MSM119157520 / Specialists Motor Pte Ltd - HQ ENTRY DATE & TIME: 29/11/2019 12:13 SUBMITTED BY: Betty Sukwanto

# 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 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	29/11/2019 12:13	
Date Of Accident	28/11/2019 19:20	
Exact Location Of Accident	ALONG BRADDELL ROAD TO CTE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XD9461M	
Insured/Policyholder		
Name Of Registered Owner	SOON SAN TRANSPORT SERVICE	
Co Reg No	38204600E	
Email Address	WANLIN.ONG@SOONSANGROUP.COM	
Mobile Phone No		
Alternative Phone No	OFFICE-67427655	
Vehicle Particulars		
Manufacturer	SCANIA	
Model	P440CB-12.7 D 8X4 EHZ (M)	
Exact Purpose for which vehicle was being used at time of accident	COMPANY 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	GOODS VEHICLE	
Insurance Company		
Name of Insurance Company	LONPAC INSURANCE BHD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	Z19VC05003294	

D	ri	ve	r

Cover Note Number

 Name of Driver
 LIM KIAM SAN

 NRIC No
 \$1373953F

 Date Of Birth
 09/11/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/01/2009

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81333690

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 958 HOUGANG ST 91

#08-260

Postcode

530968

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

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

NO

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

LORRY XD 9461 M WAS TRAVELING ALONG THE RIGHT MOST LANE OF THE SLIP ROAD OF BRADDELL ROAD TOWARDS CTE. IT HAD SLOWED DOWN THE VEHICLE AS IT WAS APPROACHING THE BEND . PRIOR TO THE CHEVON MARKING LORRY NOTICED VEHICLE B (SLG9636C) IRREGULAR MOVEMENT FROM ITS LEFT VIEW MIRROR. AFTER WHICH VEHICLE B DROVE FORWARD TO BLOCK MY ACCESS ALONG THE CHEVRON MARKING. THE ACCIDENT HAPPENED ALONG A STRAIGHT ROAD BEFORE THE BEND AND FROM THE LEFT VIEW MIRROR VEHICLE B PROBABLY SWERVE TOWARDS THE RIGHT ON A STRAIGHT ROAD AND GOT CAUGHT BETWEEN THE LEFT REAR TYRE/RIM RESULTING IN DAMAGES.

### 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

SLG9636C

Vehicle Make/Model/Colour

CAR B

**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)

# Sketch Plan Pg. 1

### 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 <a href="truthful and accurate as possible">truthful and accurate as possible</a>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <a href="repudiate policy liability">repudiate policy liability</a>.
- 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. 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.
- 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: 29)11 20

1:03 pm

Driver's Signature

(If driver is not the policyholder)

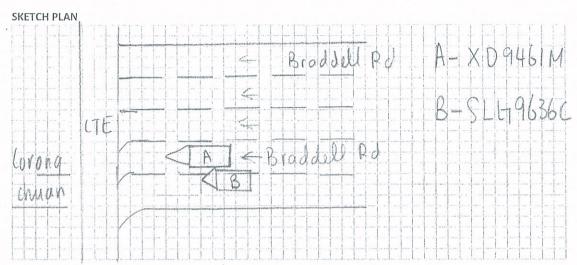
Date & Time: 29

1:03 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lovry XD 9461 M was travelling along the right most lane of the slip road of Braddell Road towards CTE. It had Slowed down the vibrile as it was approaching the bend. Prior to the chevon marking lovry noticed vehicle B (SLL 9636C) irregular movement from its left view mirror. After which vehicle B drove forward to block my access along the Chevon marking the accident happened along a straight road before the bend and from the left view mirror vehicle B probably swews towards the right on the Straight voad and got caught between the left rear tyre I view resulting in damages.

RESEARATION

ere the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 29/11/2019

1:03pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29 | 11 | 2017

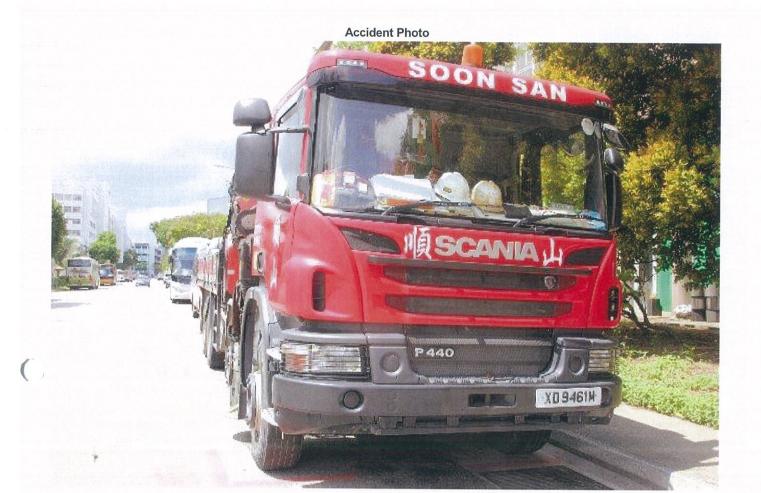
1:03pm

SPECIAL SOL

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





# **Accident Photo**



