

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	18/08/2020 09:27
Date Of Accident	17/08/2020 11:10
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8907B
Insured/Policyholder	
Name Of Registered Owner	COOL SUPPLIES AIR-COND & ENGINEERING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62899829

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	Z20VC05005201
Cover Note Number	

Driver

Name of Driver	NWE AUNG
NRIC No	GXXXX997U
Date Of Birth	11/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86554287
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	90 TANJONG KATONG RD #02-01
Postcode	436959
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	SIDE SWIPE
Weather Conditions	DRIZZLING
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200817/2135

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FENCE
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBS8616Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
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

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. 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.



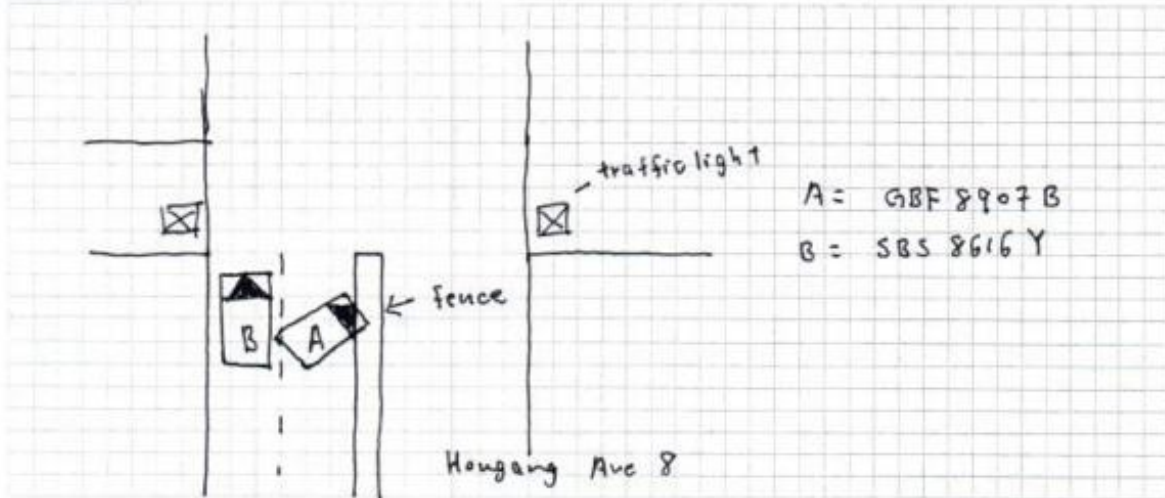
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20200817/2135

DECLARATION

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



Policyholder's Signature _____

Date & Time:

⑫ ✓

Driver's Signature
(If driver is not the policyholder)

Date & Time:

4

Reporting Centre Personnel's Signature _____

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20200817/2135

1 of 3

Report No. T/20200817/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2020 21:02	Vide Report No.:	Station Diary No.: 59
--	------------------	--------------------------

Informant's Particulars

Name of Informant: NWE AUNG			Address: APT BLK 56 ENG HOON STREET #01-48 TIONG BAHRU ESTATE SINGAPORE 160056		
ID Type / ID No.: FIN NO / G6315997U			Contact No.: Home/Office: Mobile: 86554287		
Nationality: MYANMAR			Email: mwe2001@gmail.com		
Sex: Male	Age: 41	Date of Birth: 11/05/1979	Type of Informant: Driver		
Race: Others			Language:		Institution / School Name:
Occupation: AIRCON TECHNICIAN			Driving Licence Information: Class: 3 Date of Expiry: 01/12/2022		

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 17/08/2020 11:10	Type of Location: Straight Road
Location:	HOUGANG AVENUE 8			
Weather: Drizzling	Road Surface: Wet		Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF8907B	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	1
SBS8616Y	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20200817/2135

2 of 3

Report No. T/20200817/2135

CONTINUATION OF REPORT

Driver			
Name	NWE AUNG	ID No.	G6315997U
Related Vehicle	NIL	Contact No.	86554287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 01/12/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

One the 17/08/2020 at about 1110hrs, as I was driving my company vehicle bearing plate number GBF8907B approaching the traffic light while driving along Hougang Ave 8 - Dual carriage lane as approaching the traffic light was seen to be in the red light. Upon stopping at the junction, there was a SBS bus (Bus 74 towards Buona Vista Tier) bearing plate number - SBS8616Y on my left was stationary at the traffic light.

Upon coming to a complete stop, due the wet road, my vehicle was tilting towards the right as such my right front bumper hit on to the green colour fence that was located on my right in the middle of the junction causing the green colour fence to be damaged and bent.

As such my vehicle left rear near to the tail light hit on to the SBS bus which leave a slight scratched on the right side of the bus. I would like to mentioned that there was no injury and I did not call for police assistance. I would like to mention that my vehicle was installed with a front in-car camera.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20200817/2135

3 of 3

Report No. T/20200817/2135

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:
G /

Sgt 2 LIM KAI EN, VINCENT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No: 65476172

Authentication Stamp
NR168

SIGNATURE

Signature Of Informant:

Date/Time:
17/08/2020 21:02

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

