### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/02/2020 10:04
Date Of Accident	12/02/2020 10:35
Exact Location Of Accident	KINTA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD4205U
Insured/Policyholder	
Name Of Registered Owner	S-LITE EVENT SUPPORT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67411196
Vehicle Particulars	
Manufacturer	HINO
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	Z/19/VC05/003283-001
Cover Note Number	
Driver	
Name of Driver	WU JINLIANG
NRIC No	GXXXX251N
Date Of Birth	03/11/1987

Name of Driver

NRIC No

GXXXX251N

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

WU JINLIANG

GXXXX251N

O3/11/1987

OUTDOOR

09/10/2015

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82827677

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 194A BUKIT BATOK WEST AVE 6 #28-211

Postcode 651194

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 PROPERTY

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

1

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.

Number of Passengers (Including Driver)

NO 1

YES

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

Police Station Address

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT

COMPLEX BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT A/20200212/7027

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 TREE

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category GOVERNMENT

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

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No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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:
  - 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: 关金元

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

Name: NRIC/FIN No.:

### **Accident Sketch Plan**

TCH PLAN					
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		100.55	1501		
RIBE CIRCUMSTAN	COURSE				
RIBE CIRCOMSTAN	CES OF THE	ACCIDENT			
Refer	+0	Police	Report	A/ 2020	0212 /7027
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		/			
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declare the foregoing	particulars are	true in every respe	ct.		
holder's Signature		Priver's Signature		Reporting Cen	tre Personnel's Signature

Date & Time:

GIARMC SketchPlanForm\_V3

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

Name: NRIC/FIN No.:

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### POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20200212/7027

Date/Time Report Made 12/02/2020 15:16	Vide Re	port No.		Station Diary No.
Name Of Informant MOK KAIWEN, JOSHUA	Address APT BLK 194A BUKIT BATOK WEST AV 211 SINGAPORE 651194		Γ AVENUE 6 #28-	
ID Type / ID No. NRIC NO / S8312391E	Contact No. Home/Office: Mobile: 82827677			
Nationality SINGAPORE CITIZEN	Email Address career@slitegroup.com			
Occupation	Sex	Age	Date of Birth	Race
Human Resource*	Male	36	06/05/1983	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 12/02/2020 10:35 - 12/02/2020 10:35	Location Of Incident KINTA ROAD			
Brief details.				

I am reporting this incident on behalf of my worker at S-Lite Group.

My worker was on the way to collect metal barricades at Kinta Road.

Upon turning into the road there was a partial lane closure due to cabling works by Sigma Cable Company Pte Ltd, he noticed that there was no signage before Race Course Road before the turn to warn of the road works and the partial road close. There was also no signage to warn of heavy vehicles that they are not able to enter. There was also no traffic controllers to guide traffic. After the partial road

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this		
Not applicable	report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2020 15:16		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp

### POLICE REPORT





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200212/7027

closure there was only a space of about 3m of clearance and the width of the average heavy vehicles are about 2.6m leaving very little space.

As a result of the partial road closure his heavy vehicle made contact with a tree and the tree fell. There was no physical injury to any passerby or driver and there was no passengers in vehicle. It is also noted that the driver had traveled the same route for the past 3 days without any incident.

Driver Details are as follows: Wu Jin Liang G2383251N

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2020 15:16
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



















