

## 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	20/07/2020 15:45
Date Of Accident	20/07/2020 13:30
Exact Location Of Accident	JUNCTION OF PIONEER ROAD & TUAS AVENUE 20
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7825G
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### Insured/Policyholder

Name Of Registered Owner	IMPERIAL CLEANING SERVICES PTE LTD
Co Reg No	201634571w
Email Address	JABEZ@IMPERIALSERVICES.COM.SG
Mobile Phone No	
Alternative Phone No	Office-81894766

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN PANEL LWB 3.0 5DR 4AT ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	
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	Z19VC05003410
Cover Note Number	09/09/2019 TO 30/09/2020

### Driver

Name of Driver	LOH SIANG YAM
NRIC No	S9172334D
Date Of Birth	11/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2011
Driving Experience	9 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94598595
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	APT BLK 709 YISHUN AVE 5 #09-74 CHONG PANG GREEN (S) 760709
Postcode	
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 - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer with attach.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK1699R
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHAN GUAN ZHI
NRIC/Passport Number	
Contact Number	92313233
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF INJURED PERSON 1

Name	CHAN GUAN ZHI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMK1699R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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:
  - (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.



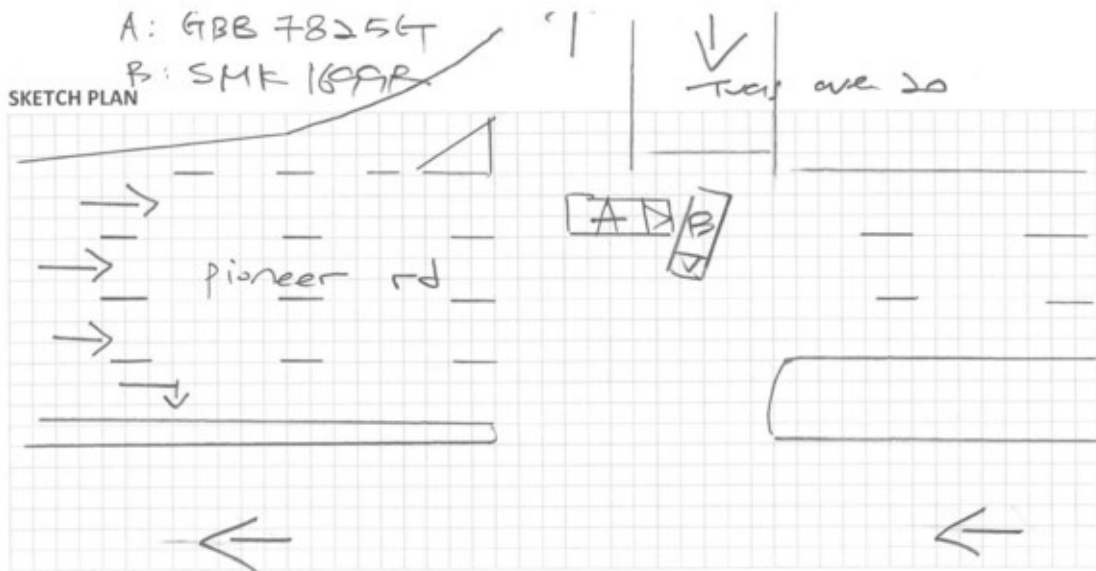
Policyholder's Signature  
Date & Time:

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

3:20pm  
20/7/20

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





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer with attach police report.

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:

*[Signature]*

3:20pm  
20/7/20

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





**SINGAPORE  
POLICE FORCE**



T/20200720/2042

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

1 of 3

Report No. T/20200720/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2020 14:42		Vide Report No.: J/20200720/0080		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOH SIANG YAM			Address: APT BLK 709 YISHUN AVENUE 5 #09-74 CHONG PANG GREEN SINGAPORE 760709		
ID Type / ID No.: NRIC NO / S9172334D			Contact No.: Home/Office: Mobile: 94598595		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 11/04/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/07/2020 13:30	Type of Location:
Location: Along Road 1 PIONEER ROAD  PIONEER ROAD BY TUAS AVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7825G	Van					0
SMK1699R	Car					0

police report



**SINGAPORE  
POLICE FORCE**



T/20200720/2042

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200720/2042

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG THE PIONEER ROAD BY TUAS AVE ON LANE 2 FROM THE LEFT OF 5 LANES ROAD WHEN THE TRAFFIC LIGHT GREEN FOR TURNING LEFT AND I SAW THE TRUCK DRIVER ON MY LEFT STARTED DRIVING AND I FOLLOWED AND WENT STRAIGHT AND COLLIDED ONTO THE VEHICLE TURNING RIGHT SUBSEQUENTLY THE OTHER PARTY WAS CONVEYED BY AMBULANCE TO THE HOSPITAL THATS ALL.

