

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	12/08/2020 14:07
Date Of Accident	11/08/2020 13:10
Exact Location Of Accident	17 SENOKO CRESCENT (S)758271
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7622D
Insured/Policyholder	
Name Of Registered Owner	MUA HIN POULTRY FARM PTE LTD
Co Reg No	197700851H
Email Address	MAY@HENGGUAN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67568070

Vehicle Particulars

Manufacturer	ISUZU
Model	FVR34UUQDC
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?	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	Z19VC05003405
Cover Note Number	17/09/19 - 16/09/20

Driver

Name of Driver	NEO WENG HENG
NRIC No	F7417755R
Date Of Birth	22/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	04/09/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98963778
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O MUA HIN POULTRY FARM PTE LTD
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	COLLIDED INTO PARKED 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: : ATTENDANT GENDER: : MALE

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.

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	SLN279Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAAMAT
NRIC/Passport Number	
Contact Number	97770180
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: XD 7622D

INSURER : Longue

DATE & TIME: 11/8/20 @ 13:10

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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.

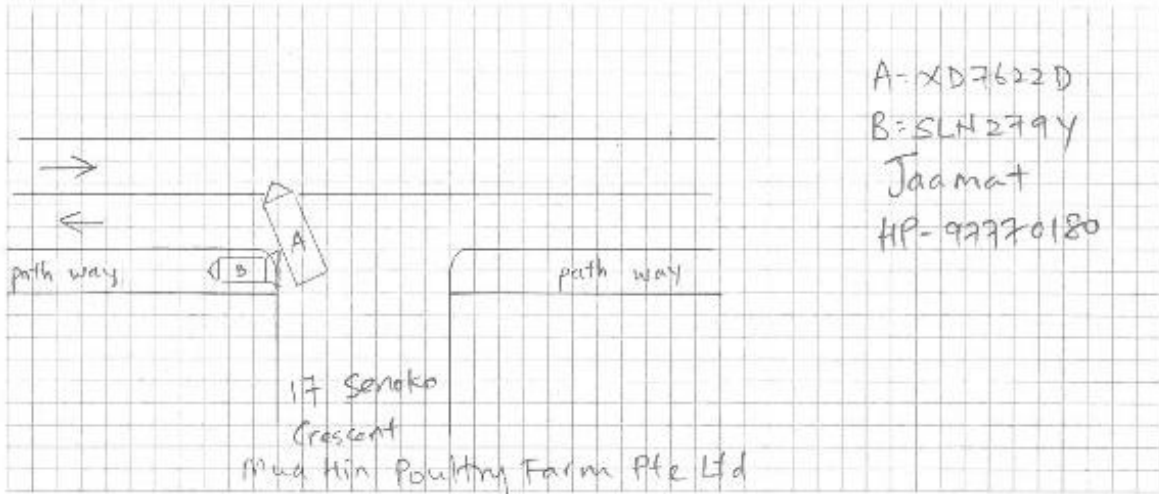
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a left turn exiting my company compound, the left side body of my truck grazed onto the tailgate (open up) of m/car SLN279Y.

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:

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

G:\CMC SketchPlanForm_V9 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

AUTHORISATION LETTER

Date : 12/08/2020

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) NEO WENG HENG
NRIC/FIN F7417755R, our employee / employee of MUA HIN
POULTRY FARM PTE LTD to drive our m/vehicle no. XD7622D
and to file the accident report (Third Party claims/Own Damage Claims/Reporting
Only) which occurred on (date) 11/08/2020 @ (time) 13:10
along (location) 17 SENOKO CRESCENT (S)758271.

* Relationship between Insured and driver's company: Employee

Thank you,

Regards,



* SIGN & STAMP at the above *

Name of Owner : MUA HIN POULTRY FARM PTE LTD

NRIC / ROC : 197700851H

Contact No : 67568070

Email : may@hengguan.com.sg

Driving License

 **WORK PERMIT**
Employment of Foreign Manpower Act (Chapter 51A)
Republic of Singapore

Employer:
MUA HIN POULTRY FARM PTE. LTD.

 Name:
NEO WENG HENG

Work Permit No:
S-10400894

Sector:
MANUFACTURING

 K1353845



REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **F7417755R**

Name:
NEO WENG HENG

Birth Date: **22 Mar 1971**

Issue Date: **21 Feb 2018**

Valid Till: **20/02/2023**

 002775286C

VISIT PASS
Immigration Regulations

17.04.2019

Name:
NEO WENG HENG

File:
F7417755R

Date of Birth:
22-03-1971

Sex:
M

Nationality:
MALAYSIAN





Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED. OR WHEN A NEW CARD IS ISSUED TO YOU.



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	05 Feb 2013
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	05 Feb 2013
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	04 Sep 2014
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE

