

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 | 06/11/2019 11:56 |
| Date Of Accident | 20/10/2019 09:45 |
| Exact Location Of Accident | NEW CHANGI PRISON COMPLEX |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | YM8964B |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG FENCING CONTRACTOR CO |
| Co Reg No | 25981800C |
| Email Address | ONGFENCE@SINGNET.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64816663 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------------------|
| Manufacturer | MITSUBISHI |
| Model | FE84BE6SRDEA-3.0 D B30 (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 | Z19VC05003216 |
| Cover Note Number | 04/09/2019 - 03/09/2020 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | RESHAM SINGH |
| NRIC No | G6982692Q |
| Date Of Birth | 24/10/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/10/2013 |
| Driving Experience | 5 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91749226 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|---------------------------------------------|
| Address | C/O 242 WOODLANDS INDUSTRIAL PARK E5 BIZHUB |
| Postcode | 757303 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | NO |
| 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) | 0 |

Details of Police Action

| | |
|-------------------------------------------|-------------------------------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WOODLANDS WEST NPC |
| Police Station Address | ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20191020/2086.

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 | GBH6468D |
| 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)

Sketch Plan

SKETCH PLAN

VEHICLE NO.:

YM 8964B

INSURER

LONDAC

DATE & TIME:

20/10/19 @ 0945

IMPORTANT NOTICE

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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

SKETCH PLAN

New Changi Prison complex.

A: YM8964B
(stationary, no one in it only).

B: GBH 6468D

Upper Changi Rd North

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: Ym89648 (Lampac)
Date & Time: 20/10/2019 @ 0945 (Clear day)
Refer to police report no: 7/20191020/2086-

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy 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: (AWK)
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party (✓) Reporting Only
() Claim OD/TP at other workshop ()

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20191020/2086

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20191020/2086

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--------------------------------------------|------------|-----------------------------------------------------------------------------|------------------------------|---------------------------|
| Date/Time Report Made: 20/10/2019 21:31 | | Vide Report No.: | | Station Diary No.: 232 |
| Informant's Particulars | | | | |
| Name of Informant: RESHAM SINGH | | Address: C/O 242 Woodlands Industrial Park E5 Bizhub SINGAPORE | | |
| ID Type / ID No.: FIN NO / G6982692Q | | Contact No.: Home/Office: Mobile: 91749226 | | |
| Nationality: INDIAN | | Email: | | |
| Sex: Male | Age: 30 | Date of Birth: 24/10/1988 | Type of Informant: Driver | |
| Race: Indian | | Language: English | Institution / School Name: | |
| Occupation: Lorry driver | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|-----------------------------------------------------------------------------------------------|----------------------|------------------------------------|--------------------------------------------|------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 20/10/2019 09:45 | Type of Location: Straight Road |
| Location: Along Road 1 UPPER CHANGI ROAD NORTH NEAR TO NEW CHANGI PRISON COMPLEX | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|-----------|-----------------|
| GBH6468D | Lorry | | | | No Damage | 3 |
| YW8964B | Lorry | | | | No Damage | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20191020/2086

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20191020/2086

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------|------------------|-----------------------------------------------------------------------------|
| Driver | | | |
| Name | RESHAM SINGH | | ID No. G6982692Q |
| Related Vehicle | NIL | | Contact No. 91749226 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | YANG LEI | | ID No. G2618070N |
| Related Vehicle | NIL | | Contact No. 91347512 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 20/10/2019 at 9.45am, I was driving my company's lorry YW8964B when I was involved in a minor accident. At that time, I was travelling at Upper Changi Road North and enter the road to New Changi Prison Complex construction site. I then decided to park at the road side to change my pass before entering. I then alighted from my lorry to change my pass. While I was waiting to change my pass about 4 minutes later, suddenly another lorry driver came to me and said that my lorry had hit onto his lorry GBH6468D. I then went out and saw that the said driver's lorry had hit onto my lorry's rear side. I then told him that I had park the lorry prior to his arrival. The lorry driver was unhappy and claimed that my lorry had reversed and hit onto his lorry. There was no damages on my lorry and there was visible damages on the front side of the other lorry. I wish to state that I did not witness the accident happened and I had parked my lorry properly before leaving my lorry. Both the driver and I exchanged particulars. During that time no one reported of any injuries. I am lodging this report for my company's insurance claim.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20191020/2086

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20191020/2086

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

| | | | |
|-----------------------------------|--|-------------------|--|
| Name of Informant RESHAM SINGH | | P/N NO: C08820820 | |
| ID Type / ID No | | Date of Birth | |
| Age | | Sex | |
| Race | | Religion | |
| Language | | Type of Informant | |
| Driving License Information | | Date of Expiry | |
| Address | | Contact No | |
| Home Office | | Mobile | |

| | | |
|-----------------------|-------------------------|-------|
| Type of Accident | Non-Injury | Other |
| Location | UPPER CHANGI ROAD NORTH | |
| Date/Time of Accident | 20/10/2019 21:31 | |

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
L/
Sgt 2 NUR FADILAH BINTE ARSHAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/10/2019 21:31

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG-SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168
Singapore Police Force

WP & DL

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SINGAPORE CONTRACTORS CO

Photo of holder

Name
REDHAM SHOH

Date of Birth
24 Oct 1988

Category
CONSTRUCTION

Barcode

81808487

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
G6982692Q

Name
REDHAM SHOH

Date of Birth
24 Oct 1988

Valid Until
23 Jul 2019

Valid Till
23 Oct 2024

Barcode

VISIT PASS
Immigration Regulations

Name
REDHAM SHOH

For
G6982692Q

Date of Birth
24 Oct 1988

Nationality
INDIAN

Multiple Journeys Allowed

Barcode

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3
Motor cars with grosser weight < 3000kg with < 7 passengers, exclusive of driver, and other motor vehicles with grosser weight < 2500kg

Expiry Date
23 Oct 2019

Barcode

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

