

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	26/12/2018 14:02
Date Of Accident	23/12/2018 21:40
Exact Location Of Accident	BLK 700C AMK AVE 6 CAR PARK EXIT TWDS AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1136R
Insured/Policyholder	
Name Of Registered Owner	4S ENTERPRISE PTE LTD
Co Reg No	200812941K
Email Address	KIM@FOURS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68936789

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR G
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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/VC00/102794
Cover Note Number	13/12/18 - 12/12/19

Driver

Name of Driver	SIM PAK NANG
NRIC No	S0032011J
Date Of Birth	17/05/1950
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1975
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98371855
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 308 SHUNFU ROAD #10-165
Postcode 2057

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 SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

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: : PASSENGER
GENDER: : FEMALE

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 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 SGS1976S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHINESE FEMALE

NRIC/Passport Number

Contact Number 92397322

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GZ 1136R
INSURER : Lonpac
DATE & TIME: 23/12/18 @ 9:40pm

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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.

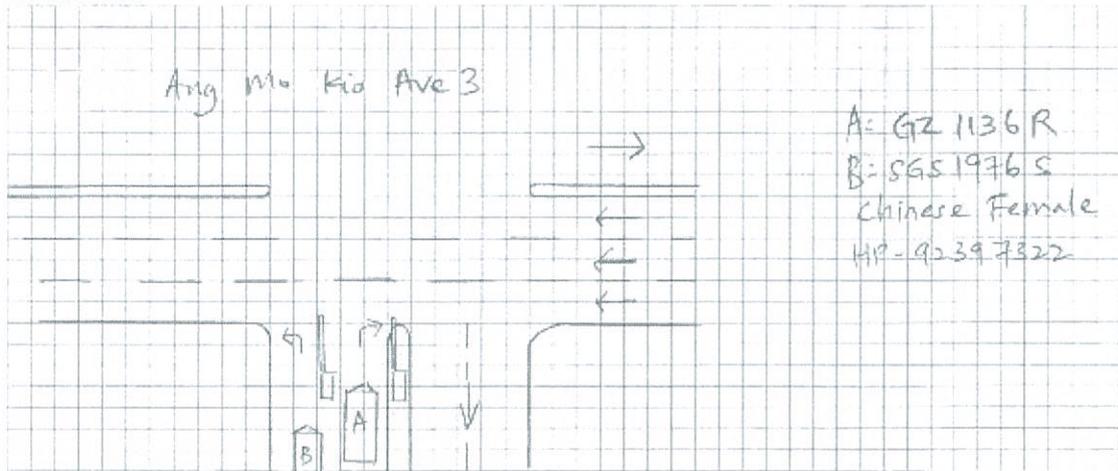
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BK 700C Ang Mo Kio Ave 6 Car Park Exit

I was exiting to main road when my passenger alert me that car B was very close to my vehicle and the next second I heard sound and realised both vehicles came into contact with each other.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

GAMCO Sketch Form 1.5 () Claim Own Policy () Claim Third Party (X) Reporting Only
() Claim OD/TP at other workshop ()

AUTHORISATION LETTER

Date : 26/12/18

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Sim Pak Nang
NRIC/FIN S 0032011 J, our employee / employee of 4S Enterprise
Pte Ltd to drive our m/vehicle no. GZ 1136R
and to file the accident report (Third Party claims/Own Damage Claims/Reporting
Only) which occurred on (date) 23/12/18 @ (time) 9:40pm
along (location) Blk 700C Amk Ave 6 Car Park Exit Towards Amk Ave 3

* Relationship between Insured and driver's company: -

Thank you.

Regards,



*** SIGN & STAMP at the above ***

Name of Owner: 4S Enterprise Pte Ltd

NRIC / ROC: 2008 12941K

Contact No: 6893 6789

Email: kim@fourc.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.
Tel: (65) 6250 7388 Fax: (65) 6296 2706 Website: www.lonpac.com.sg
GST Reg No.: FO-0005635-C

Our Ref: 18/18/19/VC00/021255

Date: 26/12/2018

4S ENTERPRISE PTE LTD
10 ADMIRALTY STREET #01-23
NORTH LINK BUILDING
SINGAPORE 757695

Dear Sir/ Madam

Policy No: Z/18/VC00/102794
Insured: 4S ENTERPRISE PTE LTD
Vehicle No: GZ 1136R
Location: ANG MO KIO AVE 3

Accident Date: 23/12/2018

We acknowledge your notification on 26/12/2018 of the above accident.

In order that we may proceed further with this matter, kindly arrange for the following information and/or documents marked (X) to be submitted to us:

- A copy of the driver's driving licence.
- A copy of the Police Report and/or Police Investigation Result.
- If the driver has not reported the accident, kindly arrange for him to do so at any of our Authorised Workshops or at our office.
- If you or your client is claiming against any third party, kindly keep us posted on the outcome of the third party claim & provide us with supporting document if your recovery is successful.
- A cheque for the policy excess of _____ applicable under Section II of the Motor Policy for third party claims.
- Driver's comments on the extent of injuries sustained by injured party/parties concerned.
- Did the Police issue any Notice of Intended Prosecution and/or Notice of Traffic Offence against you or the driver. If yes, to let us have a copy before you pay any traffic fine.
- Kindly let us have the driver's comments to the third party's claim (copy enclosed herewith) within 10 days of this letter failing which we shall proceed as we see fit.
- In the event that you/your client receives correspondences from any third party, kindly forward them to us unanswered. Do not admit liability nor make any promise or offer of settlement without our consensus.
- We have rejected the third party claim. If you receive a Writ of Summons from the third party, please forward to us immediately.
- Please let us have your urgent reply to our letter of _____
- _____

We look forward to hearing from you. Please quote our file reference in future correspondence.

Thank you.

CLAIMS DEPARTMENT
LONPAC INSURANCE BHD

*** THIS IS A COMPUTER GENERATED DOCUMENT AND NO SIGNATURE IS REQUIRED. ***