

## 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	05/09/2019 17:21
Date Of Accident	05/09/2019 11:10
Exact Location Of Accident	BLK 84 BEDOK NORTH ST 4 OPEN CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3653B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SENG HONG CO PTE LTD
Co Reg No	195500094W
Email Address	WAREHOUSEOPS@SENGHONG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62776213

### Vehicle Particulars

Manufacturer	ISUZU
Model	FRR90SUQA-C
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05002950
Cover Note Number	

### Driver

Name of Driver	LOO LIAN HOCK
NRIC No	S0091280H
Date Of Birth	13/02/1950
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91465530
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 116 JALAN BUKIT MERAH #07-1639
Postcode	160116
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	NO COLLISION
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)	2
Passenger 1	NAME: : ZHANG GUANGTAO GENDER: : MALE

#### 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 SKETCH PLAN.

#### Attachment(s)

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

# Sketch Plan

## 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.

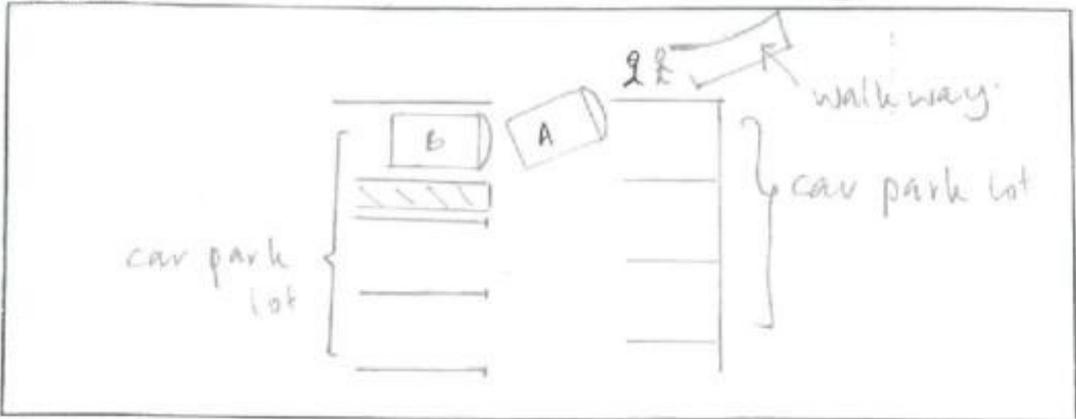
  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2

Date of accident: 05/09/2019 Time: 11:10 Location: Blk 84 Bedok North St 4 open  
 Veh A: YN 3653E Veh B: SKC 5476G No of pax: 2 Weather: Clear/dry Rain/Wet car park



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a reversed to exit the car park. As I was making the second attempt, veh B driver and his son was walking from the walkway and they start to gesture to me. I stop my vehicle and they approached me and said that I had hit into the parked vehicle which was parked at a 'disable lot'. I came out to check and my colleague took photos of veh B front portion. No visible damage except old damage found on veh B front.

\*\*\* - Veh B has in-car camera install.  
 \*\*\* The height of my vehicle rear safety bar was above the front bumper of veh B. Impossible my vehicle rear safety bar hit veh B front

passenger: Zhang Guangtao (☎ 74903045)

Claim OD/TP at Falcon-Air       Claim OD/TP at other workshop       Reporting Only

Remarks : Please forward a copy of my efile accident report to:  
 My workshop :  
 Email address :  
 & myself : 91465530, 62776213.  
 Email address : seani-warehouseops@sinshong.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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.:

Driver's NRIC & Driving License

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S0091280H



Name  
 LOO LIAN HOCK

吕联福  
 Race  
 CHINESE

Date of Birth 13-02-1950 Sex M  
 Country of Birth  
 SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S0091280H  
 Name  
 LOO LIAN HOCK

Birth Date 13 Feb 1950  
 Issue Date 07 Jan 2003



2020364



NRIC No S0091280H



Hand Group Date of issue  
 O\* 23-11-1994

APT BLK 116 JALAN BUKIT MERAH #07-1539  
 SINGAPORE 160116  
 NRIC No: S0091280H Date: 03/05/2017 No: 8925049

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

Class	Description	PASS DATE
Class 3	Motor cars with 2000 kg or less passenger vehicles of the 4-door and motor tractors/ATVs of 2500 kg	12 Feb 1999
Class 4	Heavy motor cars and motor tractors > 2500 kg	07 Jan 2003

S/N: 9000213351

NRIC No: S0091280H

NP 426A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