**police report**



**SINGAPORE  
POLICE FORCE**



T/20200720/2042

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

3 of 3

Report No. T/20200720/2042

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / BERNARD KOH REN JUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2020 14:42
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311	Classification Of Case:
Authentication Stamp NP168	

**Identification Card**



5612713

FOR KFS  
ACCIDENT CLAIM  
USE ONLY

NRIC No. S9172334D

Date of issue  
30-05-2016

Address  
APT BLK 709 YISHUN AVENUE 5  
#09-74  
SINGAPORE 760709


FOR KFS  
ACCIDENT CLAIM  
USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9172334D

  
Name  
LOH SIANG YAM

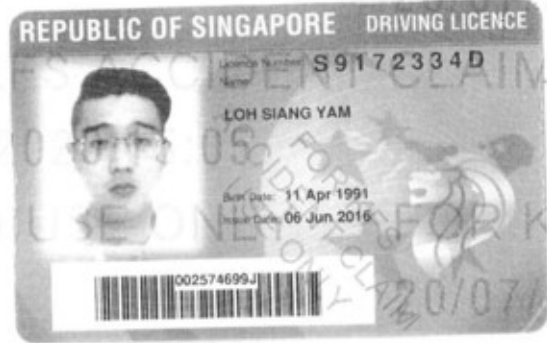
  
Race  
CHINESE

  
Date of birth  
11-04-1991

Sex  
M

Country/Place of birth  
MALAYSIA

Driving License



certificate of insurance



**LONPAC INSURANCE BHD** (598FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 189555.

Tel: (65) 6292 7388 Fax: (65) 6298 3767 Website: www.lonpac.com.sg

OST Reg No.: P9-009535-C

COE AUTO TRADING  
18 Sin Ming Lane  
#02-03 Midview City  
Singapore 573960  
Tel: 64589833, 64571902  
Fax: 64565729

## CERTIFICATE OF INSURANCE

C 228

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).  
ROAD TRANSPORT ACT 1987 (MALAYSIA).  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).  
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z19VC05003410

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

NISSAN URVAN PANEL LWB 3.0 5DR 4AT ABS AIRBAG  
+ GEE37825G

2. Name of Policy Holder

IMPERIAL CLEANING SERVICES PTE LTD.

3. Effective Date of the Commencement of Insurance  
for the purpose of the Act

09/09/2019

4. Date of Expiry of the Insurance

30/09/2020

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 600.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

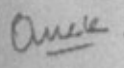
Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: HITACHI CAPITAL ASIA PACIFIC PTE LTD

  
CHEONG EXECUTIVE  
(Singapore Branch)

