

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	06/03/2020 16:59
Date Of Accident	05/03/2020 14:15
Exact Location Of Accident	HAIG RD TWDS GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ77T
Insured/Policyholder	
Name Of Registered Owner	OLYMPIC PTE LTD
Co Reg No	2XXXXX368K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62418850

Vehicle Particulars

Manufacturer	ISUZU
Model	NMR85UH5A MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	Z20VC05004424
Cover Note Number	

Driver

Name of Driver	SUN JINGCAI
Passport No/FIN	GXXXX875M
Date Of Birth	10/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83073517
Fax Number	
Contact Number	OFFICE-83073517
Email Address	NOEMAIL

Address	3 SIMEI STREET 4 #07-05 SIMEI GREEN CONDOMINIUM
Postcode	529862
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	COLLISION - OPENING DOOR OF 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?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200306/2096.

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	QX1170H
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

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.



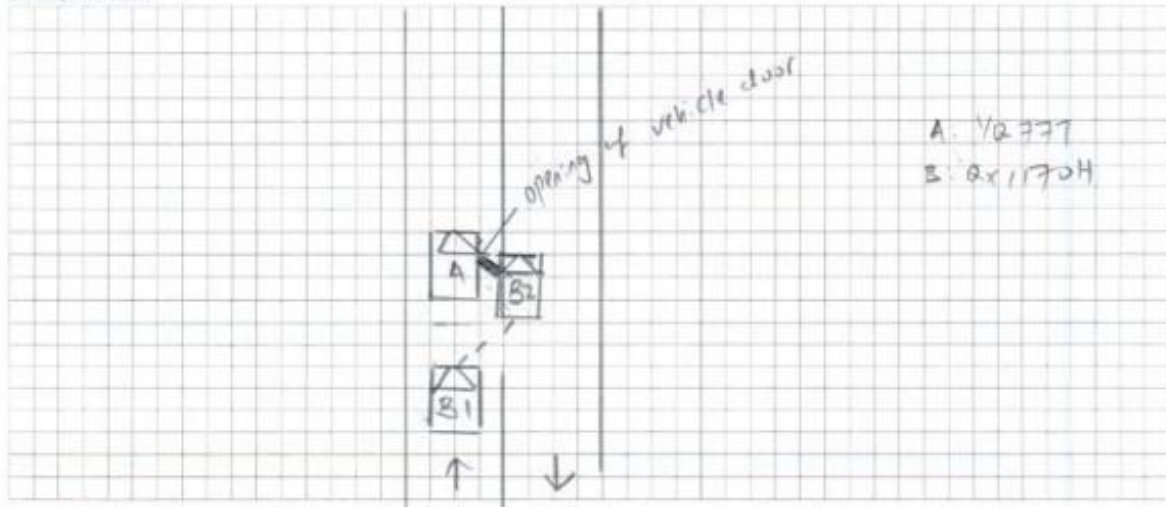
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20/2016/2596.

DECLARATION

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

Policyholder's Signature _____

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200306/2096

1 of 2

Report No. T/20200306/2096

Date/Time Report Made 06/03/2020 16:08		Vide Report No.		Station Diary No.	
Name Of Informant Sun Jing Cai		Address 3 SIMEI STREET 4 #07-05 SIMEI GREEN CONDOMINIUM SINGAPORE 529862			
ID Type / ID No. FIN NO / G8901875M		Contact No. Home/Office Mobile 83073517			
Nationality CHINESE		Email Address			
Occupation driver		Sex Male	Age 46	Date of Birth 10/02/1974	Race Chinese
Institution/School Name		Language Chinese			
Date/Time Of Incident 05/03/2020 14:15 - 05/03/2020 14:20		Location Of Incident HAIG ROAD SINGAPORE			

Brief details.

On the above mentioned date time and location,
I was travelling along haig road towards geylang road in a one-way lane. traffic volume is light and as there was a SCDF vehicle (Vehicle Number: QX1170H) behind me and tried to overtake me and as I was trying to open my door from the right to do delivery. My door hit onto the the left front mirror of the SCDF car. The SCDF (Mr Maj Seloterio Euan Izmal, Office Number: 68481821) and I came out of the vehicle to exchange their particulars. No injuries for both parties and both vehicles are in good conditions. That's all.

Signature Of Officer Recording The Report: TP / ONG CHUN HENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2020 16:08
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

Police Report



SINGAPORE
POLICE FORCE



T/20200306/2096

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20200306/2096

Subjects Involved	
Victim	
Person Name	Sun Jing Cai (Informant)

Signature Of Officer Recording The Report:

TP / ONG CHUN HENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
TP / Traffic Police Department Investigation Branch /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp

Signature Of Informant:

Date/Time:
06/03/2020 16:08

Classification Of Case:

	SINGAPORE POLICE FORCE
Signature: _____	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

OLYMPIC PTE LTD

4 Changi South Lane #05-03, Singapore 486127

Photos:

