SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
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

oresaid.	
	ACCIDENT STATEMENT
ate Of Report	19/08/2019 10:31
ate Of Accident	11/08/2019 20:30
xact Location Of Accident	VEERASAMY RD CAR PARK
country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
ehicle Registration Number	YN7687C
nsured/Policyholder	
lame Of Registered Owner	BOK HUNG TRANSPORT SERVICE
o Reg No	52832854M
mail Address	BOKHUNGTS@HOTMAIL.COM
obile Phone No	
Iternative Phone No	OFFICE-85958631
/ehicle Particulars	
lanufacturer	ISUZU
lodel	LORRY
xact Purpose for which vehicle was being used at me of accident	
re you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	REPORTING ONLY
ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
lame of Insurance Company	LONPAC INSURANCE BHD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	Z/19VC05/002308-001
over Note Number	
Priver Priver	
lame of Driver	SUBBAIAH BALASUBRAMANIYAN
IRIC No	G2636914U
IRIC No	G2636914U

17/10/1992

OUTDOOR

04/04/2018

MALE

NOEMAIL

1 YEAR AND 4 MONTHS

(LOCAL) +65-85958631

NO ADDRESS Address

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**

2

NO

NO

1

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)

Details of Police Action

NO 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 SKETCH PLANS

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBE4018Z

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

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)

Page 2 of 12

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.

本 航 交 通 BOK HUNG TRANSPORT SERVICE 184 Choa Chu Kang Avenue 1 Singapore 689463

Tel: 6760 0535 Fax: 6760 0698

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

BOK HUNG TRANSPORT SERVIC Printer Strand Strand Strand Service Singapore 889483 amen

PANDAR

FOR STRONG BEST PRINTED TO THE TOTAL

SKETCH PLAN

Veerasamy Rd . Car Park

B

A: YN 7687C

8: GBE 4018 Z.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While reversing in to a parking lot, the right rear
of my rehicle portion collided with the left rear
1 2 2 10 10 7 7600 100 100 100 100
portion of GBE 4018 Z. There was very slight
4 16 11 6 86 1418 7
danage to det veh. GBE 4018 Z.
The driver of GBE 40182 had agreed to for a
The direct of OBE 1000 C not office
mutual settlement as the damage was very slight.
multiple server of
1 - Consider the 184 84 86 86

DECLARATION

I/We declare the foreg前g parteulars a f true in every respect.

BOK HUNG TRANSPORT SERVICE

BOK HUNG TRANSPORT SERVICE 184 Choa Chu Kang Avenue 1 Singapore 689463

Policyholde**Telsi67:60-0535 Fax: 6760 0696**'s Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

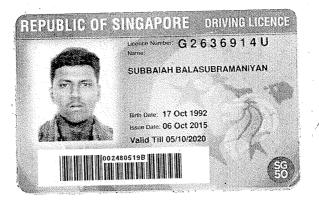
PANDAN

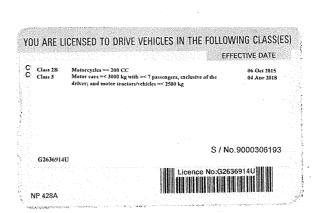
Anna Chu Karey Assessor

THE PROPERTY SHALL

NRIC/FIN No.:

Sketch Plan #2 Pg. 1





FEPOLNTFC011 - Notification Letter - Issue (Reporting) (via EPOL)





Card Registration Completed! Please show your employer this letter. We will deliver your card to the authorised recipion((e) 4 to 5 working days later. They will get the delivery details via SMS



SUBBAIAH BALASUBRAMANIYAN c/o BOK HUNG TRANSPORT SERVICE 184 CHOA CHU KANG AVENUE 1 SINGAPORE 689463

B19 (Diana 1/8/2019

| Companies | Comp

20 Jul 2019

You need to make an appointment for Card Registration

Dear SUBBAIAH BALASUBRAMANIYAN

We have received a request to issue your work pass on 20 Jul 2019. Now you need to come to the MOM Services Centre - Hall C by 29 Jul 2019 for card registration.

Please go to https://services.mom.gov.sg/appointment to make an appointment for work pass card registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work pass card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 20 Jul 2019 till 19 Aug 2019.

Yours sincerely

Mdm Chow Choon Yen for Controller of Work Passes SUBBAIAH BALASUBRAMANIYAN

G2636914U

DATE OF APPLICATION

04 JUN 2019

DATE OF ISSUE

20 Jul 2019

PASS EXPIRY DATE 20 JUL 2021

DATE OF BIRTH

17 OCT 1992

SEX

MALE

NATIONALITY

INDIAN TRAVEL DOCUMENT NO

L7844972

TRAVEL DOCUMENT EXPIRY DATE

10 MAR 2024

YOUR EMPLOYER'S NAME

BOK HUNG TRANSPORT SERVICE

EMPLOYER'S CSN

52832854M-00-000

SECTOR

SERVICE

OCCUPATION

DELIVERY DRIVER

EINGERPRINT REQUIREMENT

MANDATORY

MULTIPLE JOURNEY VISA

ISSUED

ISSUANCE REQUEST SUBMITTED BY

LIM YONG CHUANG RON

IMPORTANT

- If you fail to report to the MOM Services Centre Hall C for card registration, your pass may be
- You must keep this Notification Letter with you until you get your card. If you need to leave I enter Singapore, you will have to show this letter at the Immigration Checkpoints.

Ministry of Manpower Work Pass Division

Contact Us http://www.mom.gov.sg/contact Web http://www.mom.gov.sg

Page 1 of 3

FEPOLNTFC011 - Notification Letter - Issue (Reporting) (via EPOL)





Yo	our card registration checklist (FIN: G2636914U DOA: 04 JUN 2019)
Bri	ng the following documents to the MOM Services Centre – Hall C on the appointment date:
€ E	☐ This Notification Letter.
_/[\square Your latest original travel document and old travel document if any.
	Your In-Principle Approval (IPA) letter and any other documents listed in it (the letter we sent you when your application was first approved). If the IPA letter indicates that your education documents are required, you will be required to sign on your education certificates to confirm ownership and authenticity, in the presence of the counter officer.
	Your original and completed Declaration Form signed by yourself, local Employer / Sponsor and if applicable, the Third Party user who submitted the application on behalf of the local employer / sponsor.
	Your original full Medical Examination Form completed by a Singapore registered medical doctor with HIV Test on 28 Jun 2019 and Chest X-Ray Test on 28 Jun 2019.
	Your original Disembarkation / Embarkation card (IMM27) with Short Term Visit Pass issued on 27 Jun 2019 and expiring on 27 Jul 2019.
Та	ke note of the following
,	 During photo-taking, no headgear should be worn unless normally worn for religious purpose. Glasse worn should not have tinted lenses and frames should not cover any part of the eyes.
1	Children, including infants, will be required to report at the centre for card registration.
suppos § _	Service Annual Control of the Contro

- Things to note about card delivery (FIN: G2636914U DOA: 04 Jun 2019)
 - Either the authorised recipient(s), or the pass holder himself / herself must be present to receive the card(s). We will check his / her photo ID (e.g.NRIC, work pass card, travel document of the pass holder, etc.) upon delivery.
 - We cannot allow changes in delivery schedule / address / authorised recipient(s) due to the short turnaround time from pass issuance to card delivery.
 - If delivery is not successful, we will try again on another day. The authorised recipient(s) will receive an SMS / email regarding the next delivery date.
 - If both delivery attempts fail, the card will have to be collected from the MOM Services Centre Hall C.
 - To check your card delivery status, go to EPOL > Enquire > Card Delivery / Collection Status. For more information on card delivery, you may visit www.mom.gov.sg/card-delivery.

Mobile Application

• The pass holder's pass details will be displayed when the card is scanned using our SGWorkPass mobile application.

Ministry of Manpower Work Pass Division
Web http://www.mom.gov.sg Contact Us http://www.mom.gov.sg/contact

Page 2 of 3





Accident Photo



Accident Photo



