gapore (GA)

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 witholding of material facts may allow insurance. 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 archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

| By the lodgement of this report to the insurers, you aforesaid. | ou hereby consent to the archiving of this report at the centre and to copies of the report being made availab | 8, |
|---|--|-------------------|
| | ACCIDENT STATEMENT | |
| Date Of Report | 16/07/2019 10:42 | |
| Date Of Accident | 29/06/2019 10:30 | |
| Exact Location Of Accident | UPPER CHANGI ROAD | |
| Country/State of Loss | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | GBC7696G | |
| Insured/Policyholder | | |
| Name Of Registered Owner | Of Registered Owner MENG HUP SENG SANITARY & PLUMBING PTE LTD | |
| Co Reg No | 198802534N | |
| Email Address | MHSENG@SINGNET.COM.SG | |
| Mobile Phone No | | |
| Alternative Phone No | OFFICE-62832295 | 5 |
| | | CENTRAL PROPERTY. |

Vehicle Particulars

Manufacturer NISSAN

Model CABSTAR 3.0 5M/T ABS 2DR 2WD

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?

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 Z18VC05000759

Cover Note Number 18/11/2018 TO 17/11/2019

Driver

Name of Driver TANG LENG WAH @ NG LENG WAH

NRIC No S1197309D Date Of Birth 23/11/1956 Occupation OUTDOOR Date Of Driving Pass 09/05/1984

Driving Experience 35 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97822953

Fax Number

Contact Number

EMail Address NOEMAIL Address

APT BLK 126 PASIR RIS ST 11 #08-365 (S) 510126

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

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)

2

involved in the accident

NO

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

TRAFFIC POLICE - 10 UBI AVE 3 (S) 408865

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

refer with attach police 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

SLM8025R

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)

Accident Sketch Plan Pg. 1

tax: 67481006

SKETCH PLAN

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 <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 the purpose(s).
 - 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: 16/7/2019

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan Pg. 1

| DECLARATION /// pectar the foregoing particulars are true in every respect. Driver's Signature Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel Reporting Centre Personnel Reporting Centre Personnel Reporting Centre Personnel Rep | DECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature | | PRET changi road | A. GBC 769 B: SIM 803 |
|--|--|---|--|-----------------------|
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| Policyholder's Signature Policyholder's Signature Policyholder's Signature Reporting Centre Personnel's Signature | Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: | DECLARATION | | |
| Policyholder's Separature Reporting Centre Personnel's Signature | Driver's Signature Oate & Time: Oate & Time | DECLARATION I/We declare the foregoing particu | llars are true in every respect. | |
| | Date & Time: (If driver is not the policyholder) Name: | I/We declare the foregoing particu | 1 01 .110 | (§ () |
| process to that the principle of the facility | | I/We declare the foregoing particu | X Of 1051 16/7/2019 | |

police report Pg. 1





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190629/2092

| REPORT | OF A TRAFFI | C ACCIDENT | | | |
|--|--------------|---------------------------|---|----------------------------|--|
| Date/Time Report Made: 29/06/2019 15:02 | | | Vide Report No.: | Station Diary No. | |
| Informa | int's Partic | ulars | | | |
| Name of Informant: TANG LENG WAH | | | Address: APT BLK 126 PASIR RIS STREET 11 #08-365 SINGAPORE 510126 | | |
| ID Type / ID No.: NRIC NO / S1197309D | | 09D | Contact No.: Home/Office: | Mobile: 97822953 | |
| Nationality: SINGAPORE CITIZEN | | 'EN | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 23/11/1956 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: Plumber | | | Driving Licence Informatio Class: | Date of Expiry: | |

| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 29/06/2019 10:30 | Type of Location Bend |
|-----------------------------------|------------|-------------------------------------|---|--------------------------|
| Location: UPPER CHA Weather: | NGI ROAD | Road Surface: | F | Road Speed Limit: |
| Clear | | Dry | | opood militi |
| Clear Traffic Flow: One Way | | Dry Traffic Control: Not Controlled | T | raffic Volume: |

| Details of Vo | ehicle Invo | lved | | | | |
|---------------|-------------|--------|---------------------------------------|-------|-----------|----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenge |
| GBC7696G | Lorry | NISSAN | CABSTAR 3.0 5M/T ABS 2DR 2WD | | | 0 |

police report Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190629/2092

CONTINUATION OF REPORT

Brief Details.

ON THE MENTIONED DATE, TIME AND LOCATION,

I WAS DRIVING AT UPPER CHANGI ROAD AND THERE WAS A CAR BEHIND. THE DRIVER HONKED 1 TIME THEN ABOUT 100 M HONKED AGAIN AND I MOVED A BIT TO MY RIGHT SIDE, I KEPT ON GOING AND THE CAR FOLLOW AND HONKED AGAIN BUT NO HAND SIGNAL OR ANY SIGNAL OF ANY KIND TO SHOW ANY COLLISION HAPPENED. AFTER I TURNED LEFT TOWARDS CONSTRUCTION SITE THE CAR NEVER FOLLOW. I AM NOT AWARE IF I HIT HIS CAR AS THERE WAS NO IMPACT FELT.

THATS ALL

I would like to add that I am traveling along lane 2 of 3 lanes road. There's a car on lane 3. After the car honked of me, I noticed that I am to don to him thus I must slightly to the right and moved on . I do not know whether there was any collision. Off 11973093

police report Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190629/2092

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

| IMPORTANT: Please attach a copy of your vehicle the certificate with you now, please fax a copy to a SINGAPORE. | e's Insurance Certificate to this report. If you don't have 55474885 stating the <u>report number</u> as reference. |
|---|---|
| Signature Of Officer Recording The Report: | Signature Of Informant: |
| NURSADIY ZULFIKAR BIN SHAWAL | Qt. |
| Signature Of Interpreter: Not applicable | Date/Time: 29/06/2019 15:02 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: |
| Authentication Stamp | |

insurance letter Pg. 1



Traffic Police Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel : 6547 0000 Fax: 6547 6259

Date: 30 Jun 2019

Your Ref :

Our Ref : TP/IP/40621/2019

TANG LENG WAH APT BLK 126 PASIR RIS STREET 11 #08-365 SINGAPORE 510126

հրհեղիովիդՈգիհելիվ

Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING GBC7696G ALONG UPPER CHANGI ROAD EAST TOWARDS NEW UPPER CHANGI ROAD ON 29 JUN 2019 @ 1,20 PM

000061

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sq/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- You may contact the Investigation Officer ONG CHEE HIEN JOE at his / her office number: 65476437 or the supervisor NORHIDAWATI BTE AHMAD at 65476310 if you have any further queries.
- Thank you.

Yours faithfully,

TAN CHEE SING (ASP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.

