

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	30/01/2020 14:42
Date Of Accident	30/01/2020 10:05
Exact Location Of Accident	JUNCTION OF ANSON RD/MAXWELL RD/ROBINSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3639D
Insured/Policyholder	
Name Of Registered Owner	OR KIM PEOW CONTRACTORS (PTE) LTD
Co Reg No	197701891R
Email Address	ANNIEYEO@OKPH.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63671960

Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP LOWBED
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05002225
Cover Note Number	14/04/19 - 13/04/20

Driver

Name of Driver	KHIN MAUNG MYINT
NRIC No	S2757517Z
Date Of Birth	12/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98586577
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 159 WOODLANDS ST.13 #03-679
Postcode	730159
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	CHAIN 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	4
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)	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

As ahead traffic was red, I followed front vehicles came to a stop. Suddenly I felt an impact from behind which pushed my vehicle forward and collided onto the front m/taxi SHD9952C. Upon alighted to check, I then realised I was involved in a chain collision of total 4 vehicles including mine. No one was injured.

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	SKE3075H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	RICHARD ONG WANG CHAO
NRIC/Passport Number	S0156964C
Contact Number	85223075
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJH7385H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUAHMMAD ABDUL QADIR BIN HAJI M ABDUL SHUKUR
NRIC/Passport Number	S2182013Z
Contact Number	94873489
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHC9952C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE CHENG KANG
NRIC/Passport Number	S1105077H
Contact Number	91214364
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GX3639D
 INSURER : Longpac
 DATE & TIME: 30/1/20 @ 10:05am

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

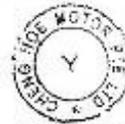
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

(Signature)
 (30.01.2020)

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

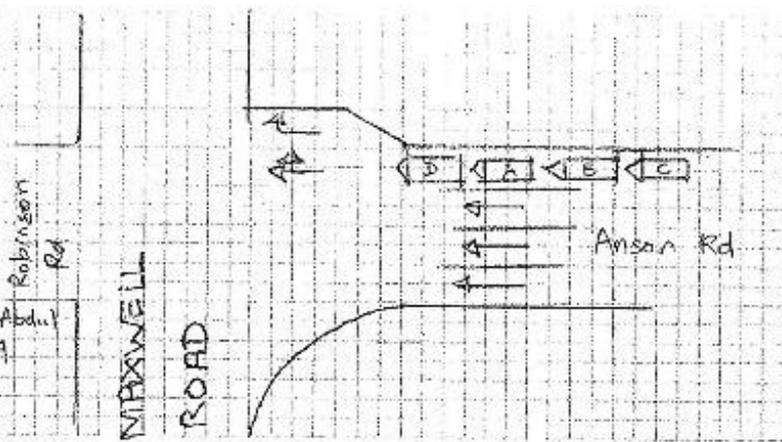


Reporting Centre Personnel's Signature
 Name: *(Signature)*
 NRIC/FIN No.: *(1/2)*

Sketch Plan #2

SKETCH PLAN

A: GX3634D
 B: SKE3075 H
 Richard Ong
 Wang Chao
 HP: 85223073
 C: SJH7385H
 Muhammad Abdul
 Qadir Bin. Hajj M. Abdul
 stukur: 94873489
 D: SHD9952C
 Lee Cheng Hong
 HP: 9114364



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As ahead traffic was red, I followed front vehicles
 came to a stop. Suddenly I felt an impact from behind
 which pushed my vehicle forward and collided onto
 the front m/taxi SHD9952C. Upon alighted to check, I
 then realised I was involved in a chain collision
 of total 4 vehicles including mine. No one was
 injured.

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 that the above particulars are true in every respect.



Policyholder's Signature
 Date & Time:

30.01.2020

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



Reporting Centre Personnel's Signature

Name: (Y)
 NRIC/FIN No.:

Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S2757517Z**



Name
KHIN MAUNG MYINT

Race
BURMESE

Date of birth
12-12-1963

Sex
M

S2757517Z

Country/Place of birth
MYANMAR

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S2757517Z**
Name

KHIN MAUNG MYINT

Birth Date **12 Dec 1963**
Issue Date **07 Oct 2010**



001099852H

9553430



NRIC No. **S2757517Z**



Nationality
MYANMAR
Date of issue
21-10-2019

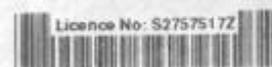
Address

**APT BLK 159 WOODLANDS STREET 13
#03-679
SINGAPORE 730159**

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 07 Oct 2010



Licence No: **S2757517Z**

NP 429A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



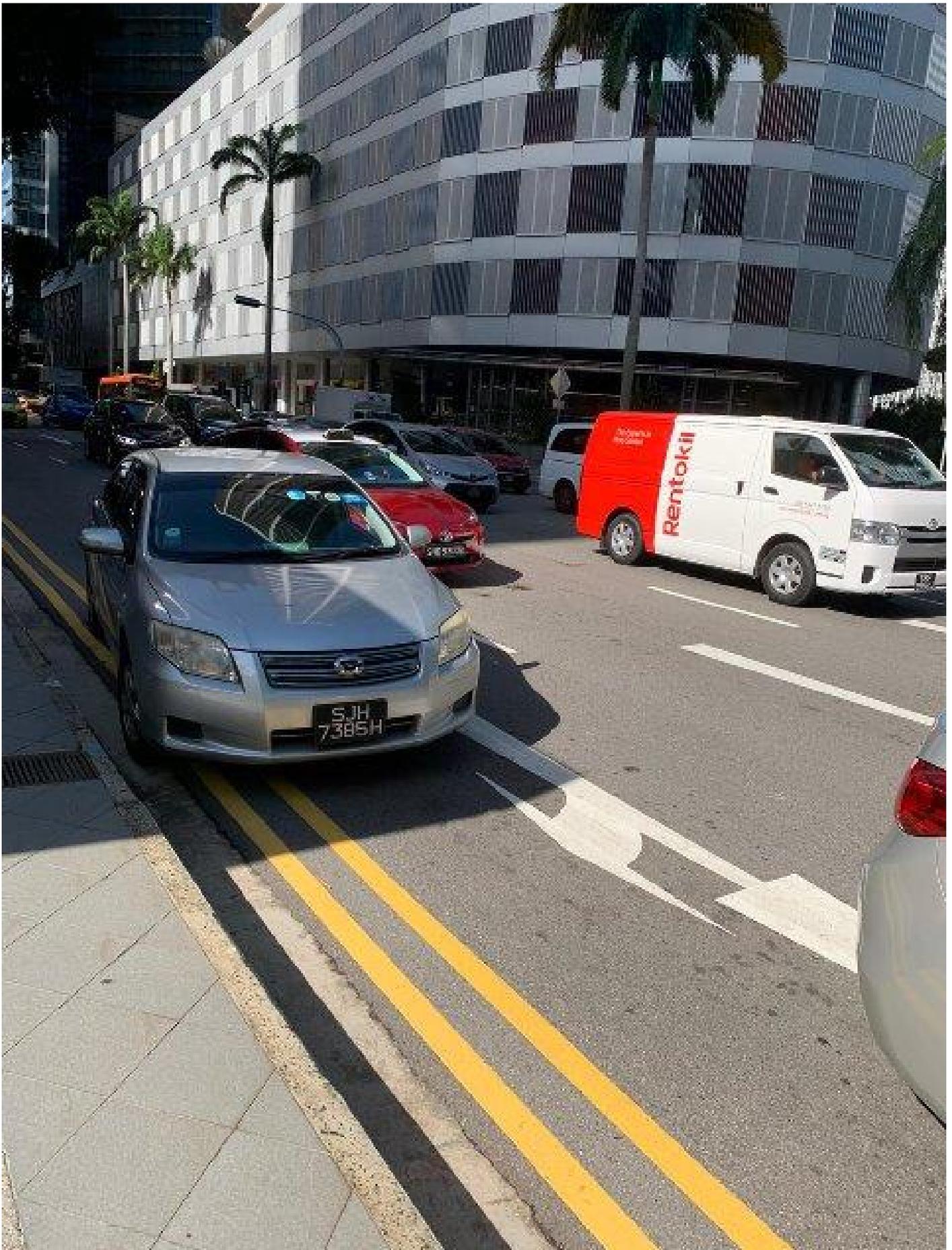
Accident Photo



