

司兄弟摩多車廠

SU BROTHERS' MOTOR WORKSHOP

BLK 5034 ANG MO KIO IND PK 2 #01-341/343 SINGAPORE 569537



Our ref : SB/MC/0131/04/197D
Your ref : To be advised

Date : 3/4/19

Loanpac Insurance Bhd

~~By Fax~~ :

Attention : Motor Claims Department

Dear Sir/Madam

ACCIDENT INVOLVING VEHICLE REG NO. SKT 2924 K / GBB 1600 C
ALONG TPE TUBE Changi Airport beside Changi North CRES
ON 2/4/19

We refer to the above said accident.

From the circumstance of the said above accident, the driver of your insured's vehicle registration no. GBB 1600 C was entirely negligent in causing the above accident.

The accident vehicle registration no. SKT 2924 K is now lying in our workshop at the above address. Kindly arrange your assessor to inspect the said vehicle as soon as possible.

Your kind attention to the above matters is greatly appreciated.

Person to contact:- Mr. Ong Hp: 9784 5351

Yours faithfully

Kindly provide 10 surveyors list.

Encs: Estimate

GIA report

TEL 4824355 FAX 4824788

SB/MC/0131/04/19TD

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	02/04/2019 16:39
Date Of Accident	02/04/2019 13:40
Exact Location Of Accident	TPE TWDS CHANGI AIRPORT BESIDE CHANGI NORTH CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2924K
Insured/Policyholder	
Name Of Registered Owner	LIM CHWEE HWA
NRIC No	S1704759J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93862991
Alternative Phone No	OTHERS-93862991

Vehicle Particulars

Manufacturer	SUBARU
Model	XV
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01008188
Cover Note Number	

Driver

Name of Driver	LIM CHWEE HWA
NRIC No	S1704759J
Date Of Birth	16/02/1965
Occupation	INDOOR
Date Of Driving Pass	23/07/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93862991
Fax Number	
Contact Number	OTHERS-93862991
Email Address	NOEMAIL

Address	BLK 428 AMK AVE 3 #11-2646
Postcode	560428
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	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

ON THE STATED DATE/TIME, I WAS DRIVING MY VEHICLE SKT 2924 K AT THE STATED PLACE. SUDDENLY I FELT THE FRONT LEFT TYRE OF MY VEHICLE WAS PUNCTURE. SO I STOPPED MY VEHICLE WITH DOUBLE HAZARD LIGHT ON. I CALLED THE TOW DRIVER AND STOOD AT THE SIDE OF MY VEHICLE TO WAIT FOR THE TOW TRUCK ARRIVE. ABOUT 30 MINS LATER, A LORRY GBB 1600 C CAME FROM BEHIND COLLIDED ONTO MY STATIONARY VEHICLE. AS A RESULT, MY VEHICLE SUSTAINED BADLY DAMAGED ON REAR PORTION. THAT'S ALL.

Attachment(s)

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

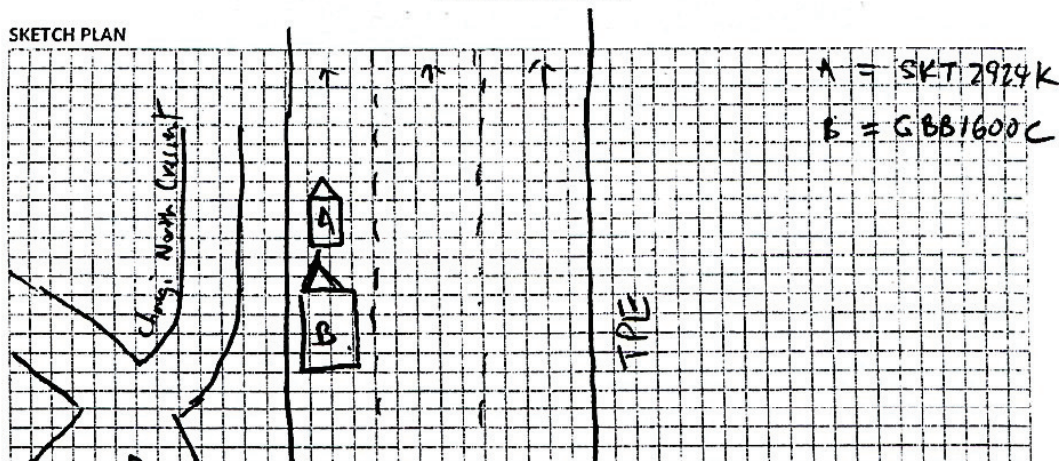
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB1600C
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOOLIYARAJ SANKAR
NRIC/Passport Number	G6546221X
Contact Number	83600412
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date/time, I was driving my vehicle SKT 2924K at the stated place. suddenly I felt the front left tyre of my vehicle was puncture, so I stopped my vehicle with double Hazard light on. I called the tow driver and stood at the side of my vehicle to wait for the tow truck arrive, about 30 mins later. A lorry GBB 1600C came from behind, collided onto my stationary vehicle. As a result, my vehicle sustained badly damaged on rear portion. That's All.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Michael

Policyholder's Signature
Date & Time:

Dieter

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

[Signature]

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

Sketch Plan Pg. 1

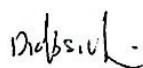
SKETCH PLAN

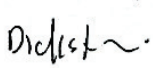
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.


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: