

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 | 18/06/2020 14:03 |
| Date Of Accident | 17/06/2020 20:00 |
| Exact Location Of Accident | CHOA CHU KANG RD & CHOA CHU KANG WAY JUNCTION |
| 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 | -- |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65015285 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | FIAT |
| Model | DOBLO CARGO MAXI-1.6 D MTJ AMT GLAZE (M) |
| 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 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81631477 |
| Fax Number | |
| Contact Number | |
| EEmail Address | SEAHXIAOWEI@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 214 MARSILING LANE #12-806 |
| Postcode | 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING |
| Road Surface | WET |

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) | 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 TO ATTACH. * OD CLAIM BY AGENT WORKSHOP *

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SGS9613P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NG CHIEW HOON |
| NRIC/Passport Number | SXXXX706I |
| Contact Number | 91540187 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GBF8402R
INSURER: Lompac
DATE & TIME: 17/6/20 8pm

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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:

(75) 15/6/20

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

Sketch Plan #2

SKETCH PLAN

A: 6BF8402R
 B: 5G59613P
 9154018T
 Ng Chiew Hoon
 56928706I
 Mit Lancer (Black)

CHOA CHU KANG ROAD

CHOA CHU KANG WAY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins= Lonpac Veh No= GBF8402R 30A= 17/6/20 Spm

Refer statement attached.

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.

CHENG MEE HIN

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.: _____

GARVIC Sketch Plan Form V3 () Claim Own Policy () Claim Third Party () Reporting Only (x) Claim OD/TP at other workshop (Agent Workshop)

Sketch Plan #3

Accident happened on 17/6/20 at around 8pm. I was driving along Choa Chu Kang Road towards Bukit Batok Road at junction of Choa Chu Kang Way making a right turn. The traffic light was green. Traffic condition is normal, weather was wet.

I was about to make a right turn, I proceeded to check oncoming traffic and check blind spot and proceeded with the turn.

Halfway through the turn, the car (SGS9613P) in front of me jammed brake and came to a sudden complete stop. I have no choice but to steer to my left to avoid collision. However, as the reaction distant was too short, my right front collided with the car's left back.

While these are happening, I had noticed a bicycle had dashed across the zebra crossing and across the blinking green man therefore causing SGS9613P to jam brake.

I have an in-car video recorder.


18/06/2020


Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8428700H



Name

SEAH XIAO WEI JIMMY

谢孝衡

Race

CHINESE

Date of birth

18-09-1984

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8428700H

Name

SEAH XIAO WEI
(XIE XIAOWEI)

Birth Date: 18 Sep 1984

Valid Until: 26 Feb 2009



0017145530

3675995



NRIC No. S8428700H



Date of issue

29-11-2016

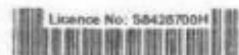
Address

APT BLK 214 MARSILING LANE
#12-806
SINGAPORE 730214

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 26 Feb 2009



Licence No: S8428700H

UP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE

