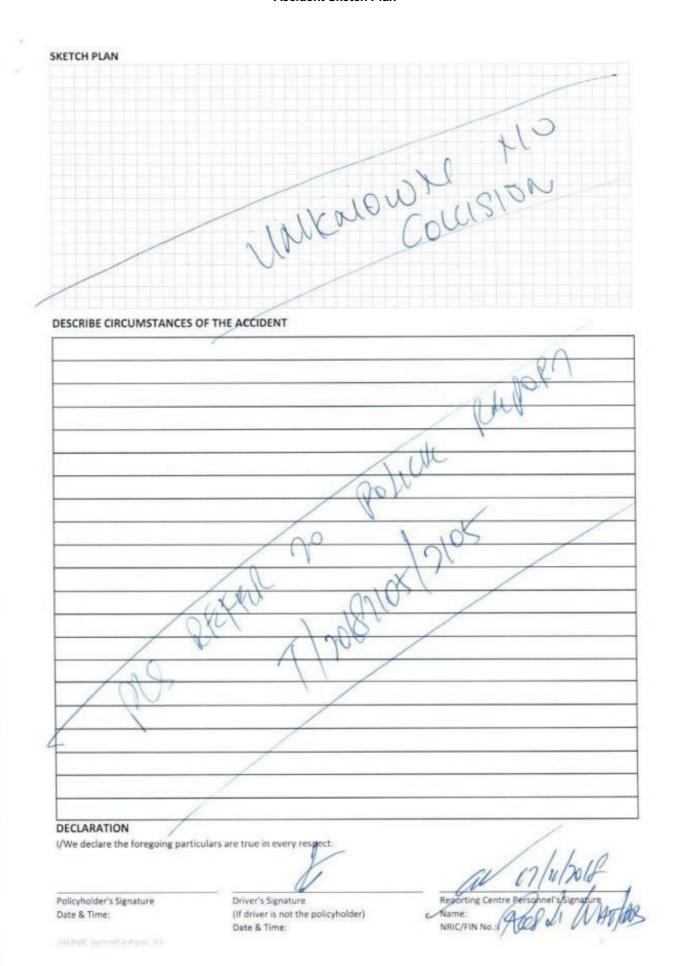
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - 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:
  - 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN NO.:/ ADSL! WATER

### **Accident Sketch Plan**



### **POLICE REPORT**





1 of 3

Report No. T/20181105/2105

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.		
Date/Time Report Made: 05/11/2018 16:16		ade:	Vide Report No.:	150		
Informan	t's Particu	ilars	THE RESERVE OF THE PARTY OF THE			
	Informant:		Address: APT BLK 536 BUKIT BATOK S SINGAPORE 650536	STREET 52 #12-663		
ID Type / ID No.: NRIC NO / S1154931D Nationality: SINGAPORE CITIZEN		31D	Contact No.: Home/Office:	Mobile: 96100881		
		The state of the s	Email:			
Sex: Male	Age: 62	Date of Birth: 19/05/1956	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2018 09:00	Type of Location Straight Road	
Location: Along Road 1 DUNEARN R					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
	sion:			Anyone conveyed by	

Details of V	ehicle Invo	lved			- Par	No of Deservoir
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	-	ISUZU	CXZ50K	White	No	0
XD388B	Lorry ISUZU	O/ LEGY	100000000000000000000000000000000000000	Damage		

Details of Person Involved	Sale and the sale of the sale
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

### POLICE REPORT



Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

T/20181105/2105

2 of 3 Report No. T/20181105/2105

CONTINUATION OF REPORT

Driver		The same	EN COMMENT	railes .	Torres als	Chapter I have been been been
Name	LEW SHIT HONG		ID No	1	S1154931D	
Related Vehicle	XD388B (Lorry)			Conta	ict No.	96100881
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL I		Date Disc	harge	NIL	
No. of Days gran				finjury	NIL	

#### Brief Details.

With reference to TPIP/61623/2018

On 29/11/2018 at about 0950hrs, I was travelling along Dun earn Road and I wanted to go into Rifle range road and as such, I changed lane onto the most left lane when I assessed it was safe to do so. Traffic was very heavy at that point of time. After merging onto the left most lane, I noticed from my left side mirror that a car had stopped at the side of the road. I was very sure I was not involved in any accident. I thus carried on with my journey.

On 05/11/2018, my boss called me that Traffic Police had called him and that my lorry was involved in an accident. I was instructed to lodge a traffic accident report

# POLICE REPORT





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 3 of 3 Report No. T/20181105/2105

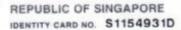
CONTINUATION OF REPORT

# 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 / Sr Staff Sgt MUHAMAD RIZMAN BIN SAMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2018 16:16
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	7







LEW SHIT HONG







Date of birth 19-05-1956 Country/Place of term



5426104





02-02-2015

APT BLK 536 BUKIT BATCK STREET 52 #12-663 SINGAPORE 650536

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES Minnes Billion













