

## 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	31/08/2019 17:17
Date Of Accident	30/08/2019 08:30
Exact Location Of Accident	JLN BUROH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3817K
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#### Insured/Policyholder

Name Of Registered Owner	WOON FONG TRANSPORT PTE LTD
Co Reg No	200809831Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90999887
Alternative Phone No	OFFICE-90999887

#### Vehicle Particulars

Manufacturer	HINO
Model	FS1ETKA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05002093
Cover Note Number	

#### Driver

Name of Driver	ONG BOK YAM
NRIC No	S1476773H
Date Of Birth	24/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1993
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90999887
Fax Number	
Contact Number	OFFICE-90999887
EEmail Address	NOEMAIL

Address	BLK 709 CLEMENTI WEST STREET 2 #03-295
Postcode	120709
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 - CHANGE/CROSS LANE
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 STATEMENT.

#### 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	SH7215J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME:       :  
GENDER:     :

## Accident Sketch Plan

### SKETCH PLAN

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#### 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.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG JALAN BURCH ON THE SECOND LEFT LANE OF 4 LANES, ON MY WAY TO JURENA ISLAND. AS I WAS TRAVELLING STRAIGHT, ONE M/TAXI SH 7215J SUDDENLY FROM THE THIRD LEFT LANE ENCRACHED INTO MY PATH FROM MY THIRD LEFT LANE TO THE SECOND LEFT LANE. I IMMEDIATELY JAMMED MY BRAKE, HOWEVER STILL COULD NOT STOP IN TIME AND COLLIDED ONTO THE SAID TAXI. AFTER THE COLLISION, THE DRIVER OF THE SAID TAXI INFORMED THAT HIS PASSENGER INFORMED HIM TO TURN LEFT WHEN HE SUDDENLY TURN LEFT THUS COLLIDED WITH MY VEHICLE. I WOULD LIKE TO STATE THAT THE THIRD LANE FROM THE LEFT WAS A STRAIGHT GOING LANE AND THE LEFT 2 MOST LANE IS A LEFT TURNING LANE.

## DECLARATION

I/We 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.:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo









Accident Photo



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1476773H**



Name

**ONG BOK YAM**

**王 木 炎**

Place

**CHINESE**

Date of birth

**24-11-1961**

Country/Place of birth

**SINGAPORE**

Sex

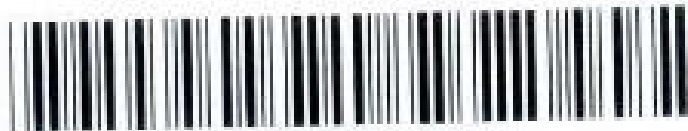
**M**

**S1476773H**

*For LKK/NAC Use Only*



**5617829**



NRIC No. **S1476773H**



*For LKK/NAC Use Only*

Date of issue

**01-07-2016**

Address

**APT BLK 709 CLEMENTI WEST STREET 2  
#03-295  
SINGAPORE 120709**

Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1476773H**

Name: **ONG BOK YAM**

Birth Date: **24 Nov 1961**

Issue Date: **16 Dec 2002**

**For LKK/NAC Use Only**

000032256E

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Jan 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Aug 1983
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	01 Mar 1993

NP 428A



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

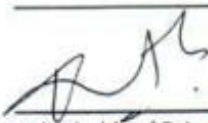
Original Report No : MNA119115287 Vehicle Registration No: XD3817K  
Name (as shown in NRIC) : Woon Fong Transport Pte Ltd NRIC/FIN/Passport No : 2008098317  
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
Address : 411 Jurong West St 42 Singapore (640411)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9099-9887  
Email Address : \_\_\_\_\_  
Date of Accident : 31.8.19 Time of Accident : 0830hrs  
Place of Accident : Jln Buroh  
Insurance Company: Longac Insurance Bhd

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

We would like to amend date of accident as 30.8.19 instead of

31.8.19 due to typo error.



Policyholder / Driver's Signature  
Date: 11.09.19





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