LOI INSURANCE AGENCY PTE LTD

1005 BENCOOLEN STREET

#01-01 THE BENCOOLEN

SINGAPORE 189048

TEL: 6-334-0783 FAX: 6-334-0024

Co. Reg. No: 192005500W

User ID: CYJONG  
Date issued: 09/09/2019

Accident Photo





Accident Photo



Accident Photo



Accident Photo





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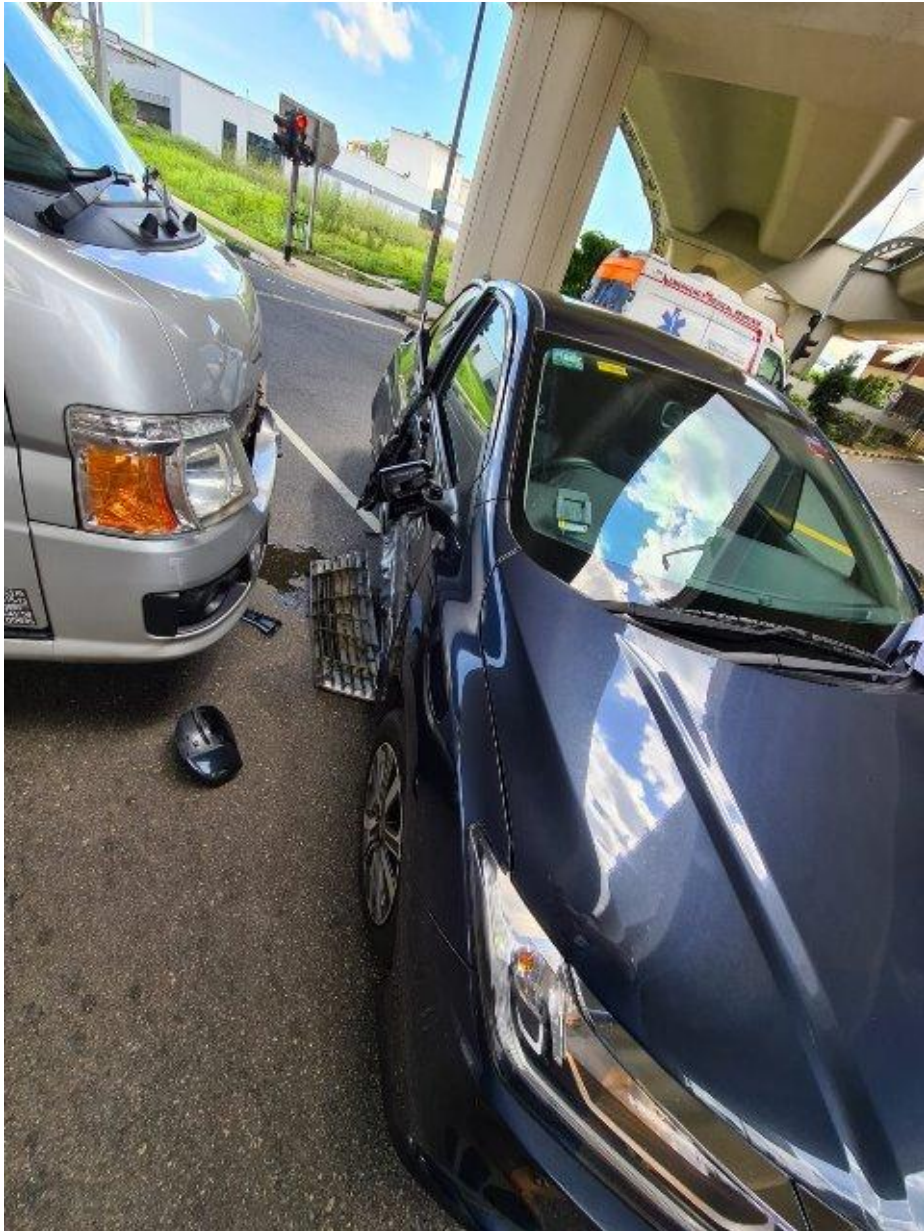