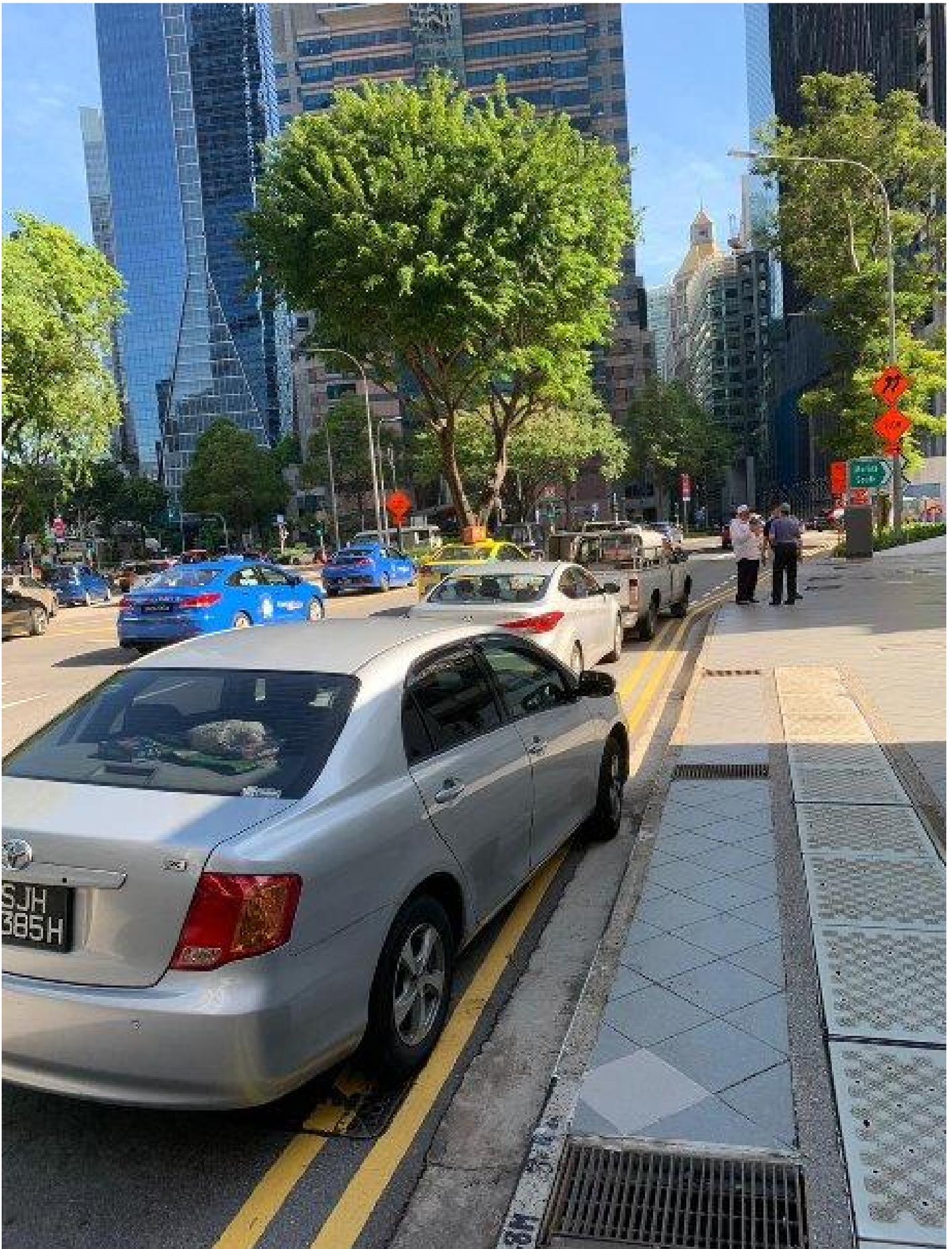
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Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCHM 20013495 Vehicle Registration No: GX3639D
Name(as shown in NRIC) : Or Kim Peow Contractors (Pte) Ltd NRIC/FIN/Passport No : 197701891R
Address : No. 30 Tagore Lane Singapore (787484)
Contact (Tel) : 63671960 Mobile No. :
Email Address : annieyao@okph.com
Date of Accident : 30/1/20 Time of Accident : 10:05
Place of Accident : Junction of Anson Rd/Maxwell Rd/Robinson Rd
Insurance Company: Longac Ins

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Actual Insurance Company should be Longac Ins instead of ERGO Ins.

Policyholder / Driver's Signature
Date:

Reporting Centre Person's Signature
Name: Sharon
NRIC/FIN No.:
Date: 31/1/20