SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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	30/04/2019 14:17
Date Of Accident	29/04/2019 17:40
Exact Location Of Accident	ALONG CTE (ANG MO KIO AVE 5 EXIT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9962A
Insured/Policyholder	
Name Of Registered Owner	THIAN SUNG CONSTRUCTION PTE LTD
Co Reg No	198302602K
Email Address	ADMIN@THIANSUNG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62577000
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (A)
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
Fleet Policy	NO
Policy Number	Z18VC05000630
Cover Note Number	01/10/18 - 30/09/19
Driver	
Name of Driver	TOH KIM SENG
NRIC No	S1169809C
Date Of Birth	19/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96987466
Fax Number	

NOEMAIL

BLK 896A WOODLANDS DR.50 #01-70 Address

730896 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 - MAJOR/MINOR RD**

2

NO

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

: WORKER

Passenger 2 NAME: : WORKER

> GENDER: : MALE

Passenger 3 NAME: : WORKER

> GENDER: : MALE

Passenger 4 : WORKER NAME:

> GENDER: : MALE

Passenger 5 NAME: : WORKER

> GENDER: : MALE

Passenger 6 NAME: : WORKER

> GENDER: : MALE

Passenger 7 NAME: : WORKER

> GENDER: : MALE

NO

Details of Police Action

Was the accident reported to the police?

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)

Page 2 of 12

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

SLF7531P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ONG CHENG HOCK

NRIC/Passport Number \$1382396J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan

SKETCH PLAN

VEHICLE NO .: GBC 9962 A

INSURER

DATE & TIME: 29/4

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (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
- 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.
- 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

KETCH PLAN					
			A: GBC9962A B:SLF7531P Ong Chang Hock		
king bies	1 416		S138>396		
ESCRIBE CIRCUMSTANCES (OF THE ACCIDENT				
I was moving	straight on	the ext	reme left	alone	
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ausing its t	Sout nakt	collided on	nto the	(eft	
ear of my	vehicle. No	The Was	mjured.		
Note: Please note that you			100		
under your own com ECLARATION We declare the foregoing particular	prehensive policy. Please		ey for more information	36/4/19	
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the polic Date & Time:	yholder)	Reporting Centre Personi Name: (YS) NRIC/FIN No.:		
ACT 7.1700		The second secon	eporting Only	Σ	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1169809C





TOH KIM SENG

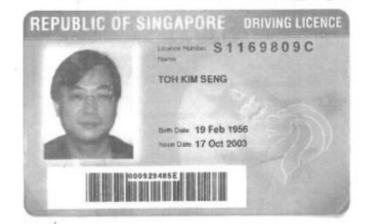
杜勒成

CHINESE

Daw of Birth 5ex 19-02-1956 M

SINGAPORE







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

PASS DATE

Mass 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

27 Dec 1978

NP 428A





Accident Photo





Accident Photo