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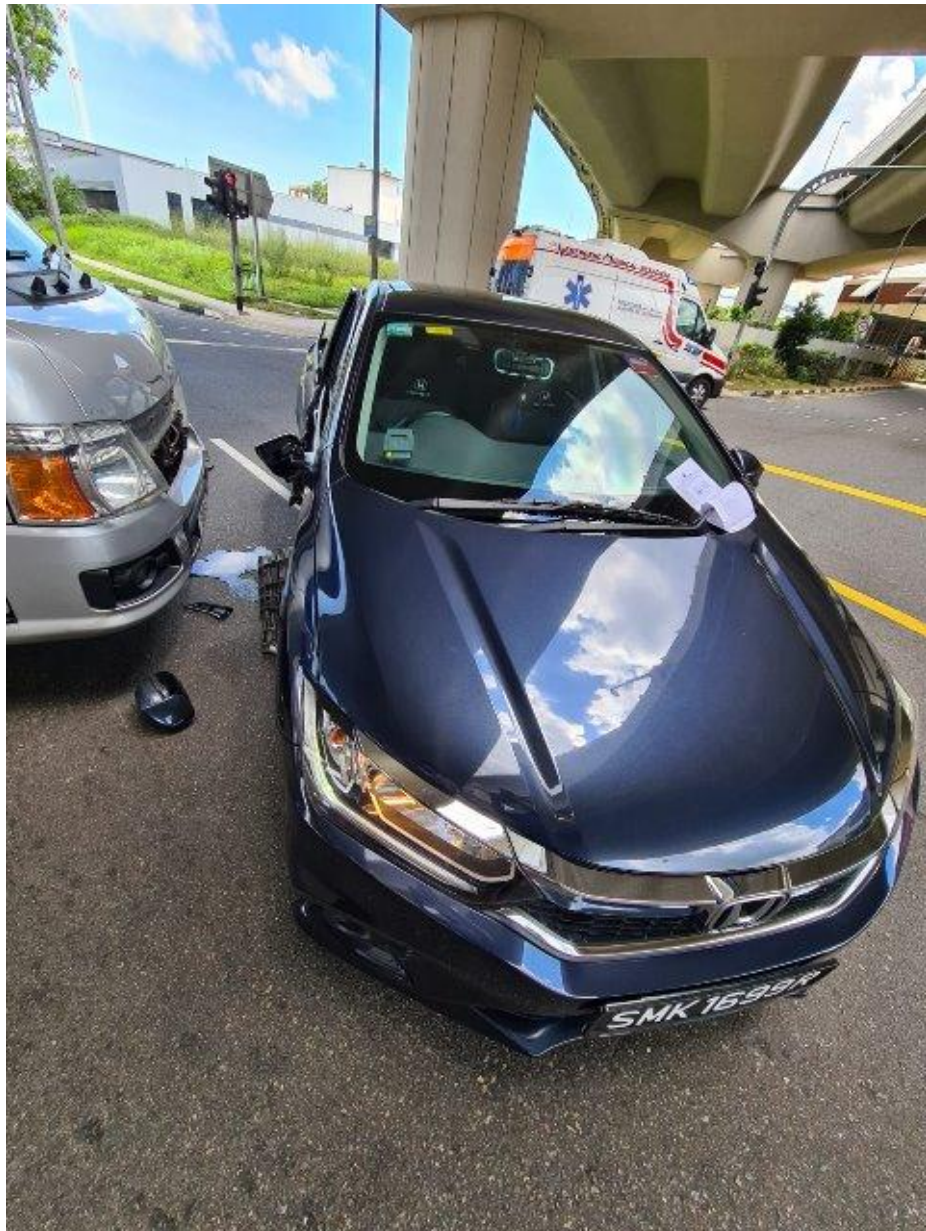


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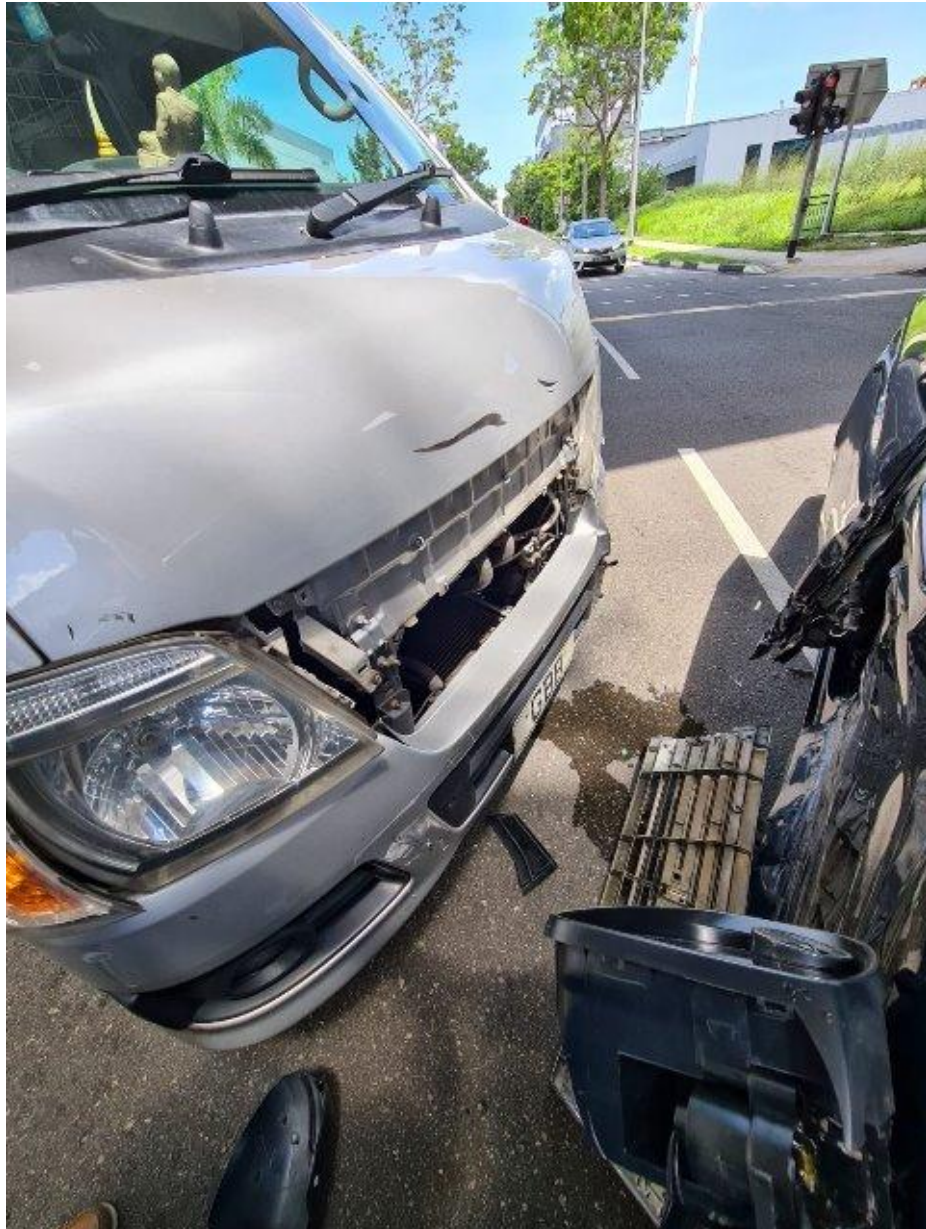


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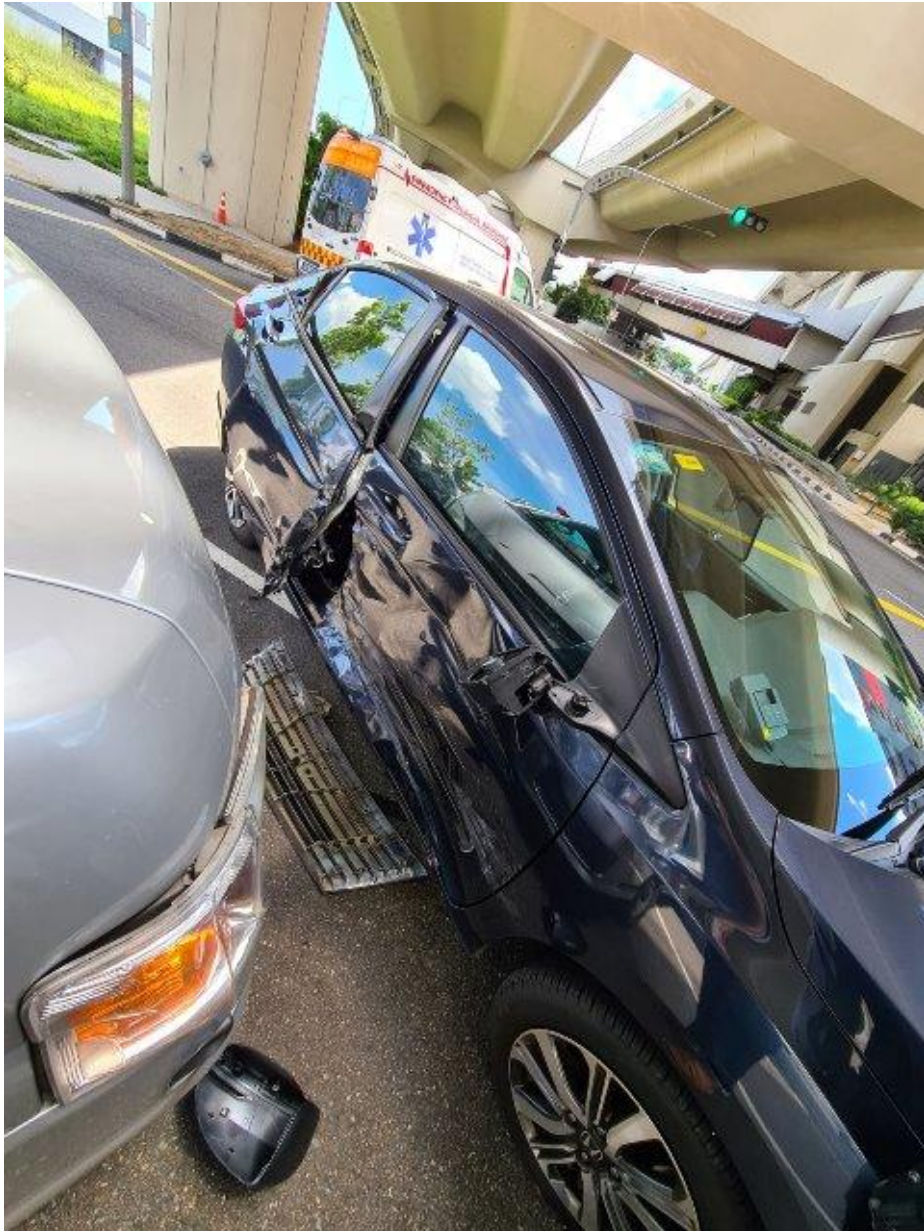




