### 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 <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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	21/11/2019 16:14
Date Of Accident	20/11/2019 16:30
Exact Location Of Accident	OPEN SPACE CARPARK LOT 352 BLK 95 GEYLANG BAHRU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM7197E
Insured/Policyholder	
Name Of Registered Owner	PING SHENG PTE LTD
Co Reg No	201838331K
Email Address	PSHENG1338@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62956639
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z19VC05003562
Cover Note Number	
Driver	

Name of Driver CHONG TET FOH

NRIC No S2657389J
Date Of Birth 07/05/1963
Occupation OUTDOOR
Date Of Driving Pass 25/06/1996

Driving Experience 23 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98450389

Fax Number

Contact Number

EMail Address NOEMAIL

**BLK 95 GEYLANG BAHRU** Address

#09-3136

Postcode 330095

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** 

COLLIDED INTO PARKED VEHICLE Type Of Accident

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident? NO

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.

NO 1

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20191120/2142.

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 **SLK2977T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE HIRE Vehicle Category Name of Driver LIM KOK LEONG NRIC/Passport Number S8002604H

**Contact Number** 

Address Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### **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: 1 NOV 7319

(6:04hz

Driver's Signature (If driver is not the policyholder)

Date & Time: 2 1 NOV 2019

16:19/mg

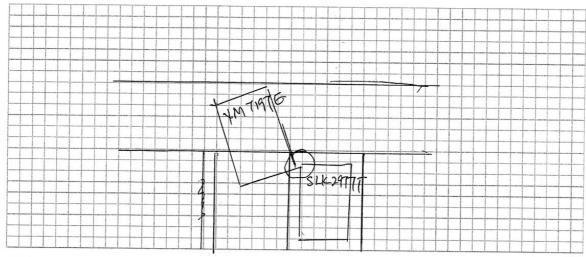
Reporting Centre Personnel's Signature

Name: Fun Kwee Choo

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

# SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CITIES OF THE ACCIDENT
Refer to Police report: 7/20191120/2142.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Sig Date & Time:

2 1 NOV 2019

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

2 1 NOV 2019

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Kwee Chao

GIARMC SketchPlanForm\_V3





20191120/2142

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Report No. T/20191120/2142

1 of 3

Tel No: 1800-2969999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2019 18:31	Vide Report No.:	Station Diary No.: 35				
Informant's Particulars						
Name of Informant: CHONG TET FOH	Address: APT BLK 95 GEYLANG 330095	APT BLK 95 GEYLANG BAHRU #09-3136 SINGAPORE				
ID Type / ID No.: NRIC NO / S2657389J	Contact No.: Home/Office:	Mobile: 98450389				
Nationality: SINGAPORE CITIZEN	Email:					
Sex:         Age:         Date of E           Male         56         07/05/19						
Race: Chinese	Language: English	Institution / School Name:				
Occupation: CONSTRUCTION WORKER	Driving Licence Informat Class: 2B,3	ion: Date of Expiry:				

General Inform	nation of the Acciden			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2019 16:30	Type of Location: Car Park
Location: Along Road 1 GEYLANG BA Block 95 Geyl	NHRU ang Bahru open space	carpark lot 352		
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collisi Moving Vehicl	on: e Against - Parked Veh	nicle		Anyone conveyed by ambulance: No

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLK2977T	Car				Slightly Damaged	0
YM7197E	Lorry	•			No Damage	0 .

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20191120/2142

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 2 of 3 Report No. T/20191120/2142

Tel No: 1800-2969999

**CONTINUATION OF REPORT** 

Driver							
Name	CHONG TET FOH		-	2 12	ID No		S2657389J
Related Vehicle	NIL	,			Conta	ct No.	98450389
Hospital/Clinic	NIL				Class Driving Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL			Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL		Degree of	Injury	NIL	
car owner							THE RESERVE OF THE PROPERTY OF
Name	LIM KOK LEONG		:		ID No		S8002604H
Related Vehicle	NIL				Conta	ct No.	98319997
Hospital/Clinic	NIL				Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL			Date Disch		NIL	
No of Days gran	ted Medical Leave	NIL .		Degree of	Iniury	NIL	

# **Brief Details.**

On 20/11/2019 at about 1630hrs as I was trying to exit the carpark at Block 95 Geylang Bahru, the rear right side of my vehicle hit another parked vehicle (SLK2977T) that was parked at lot 352.

I then waited for the owner to come down as there was slight damages to the left head lights.

The owner came down shortly after and we exchanged details.

I am lodging this report for record purposes.





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 3 of 3 Report No. T/20191120/2142

Tel No: 1800-2969999

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

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:	Signature Of Informant:	*
Α/	11 he s	
Sgt 2 GOH JUN XIAN SHERMAN	3650	
Signature Of Interpreter:	Date/Time:	-
Not applicable	20/11/2019 18:31	
Officer In Charge Of Case:	Classification Of Case:	
TP / GIA /		
Staff Sgt WONG SIEU LUI		
Contact No.: 65476151		
Authentication Stamp		



Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555. Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg GST Reg No.: F0-0005635-C

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z19VC05003562

Type of Cover: THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

MITSUBISHI FE83BEOSRDEA

- YM7197E

2. Name of Policy Holder

PING SHENG PTE LTD

3. Effective Date of the Commencement of Insurance for the purpose of the Act

25/09/2019

4. Date of Expiry of the Insurance

24/09/2020

5. Person To Drive (A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD)IN CONNECTION WITH THE POLICYHOLDER'S

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.
USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHIEF EXECUTIVE (Singapore Branch)

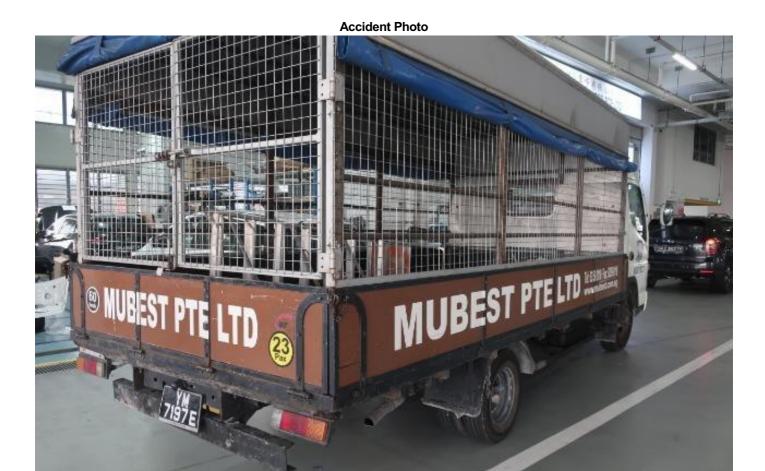
User ID: INTEGRALPLUS1 Date Issued: 25/09/2019

Certificate of Insurance - Page 1 of 1

# **Accident Photo**



# Accident Photo Accident Photo BIST PTE LTD 18:539 M19 WWW.mubest.com.sg Distriction



# **Accident Photo**



# **CHASSIS NUMBER**

