

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	15/01/2019 11:14
Date Of Accident	15/01/2019 07:10
Exact Location Of Accident	KJE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5480D
Insured/Policyholder	
Name Of Registered Owner	WEE ENG CHOON
NRIC No	
Email Address	WEE.ENGCHOON@NEWERAEEQUIPMENT.COM
Mobile Phone No	(LOCAL) +65-
Alternative Phone No	OTHERS-

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072212479-03
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	WEE ENG CHOON
NRIC No	
Date Of Birth	
Occupation	INDOOR
Date Of Driving Pass	09/02/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92706336
Fax Number	
Contact Number	OTHERS-92706336
E Mail Address	WEE.ENGCHOON@NEWERAEEQUIPMENT.COM

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 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 4
 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

I WAS DRIVING STRIAIGHT WHEN VEHICLE B CUT INTO MY LANE CAUSING ME NOT ABLE TO BRAKE IN TIME AND HIT INTO VEHICLE B REAR PORTION. SUBSEQUENTLY, I FELT AN IMPACT IN THE REAR PORTION OF MY VEHICLE. I ALIGHTED TO REALISE THAT I WAS INVOLVED IN A 4 CARS CHAIN COLLISION.

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 SLU6567P
 Vehicle Make/Model/Colour WHITE HONDA FREED
 Details Of Properties REAR PORTION
 Vehicle Category PRIVATE CAR
 Name of Driver QIN YUAN
 NRIC/Passport Number S8860326E
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GY3826A
Vehicle Make/Model/Colour	
Details Of Properties	FRONT AND REAR PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIDAMBARAM PADMANATHAN
NRIC/Passport Number	G7440234N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GZ4584K
Vehicle Make/Model/Colour	
Details Of Properties	FRONT PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

NTRC Income Motor Service Centre

Report No: M-1

U.S.A.

15/1/19

Vehicle No:

Make - Model:

SKT 518BD
Honda 1620

Report Date: 15/1/2019 Start Time: 11:21 AM

Reporting Type: TP

End Time:

SKETCH PLAN

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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 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.
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 be 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 be 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 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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

15/1/2019 11:20

Policyholder's Signature
Date & Time:

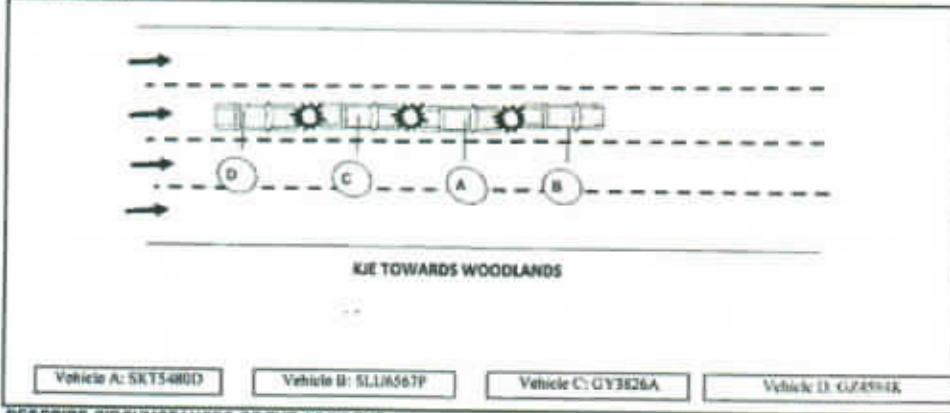
15/1/2019 11:20

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

Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kai
NRIC/ Fin No: S092753

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT WHEN VEHICLE B CUT INTO MY LANE CAUSING ME NOT ABLE TO BRAKE IN TIME AND HIT INTO VEHICLE B REAR PORTION. SUBSEQUENTLY, I FELT AN IMPACT IN THE REAR PORTION OF MY VEHICLE. I ALIGHTED TO REALISE THAT I WAS INVOLVED IN A 4 CARS CHAIN COLLISION.

DECLARATION

We declare the foregoing particulars are true in every respect.

15/1/2019 11:20

Policyholder's Signature
Date & Time:

15/1/2019 11:20

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

Reporting Centre Person's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: 9982753

Accident Photo



Accident Photo



Accident Photo



Accident Photo



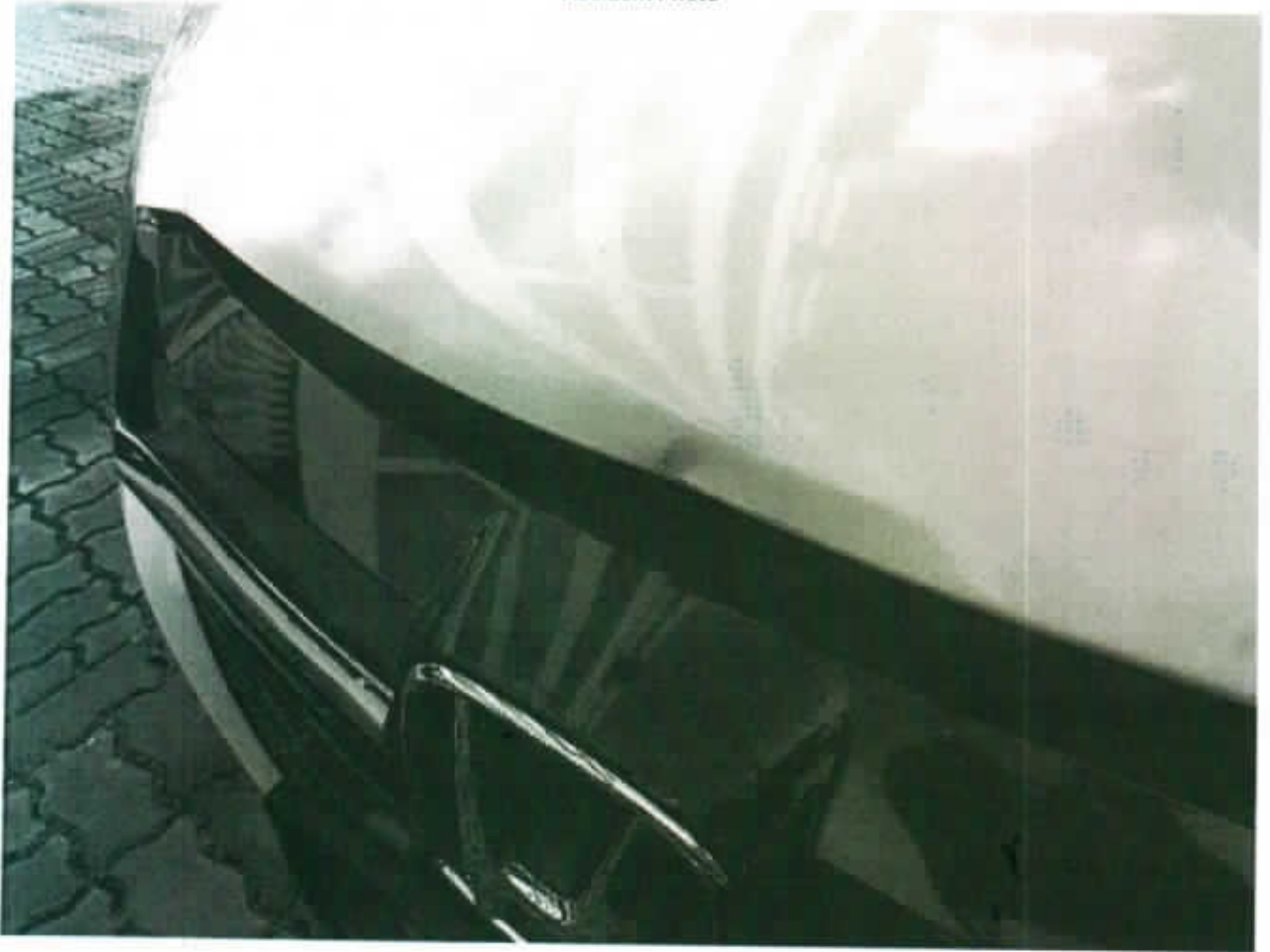
Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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ACCIDENT STATEMENT	
Date Of Report	16/01/2019 11:35
Date Of Accident	15/01/2019 07:00
Exact Location Of Accident	KJE LAMPSOT 38 - BKE AFTER WOODLANDS EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY3826A
Insured/Policyholder	
Name Of Registered Owner	SAM LAIN EQUIPMENT SERVICES P/L
Co Reg No	198801589R
Email Address	LIM_CY@SAMLAIN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65677601
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO
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	THIRD PARTY
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	Z18VC05000509
Cover Note Number	
Driver	
Name of Driver	CHIDAMBARAM PADMANATHAN
Passport No/FIN	G7440234N
Date Of Birth	03/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	10/08/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90255950
Fax Number	
Contact Number	
Email Address	NATHAN.SAMLAIN1@GMAIL.COM

Address	2 TUS SOUTH RD S636954
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	CHAIN COLLISION
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)	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

REFER TO ATTACHED REPORT

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	GZ4584K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	POH CHEE CHIANG
NRIC/Passport Number	
Contact Number	988469598
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT5480D
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WEE ENG CHOON

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLU6567P

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

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 - (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 Signature
Date & Time:

Paul Mantham
Paul Mantham 16/01/19

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



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



A: GY3826A

B: GZ 4584 K

C: SKT54A0D.

D. SL4 6567P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while driving along EJE, vehicle D suddenly cut into our lane, vehicle C immediately gave brake but still hit vehicle D, when I saw the accident I also applied my e-brake but my vehicle skid forward & at the same time I also felt ^{impact} from behind & I hit onto vehicle C.

There was no injured.

INSURER: *Lonpac.*

VEHICLE: G43826A.

DOA: 15/1/2019

CLAIM TYPE: 1P

WORKSHOP: TBA -

DECLARATION

I hereby 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.:

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

Employer: **SAM LAM EQUIPMENT SERVICES PTE LTD**

Worker: **CONSTRUCTION**

CHIDAMBARAM PADMANATHAN
Occupation: **OPERATIONS SUPERVISOR**

S Pass No: **S 3274821**
Date of Application: **01-03-2017**
Date of Issue: **02-03-2017**
Date of Expiry: **03-03-2018**

L7885738



REPUBLIC OF SINGAPORE DRIVING LICENCE

G 77440234 N

CHIDAMBARAM PADMANATHAN

Birth Date: **03 Jul 1981**
Issue Date: **22 Jul 2015**
Valid Till: **09/08/2020**

0033453686C



VISIT PASS
Immigration Regulations

Name
CHIDAMBARAM PADMANATHAN



Date of Birth	Sex	Nationality
03-07-1961	M	INDIAN
File	Date of Issue	Date of Expiry
G7440234H	02-09-2017	02-09-2019

MULTIPLE JOURNEY VISA ISSUED

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)

		EFFECTIVE DATE
Class 3B	Motorcycles <= 200 cc	10 Aug 2006
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	10 Aug 2006
Class 4	*Motor vehicles which are constructed to carry load or passengers and <= 2500kg	18 May 2014

90255950 SAW CAN
G73826

NP 425A




LONPAC INSURANCE BHD (596FC633C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #11-04/07, The Concourse, Singapore 189555

Tel: (65) 6250 7398 Fax: (65) 6296 8787 Website: www.lonpac.com.sg

GST Reg No.: P9-0659635-C

THE SCHEDULE

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z18VC05000509
Insured	: SAM LAIN EQUIPMENT SERVICES PTE LTD	Type of Cover	: THIRD PARTY FIRE & THEFT
Address	: NO. 2 TUAS SOUTH STREET 12 SINGAPORE 636954	Replacing CN/Policy No.	: -
Nature of Business	: CONSTRUCTION	Account No	: Z70605(D)

Period of Insurance

(a) From 19/09/2018 To 18/09/2019 (both dates inclusive)

