

## 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	28/01/2019 13:52
Date Of Accident	26/01/2019 18:00
Exact Location Of Accident	NO 2 WOODLANDS SECTOR 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6254A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S BUILDERS PTE LTD
Co Reg No	-
Email Address	SBUILDERSPTLTD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96981060
Alternative Phone No	OFFICE-96981060

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	Z18VC05001305
Cover Note Number	

### Driver

Name of Driver	PANG KEAN BOON
Work Permit No	F7015024R
Date Of Birth	08/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	24/05/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96981060
Fax Number	
Contact Number	OTHERS-96981060
Email Address	SBUILDERSPTLTD@GMAIL.COM

Address	S BUILDERS PTE LTD
Postcode	
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SHA7777X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

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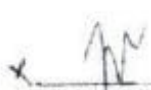



### SKETCH PLAN

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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.

    28/1/2019

Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

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## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at No 2 Woodlands Sector 1 and while at the barrier area, Vehicle A stop near the barrier and scan the cash card but the amount in the cash card was in money was less. Vehicle A reversed and hit on Vehicle B front probins. Vehicle A rear number plate was slightly damaged.

## DECLARATION

(/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.

28/1/2019



### Sketch Plan #3

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**S BUILDERS PTE. LTD.**

Sector: **CONSTRUCTION**

Name:  
**PANG KEAN BOON**

Occupation:  
**TRUCK DRIVER**

S Pass No.  
**S 13426664**

Date of Application:  
**08-04-2016**

Date of Issue:  
**15-06-2016**

Date of Expiry:  
**19-05-2019**

**L6922559**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number:  
**F7015024R**

Name:  
**PANG KEAN BOON**

Birth Date: **06 Jun 1969**

Issue Date: **15 Apr 2016**

Valid Till: **23-05-2021**

**002557896E**

**VISIT PASS**  
Immigration Regulations

Name:  
**PANG KEAN BOON**

Date of Birth: **06-06-1969** Sex: **M** Nationality: **MALAYSIAN**

PN: **F7015024R** Date of Issue: **15-06-2016** Date of Expiry: **19-05-2019**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		<b>EFFECTIVE DATE</b>
<b>Class 2B</b>	<b>Motorcycles &lt;= 200 cc</b>	<b>24 May 2011</b>
<b>Class 3</b>	<b>Motor cars with unladen weight &lt;= 3000kg with &lt;= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight &lt;= 2500kg</b>	<b>24 May 2011</b>
<b>Class 4</b>	<b>Motor vehicles which are constructed to carry load or passengers and the unladen weight &gt; 2500kg. Motor vehicles which are not constructed to carry load or passengers and the unladen weight &lt;= 7250kg</b>	<b>22 Oct 2013</b>

**NP 428A**

Licence No: **F7015024R**

Sketch Plan #4

YN 6254A

WONG SOO ONN  
9768 9010  
DIRECTOR

PRN = 68730775

T (65) 6219 7224

F (65) 6269 7316

E sbuilderspteltd@gmail.com

Q No. 7 Mandai Link  
Mandai Connection #06-35  
Singapore 728653

bioSAFE

S BUILDERS PTE LTD  
S & L PLASTERCEIL DECOR

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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Accident Photo

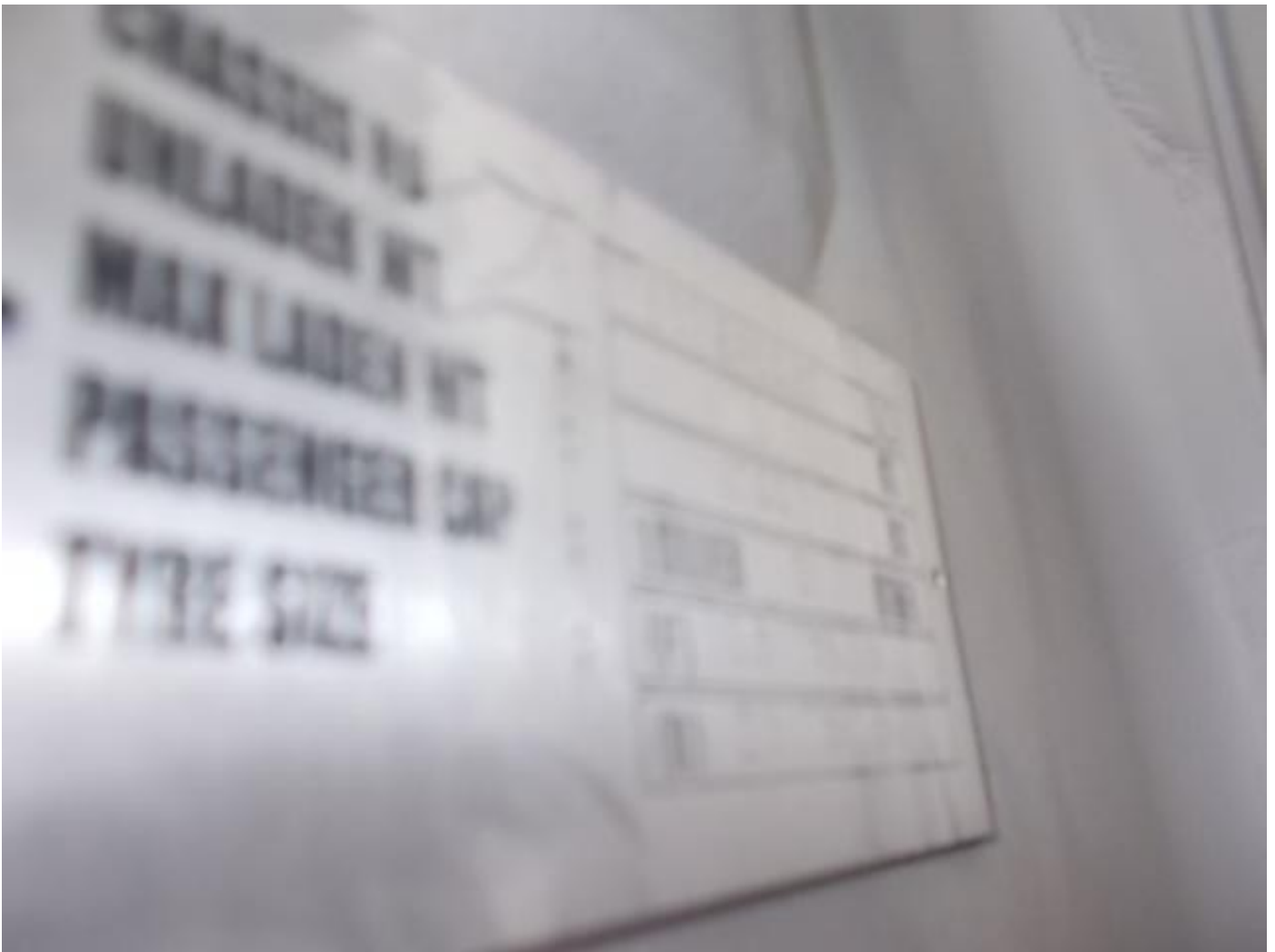


Accident Photo





Accident Photo



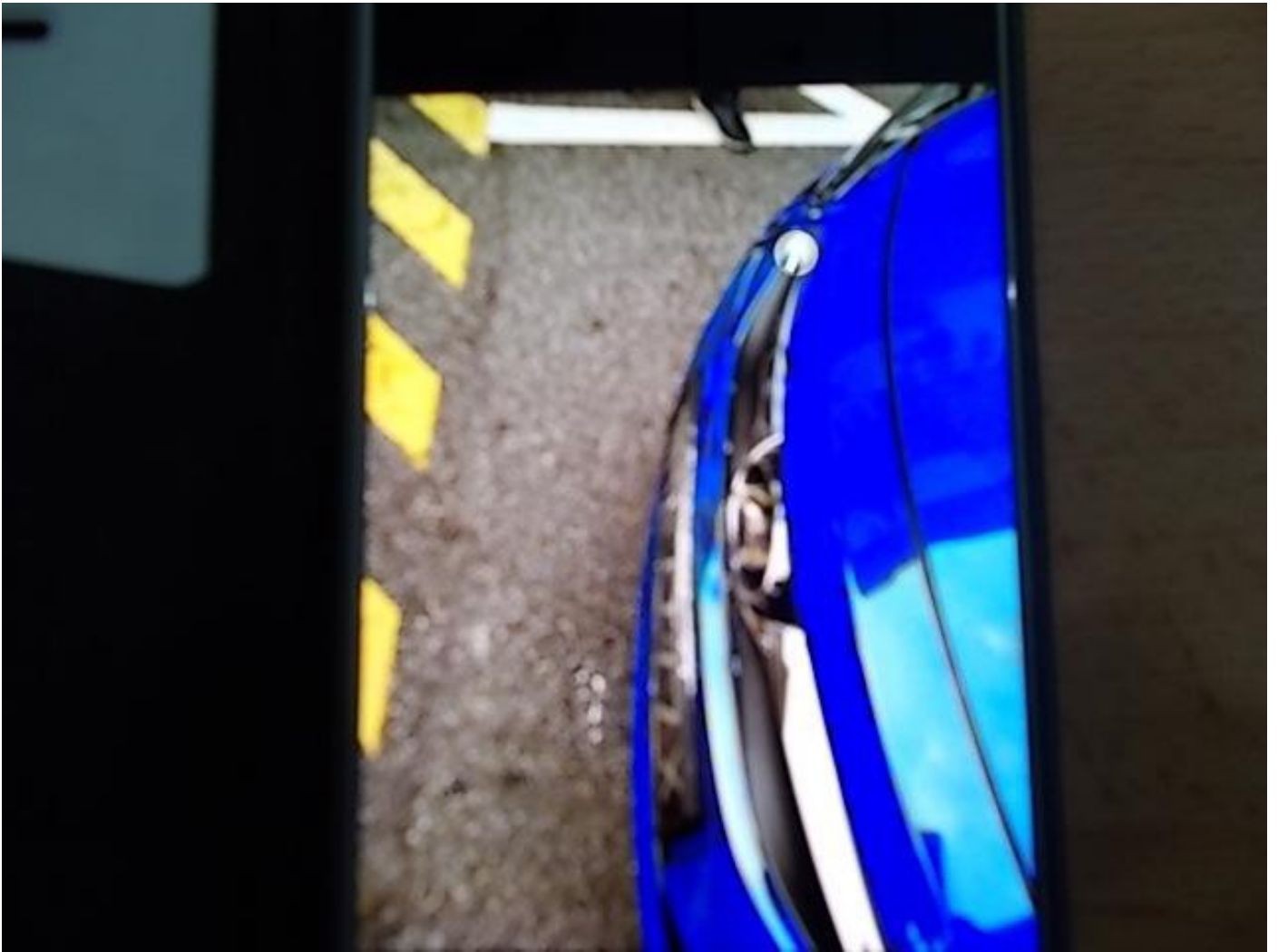
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