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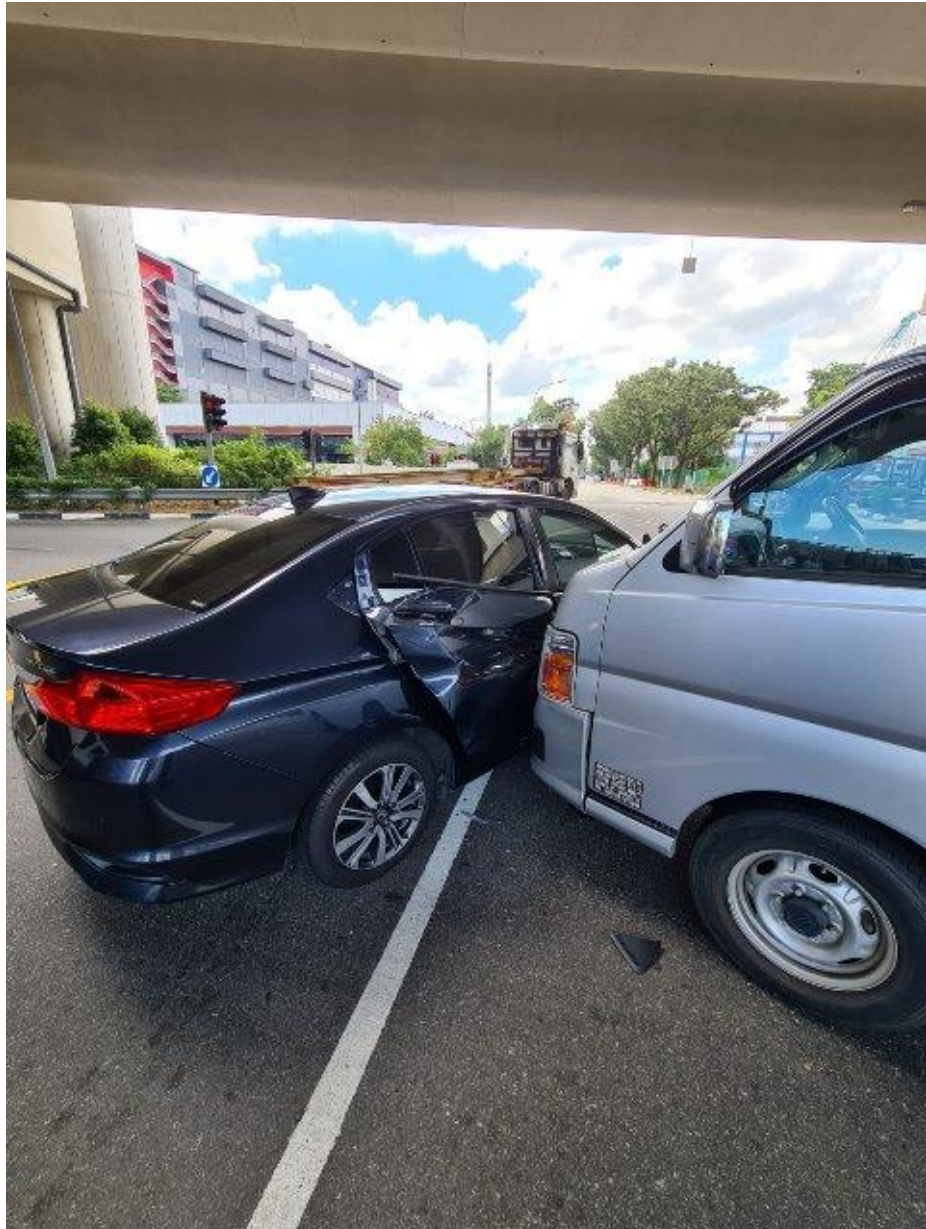


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