

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	17/12/2019 10:58
Date Of Accident	02/11/2019 11:30
Exact Location Of Accident	CHANGI EAST DRIVE (SITE A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2190B
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	MASTER CONTRACT SERVICES PTE LTD
Co Reg No	199401494K
Email Address	WSWONG@CONTRACTS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64309228

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BE0SRDEA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05002839
Cover Note Number	11/07/19 - 10/07/20

Driver

Name of Driver	TOH CHENG CHON
NRIC No	S1304794D
Date Of Birth	09/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91847395
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 655 YISHUN AVE 4 #10-391
Postcode	760655
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	COLLIDED INTO PARKED VEHICLE
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)	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 ATTACHED.

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	YQ8899K
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.: YN21908
INSURER : Lampac
DATE & TIME: 21/11/19 11:30am

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. 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:

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

(YS) ang 17/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Changi East Drive (Site A)

A: YN2190B

B: YQ8899K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Lonpac Veh No: YN2190B DoA: 2/11/19 11:30am

On 2/11/19 at about 11:30am at Changi East Drive (Site A), while trying to turn around my lorry YN2190B brushed the side rear of YQ8899K.

The vehicle YQ8899K was stationary but parked diagonally across a small dead end of the road.

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: _____

70h

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

(45) ma ✓ 17/12/19

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

CLAIMING Sketch/Plan/Forms V3 () Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop ()

INSURANCE LETTER

RECEIVED 06 DEC 2019



LONPAC INSURANCE BHD
(S98FC5635C)

25 November 2019

MASTER CONTRACT SERVICES PTE LTD
81 TAGORE LANE #01-20 TAGA
SINGAPORE 787502

By Registered Post

Dear Sir/Mdm

CLAIM NO. : 19/19/VC05/022700

ACCIDENT INVOLVING YN2190B AND YQ8899K ON 02.11.2019 ALONG CHANGI EAST
DRIVE AT 1130HRS

We refer to the above accident.

We have received a Third Party claim from CHENG HOE MOTOR PTE LTD.

This accident has not been reported to us. Please proceed to any of our authorized workshops to lodge the report immediately.

Please note that we will be carrying out investigation and will proceed to defend and/ or negotiate a settlement of this claim and any further claims arising from this accident, as we deem appropriate.

If there are any further evidence which you would like to bring to our attention in support of your case and/or you have submitted a claim against the other driver please furnish us with:

- i) evidence
- ii) Status of your claim against the owner of the other vehicle involved in the case

Should you require any information or details on this claim, please contact us.

Kindly also note that you are required to notify us immediately upon receipt of all letters of claims, Writ of Summons, Traffic Police action issued against you. This includes all or any impending prosecution, inquest, fatal inquiry or offer of composition fine in connection with the above accident.

Please note that any failure on your part to observe this will result in us exercising our rights of repudiation under the motor insurance policy.

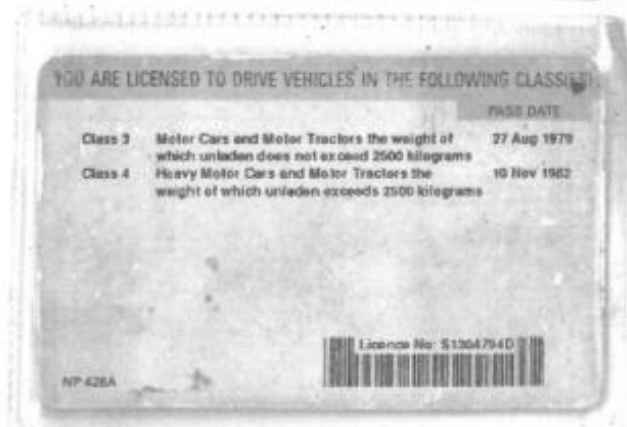
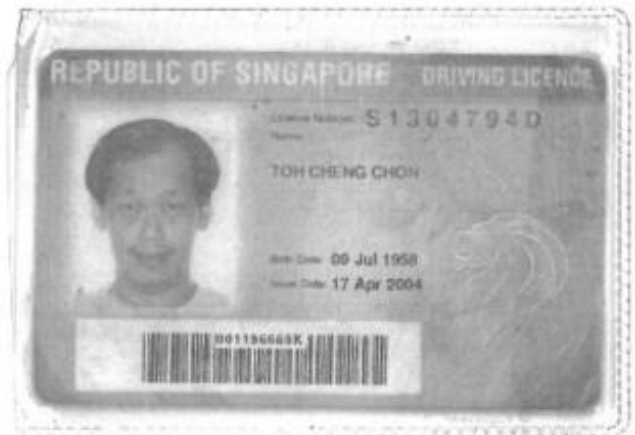
Your faithfully,
LONPAC INSURANCE BHD

Ong Li Li
Senior Executive (Claims)
Email : mt_claim@lonpac.com
Tel: 6250 7388 Ext 254
Fax: 6296 2706

cc Jetta Insurance Agency Pte Ltd (z10296)

300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel: (65) 6250 7388 Fax: (65) 6296 3767

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