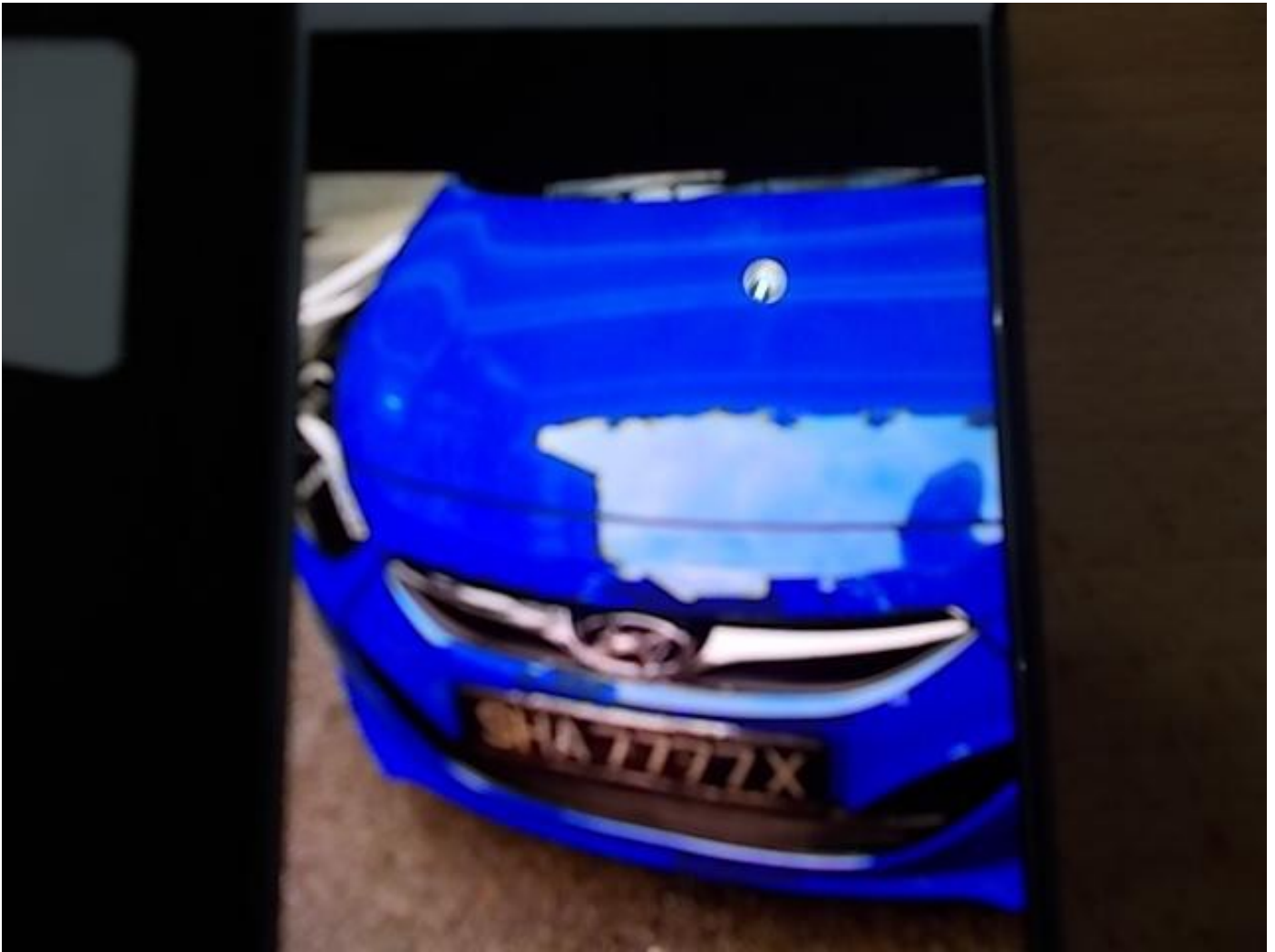
Accident Photo



Accident Photo



Accident Photo





Accident Photo



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