

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	24/04/2020 10:57
Date Of Accident	24/04/2020 06:20
Exact Location Of Accident	RIVERSIDE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8402R
Insured/Policyholder	
Name Of Registered Owner	CHANG CHENG MEE WAH PTE LTD
Co Reg No	2XXXXX614H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81631477
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/20/VC00/106593
Cover Note Number	23/03/20 - 22/03/21
Driver	
Name of Driver	SEAH XIAO WEI JIMMY
NRIC No	SXXXX700H
Date Of Birth	18/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2009
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81631477
Fax Number	
Contact Number	
EMail Address	SEAHXIAOWEI@GMAIL.COM

ess BLK 214 MARSILING LANE #12-806
stcode 730214
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 PEDESTRIAN
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? YES
Was any injured conveyed to hospital by ambulance? YES
Was any other material or property damaged? NO
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? YES
If Yes, Please state which Police Station
Police Station Name 10 UBI AVENUE 3
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT. (REPAIR BY GOLDBELL ENGINEERING)

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 INJURED PERSON 1

Name JACK (PEDESTRIAN)
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBF 8702R
INSURER : Kongas
DATE & TIME: 24/04/20 of 2020

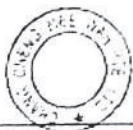
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8. Consent under the Personal Data Protection Act (PDPA)

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:

(70) 000 24/04/20
Reporting Centre Personnel's Signature
Name:
NRIC/IN No:

Sketch Plan #2

SKETCH PLAN

Administrative Pd

A: 3BF8402R

B. Pedastrian

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Lampac

Vol No: GBE 8402R

DOA: 24/04/20 06:20am

Refer Police Report.

I was alone during the incident, I did not suffer any injury.

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: _____

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

(YS) 04/24/04/20
Reporting Centre ~~Performer's~~ Signature
Name
NRIC/FIN No.

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim OD/TP at other workshop (Gold Bell Engineering)



**SINGAPORE
POLICE FORCE**



T/20200424/7003

1 of 3

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

Report No: T/20200424/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2020 10:34		Vide Report No.: L/20200424/0051		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEAH XIAO WEI JIMMY			Address: APT BLK 214 MARSILING LANE #12-806 SINGAPORE 730214		
ID Type / ID No.: NRIC NO / S8428700H			Contact No.: Home/Office:		Mobile: 81631477
Nationality: SINGAPORE CITIZEN			Email: seahxiaowei@gmail.com		
Sex: Male	Age: 35	Date of Birth: 18/09/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: COFFEE SHOP MANAGER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2020 06:20	Type of Location: T-Junction
Location: RIVERSIDE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF8402R	Van					0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Used

PR2



**SINGAPORE
POLICE FORCE**



T/20200424/7003

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

2 of 3

Report No: T/20200424/7003

CONTINUATION OF REPORT

Driver			
Name	SEAH XIAO WEI JIMMY		ID No. S8428700H
Related Vehicle	GBF8402R (Van)		Contact No. 81631477
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian			
Name	JACK		ID No. NIL
Related Vehicle	NIL		Contact No. 97898354
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	24/04/2020		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 24/04/20@about 0620hrs, i was driving my vehicle along Admiralty Road traveling towards the direction of Admiralty Road West. Upon reaching the junction of Riverside Road, I wanted to make a right turn. I was at the junction and after making sure that there are no oncoming traffic and there are no pedestrians crossing, I remember the traffic light was green and I remember seeing the green arrow, so I proceeded on to make a right turn. At this point in time, a pedestrian suddenly dashed out from the left and collided into my vehicle. I stopped my vehicle and attended to him. I called for ambulance. The pedestrian was subsequently conveyed to hospital. Traffic Police came and attended to the accident.



**SINGAPORE
POLICE FORCE**



T/20200424/7003

3 of 3

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

Report No T/20200424/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPiB /
THABAGESH JEYATHESH
Contact No . 65476232

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
24/04/2020 10 34

Classification Of Case: