

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	04/09/2020 17:36
Date Of Accident	04/09/2020 06:45
Exact Location Of Accident	TUAS WEST DRIVE TWDS TUAS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9679M
Insured/Policyholder	
Name Of Registered Owner	LKW MECHANICAL ENGINEERING PTE LTD
Co Reg No	2XXXXX854M
Email Address	LKW2006@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62664031

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05003672
Cover Note Number	

Driver

Name of Driver	PANG TECK CHONG
NRIC No	SXXXX914E
Date Of Birth	05/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1982
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96673086
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	27F BENOI ROAD
Postcode	629921
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 - CHANGE/CROSS LANE
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)	17
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE
Passenger 4	NAME: : PASSENGER GENDER: : MALE
Passenger 5	NAME: : PASSENGER GENDER: : MALE
Passenger 6	NAME: : COLLEAGUE GENDER: : MALE
Passenger 7	NAME: : COLLEAGUE GENDER: : MALE
Passenger 8	NAME: : COLLEAGUE GENDER: : MALE
Passenger 9	NAME: : COLLEAGUE GENDER: : MALE
Passenger 10	NAME: : COLLEAGUE GENDER: : MALE

Passenger 11	NAME: : COLLEAGUE
	GENDER: : MALE
Passenger 12	NAME: : COLLEAGUE
	GENDER: : MALE
Passenger 13	NAME: : COLLEAGUE
	GENDER: : MALE
Passenger 14	NAME: : COLLEAGUE
	GENDER: : MALE
Passenger 15	NAME: : COLLEAGUE
	GENDER: : MALE
Passenger 16	NAME: : COLLEAGUE
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT ON THE 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	SHB3323T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEE SEE HWA
NRIC/Passport Number	SXXXX237C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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:

X

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

X



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

Nabillah
041091020

Annex D

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

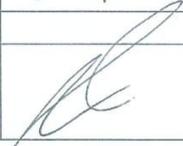
Traffic Police
Annex D

NOTICE OF REPORTING

Informant Name : **Pang Teck Chong**
Identity Card No : **S2642914E**
Sex / Age / Race : **M/61yrs/Chinese**
Address : **Blk 184 Yung Sheng Road**
Occupation : **Lorry Driver**
Telephone No : **96673086**

This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred at Tuas West Drive towards Tuas Checkpoint on 04/09/2016 at 0645Hrs involving the following vehicles: SHB3323T and YN9679M
2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	:	SGT Haqim
Date / Time	:	04/09/2020 @ 1253hrs
Station Diary No	:	85
Police Post	:	Jurong West NPC

Signature of Informant	:	
Signature of Issuing Officer	:	