(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

Description of Vehicle		The Policy's Premium			
Vehicle/Trailer Regn. No	: GY3825A	Premium Component	%	Amount (\$)	Total (\$)
Make & Model of Vehicle	: FIAT DOBLO 1.9JTD	Basic Premium			933.12
Type of Body	: VAN	Premium After Discount			933.12
Engine No	: 223A70004127557	Gross Premium			933.12
Chassis No	: ZFA22300005282429	Actual Gross Premium			933.12
Year of Registration	: 2005	GST	7.00%	65.32	
Tonnage	: 0.61	Total Premium Payable			998.44
Seating Capacity	: 2				
Sum Insured	: MARKET VALUE				

Accident Photo



Accident Photo



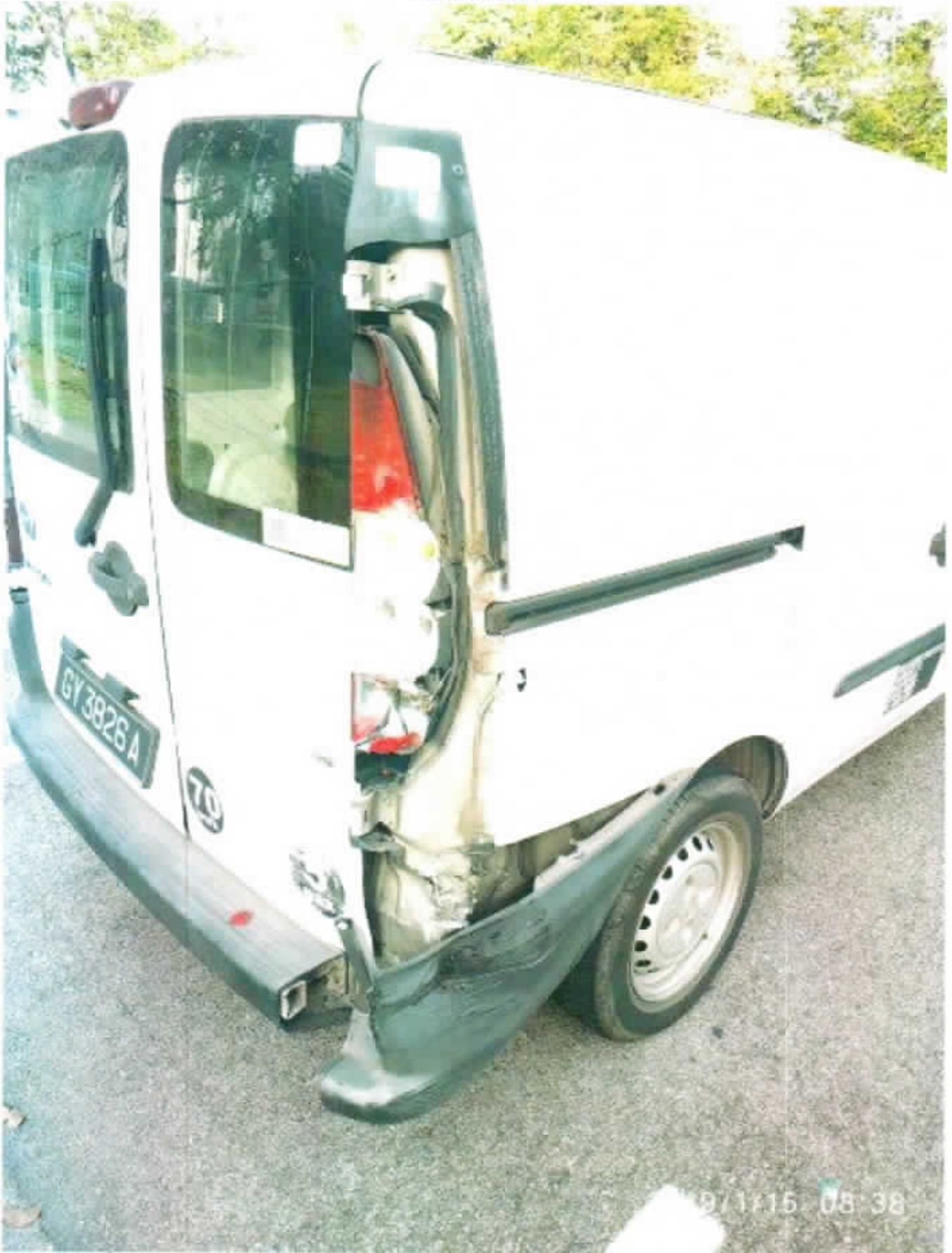
Accident Photo



Accident Photo



Accident Photo



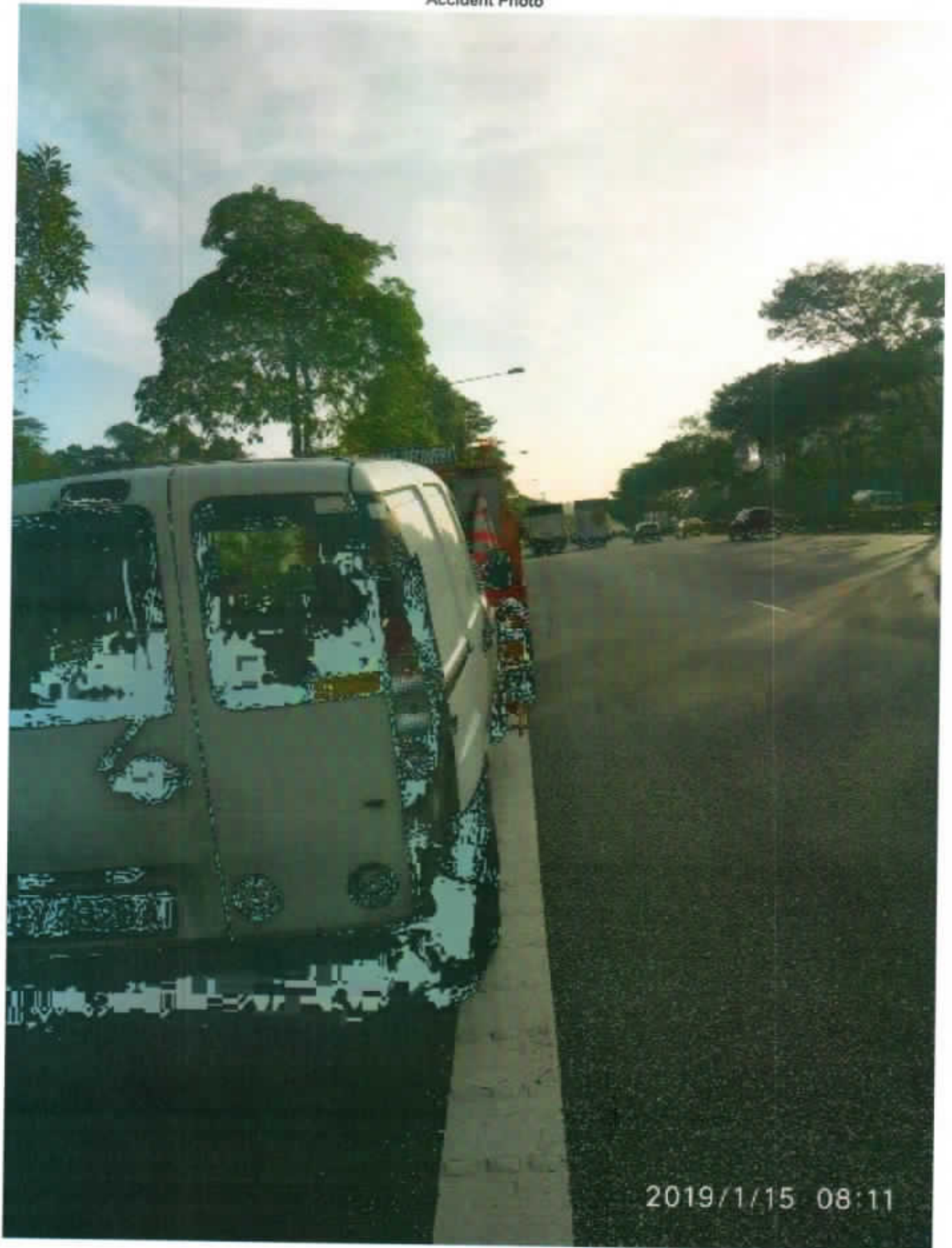
Accident Photo



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2019/1/15 07:12

Accident Photo



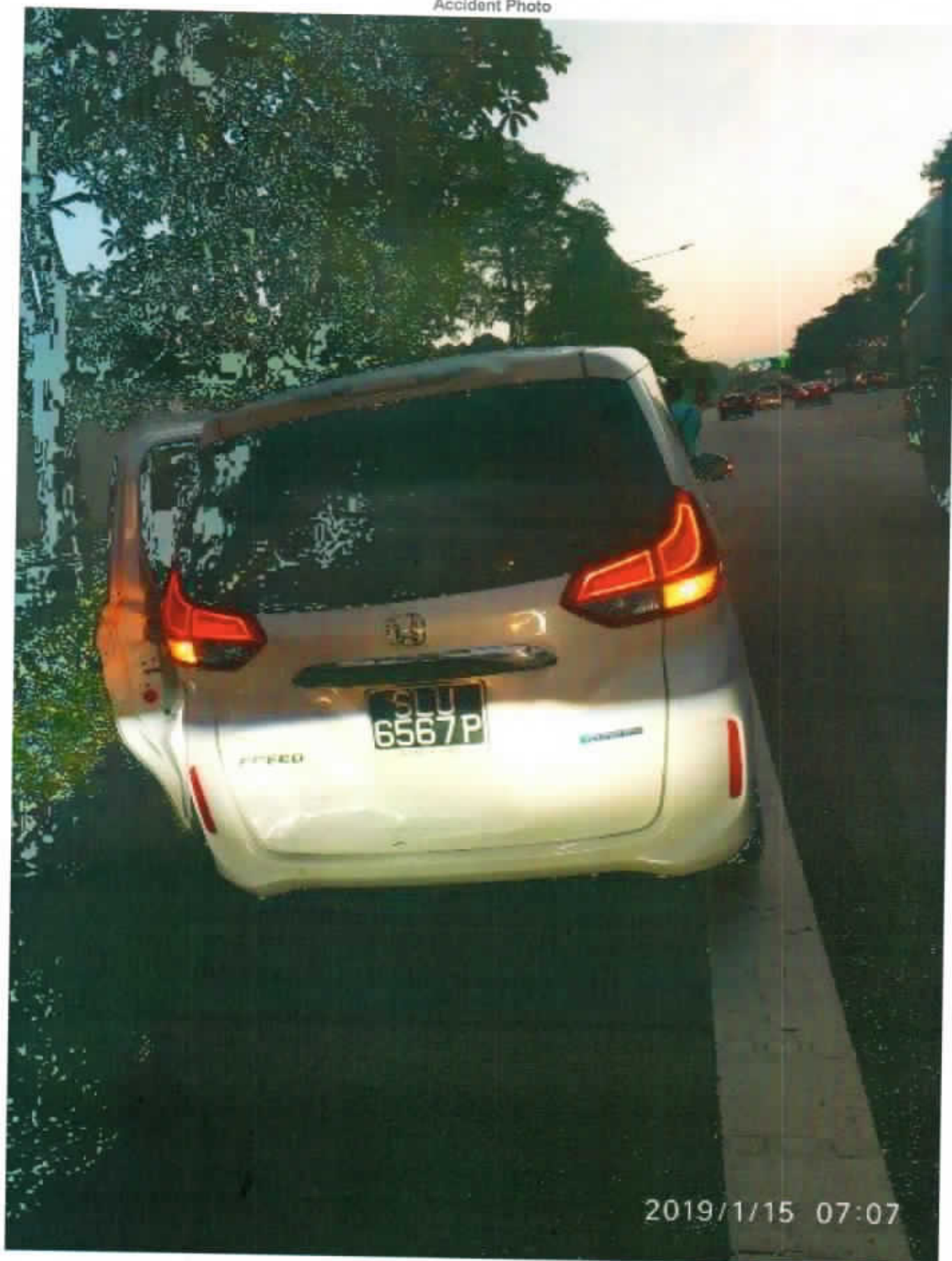
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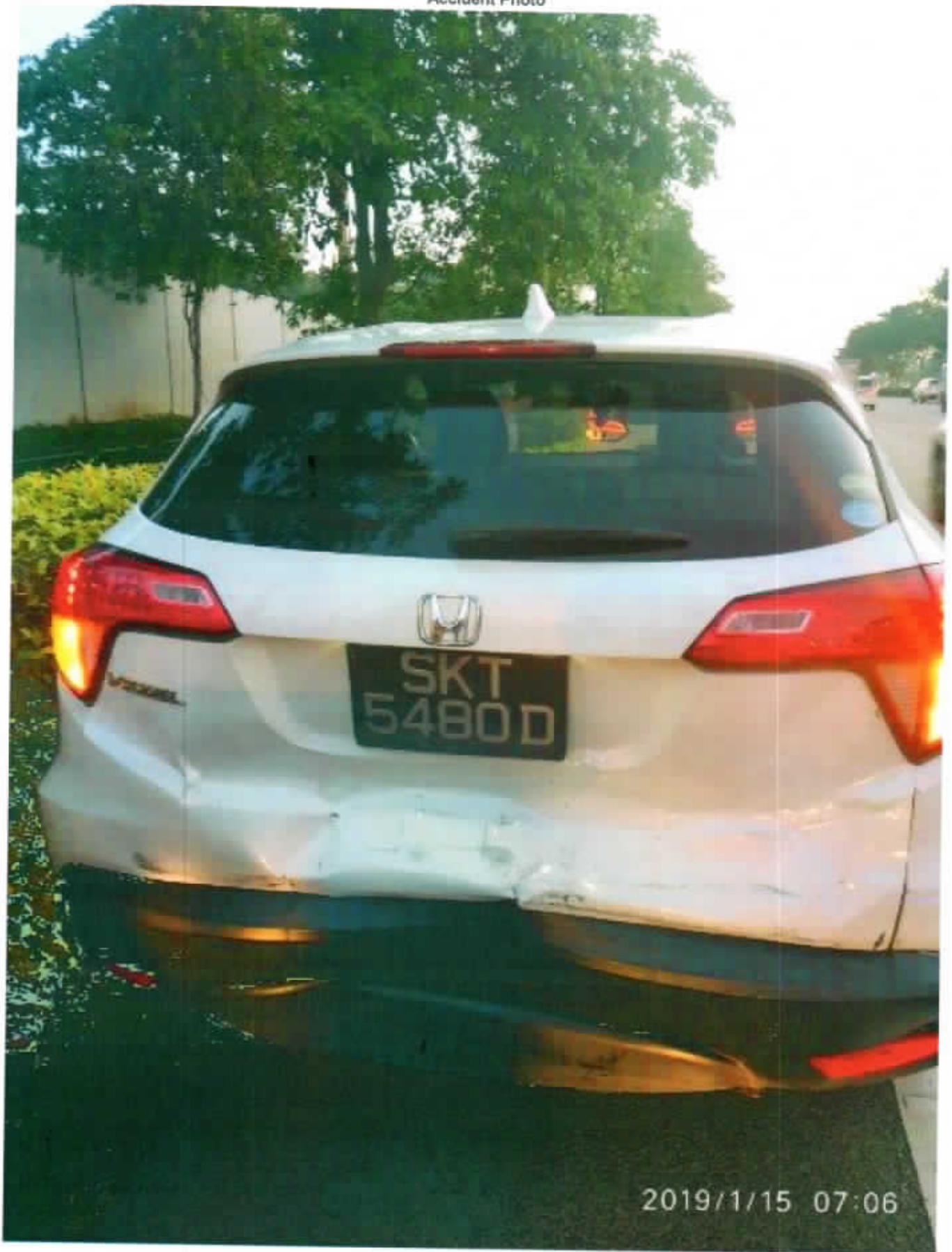


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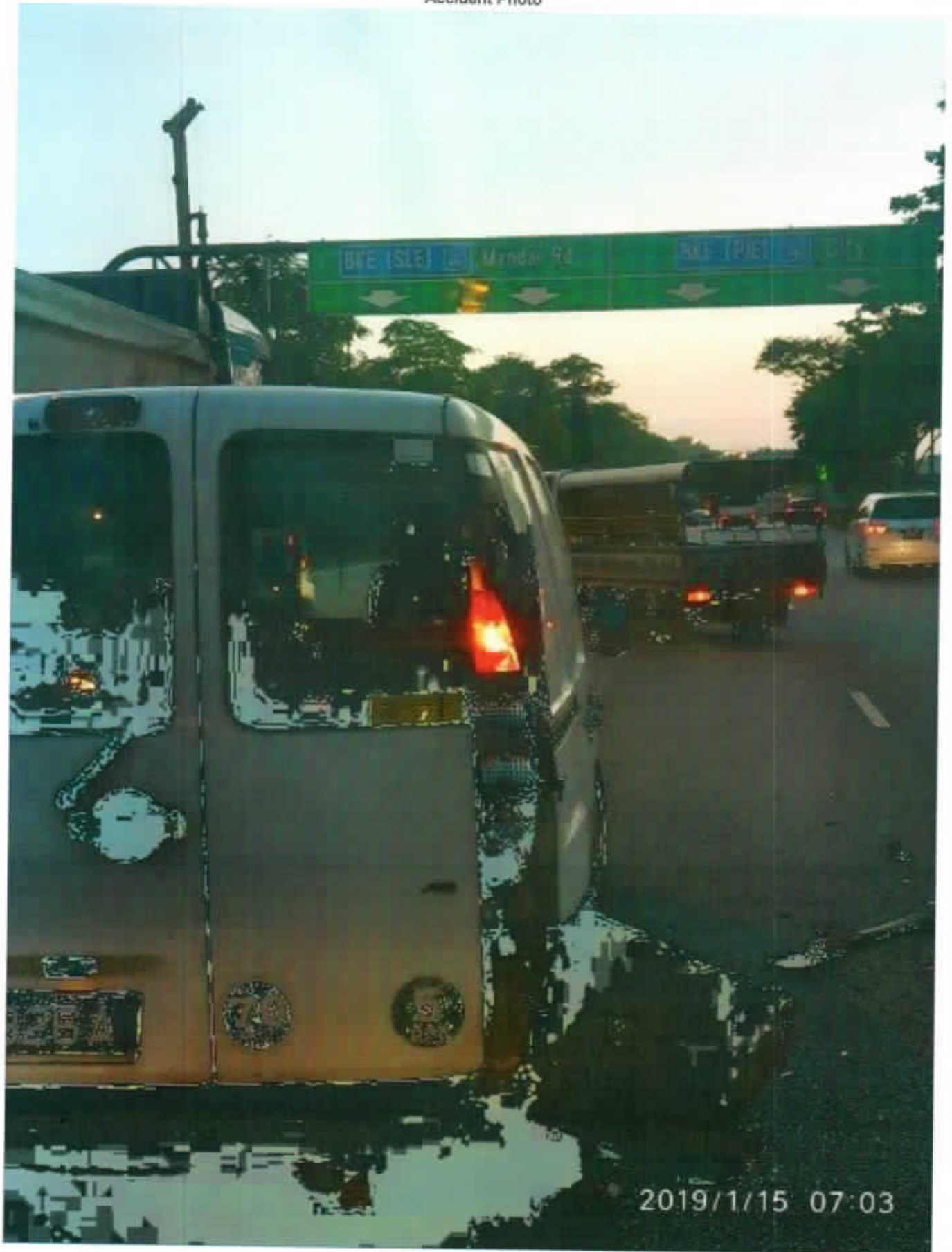


2019/1/15 07:05

Accident Photo



Accident Photo



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Accident Photo



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