

## 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	17/08/2020 14:36
Date Of Accident	14/08/2020 12:55
Exact Location Of Accident	BLK 528 WOODLANDS DRIVE 14 CARPARK GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE742S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIN MEI INDUSTRY
Co Reg No	53041583J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62504498

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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?	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	Z/19/VC00/104472
Cover Note Number	

### Driver

Name of Driver	CHAI CHOON POH
NRIC No	S0227015C
Date Of Birth	21/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1975
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91386758
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 308 JURONG EAST STREET 32
Postcode	600308
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?	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

REFER TO SKETCH PLAN

#### 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	SHD9624A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOK MON KIT
NRIC/Passport Number	S8080402D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

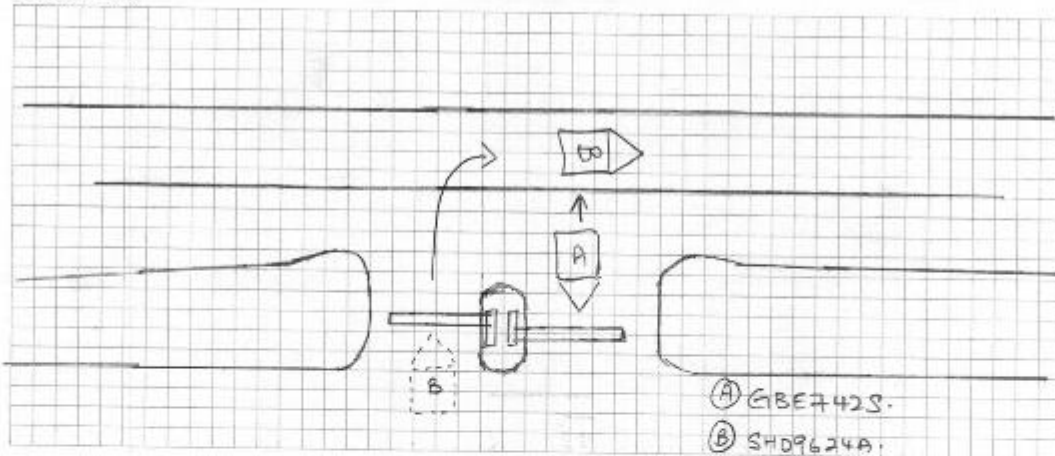
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 14/8/2020 @ 12:57 PM.

Accident Location : BLK 528, WOODLANDS DRIVE 14 CARPARK GANTRY.

I WAS DRIVING AT THE ABOVE MENTION LOCATION. I WAS AT THE GANTRY TO EXIT BUT IT DID NOT DETECT MY ILI. I TRIED TO REVERSE ABT TO POSITION MY VEHICLE. SUDDENLY, VEHICLE (B) WAS BEHIND MY VEHICLE AND HIT ONTO VEHICLE (B) REAR REAR PORTION. NOBODY WAS INJURED.

☒ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

## DECLARATION

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

**\* IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim) there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.: \_\_\_\_\_

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S0227015C

Name

CHAI CHOON POH

DOB Date

21 Mar 1954

Valid Until

16 May 2003

900480231J



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE	
Class 2B	Motorcycles <= 200 CC	04 Sep 1970
Class 2A	Motorcycles between 201 CC and 400 CC	04 Sep 1970
Class 3	Motorcycles > 400 CC	04 Sep 1970
Class 4	Motor cars <= 3000 kg with <= 7 passengers, vehicles of the drive, and motor trucks/vehicles <= 3300 kg	05 Sep 1970

S / No. 9000296344

NP 425A

License No. S0227015C



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0227015C



Name



CHAI CHOON POH

謝春坡

Race

CHINESE

Date of Birth

21-03-1954

Sex

M

Country of Birth

SINGAPORE

1975319



1975319

NRIC No. S0227015C



Shield Group

A+

Date of issue

04-05-1994

Address

APT BLK 306 JURONG EAST STREET 32  
#06-252  
SINGAPORE 2260



Accident Photo





Accident Photo



Accident Photo



Accident Photo

