

## 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	27/07/2020 10:12
Date Of Accident	18/02/2020 16:00
Exact Location Of Accident	FORT RD TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6812U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	L2C GROUP PTE LTD
Co Reg No	2XXXXX457Z
Email Address	SIMKIMHENG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96310164

### Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092945219-02
Cover Note Number	

### Driver

Name of Driver	SIM KIM HENG
NRIC No	SXXXX319H
Date Of Birth	26/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96310164
Fax Number	
Contact Number	
EEmail Address	SIMKIMHENG@GMAIL.COM

Address	BLK 163 BEDOK SOUTH ROAD #10-432
Postcode	460163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	NO
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

ON 18 FEB 2020 ABT 16:00 I WAS ON MY WAY HOME DRIVING ALONG FORT RD TWDS ECP AND WE BOTH STOP INFRT OF THE TRAFFIC LIGHT. WHILE WAITING MY LORRY SLOWLY ROLL FORWARD AND SLIGHTLY TOUCH THE REAR PORTION OF VEH B. THERE WAS NO PHYSICAL DAMAGE AND INJURIES TO BOTH PARTY. AT THAT POINT OF TIME WE BOTH AGREE NOT TO MAKE ANY REPORT. SUDDENLY I RECEIVED A LETTER FROM MY INSURANCE THAT THE OTHER PARTY MAKE A CLAIM AGAINST ME.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE729X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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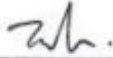
#### **8. Consent under the Personal Data Protection Act (PDPA)**

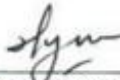
I understand, acknowledge, agree and consent that:

- (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:  
25.7.2020

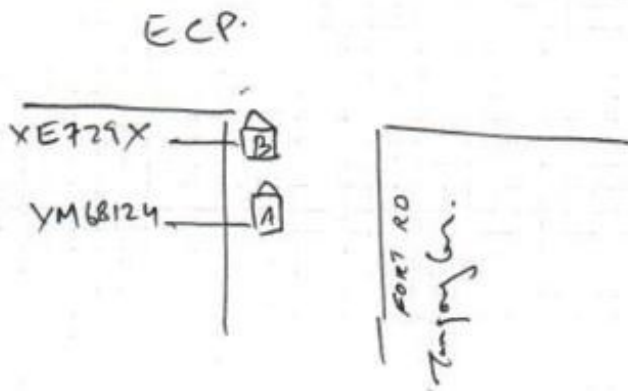


  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
25.7.2020

 27/07/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Individual Statement

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18 Feb 2020 about 4pm I was on my way home. Driving along Tanjong Cr. toward ECP.

We both stop in front of the traffic light. While waiting my lorry slowly roll over and lightly hit the front lorry.

They were no physical danger and injuries to both parties. So at that time we both agreed not to do reporting.

## DECLARATION

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

Policyholder's Signature  
Date & Time:  
25.7.2020.



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
25.7.2020.

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

# SALES AGREEMENT

**Bp.**

Bp Auto Enterprise Pte. Ltd

Bp AUTO ENTERPRISE PTE LTD  
 800 1000004622  
 6803 BEACH ROAD #02-89  
 GOLDEN HILL TOWER S-190689  
 TEL : 6188 0446 / 70667160  
 MARKETING.BPAUTO@GMAIL.COM  
 SALES.BPAUTO@GMAIL.COM  
 WWW.BPAUTO.COM.SG

NO. 00899

## SALES AGREEMENT

Date: 2017/7/20

Seller Name: LEE HONG HUA	
Identity No / Business Cert. No: 210401000	
Address: 10 LIA WATSON STREET S-412152	
Contact Person: SUN HUI HUI	Telephone: 9690114

### Vehicle Details

Make: LEXUS	Registration No: VM671U	Manufacture Yr: 2007
Model: LEXUS LX570	Colour: WHITE	Registration Date: 04 AUG 2007
Chassis No: 300W0878773100157	Body description:	
Engine No: 4731412852	Mileage:	

Price Agreed: \$74900 \$7419
Full Settlement Amount:
Downpayment:
Transfer Fee: \$15
Others:
Total Payable:

### REMARKS

Date & Time of Delivery of vehicle: Date: 2017/7/20 Time: 11:45 AM  
 The Seller

Seller's Signature: [Signature] Buyer's Signature: [Signature]  
 Sales Representative: [Signature] Date of Agreement: 2017/7/20