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



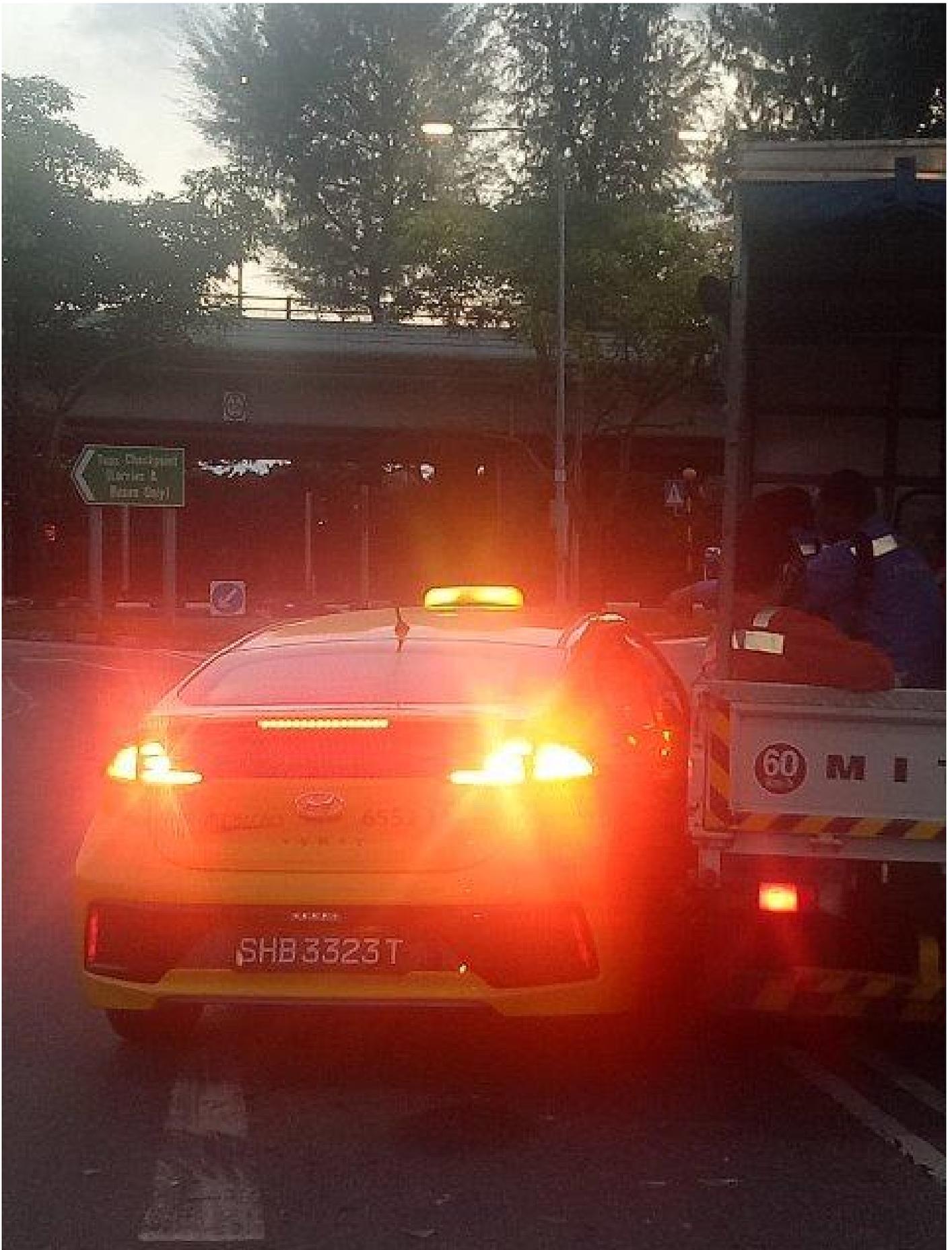
Accident Photo



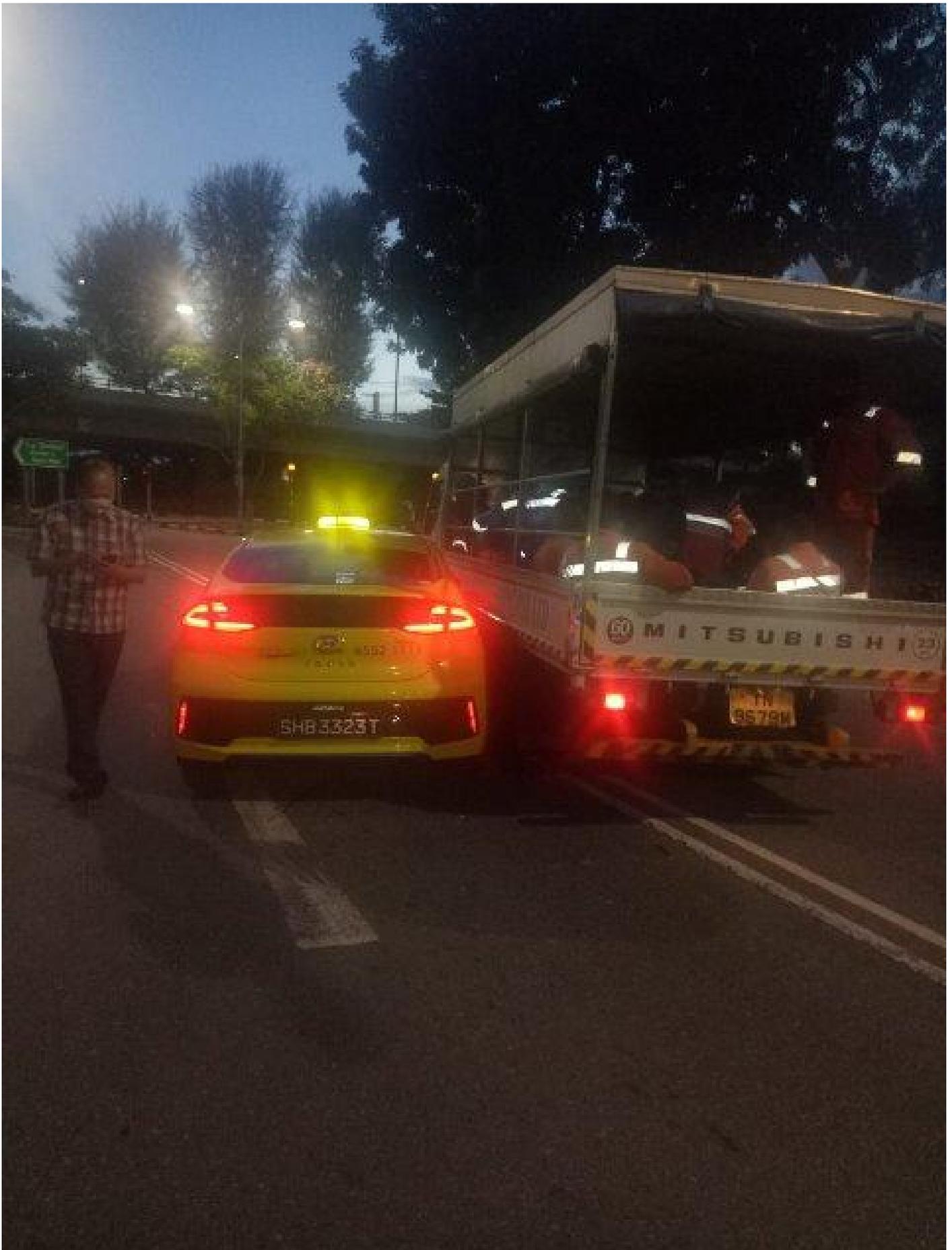
Accident Photo



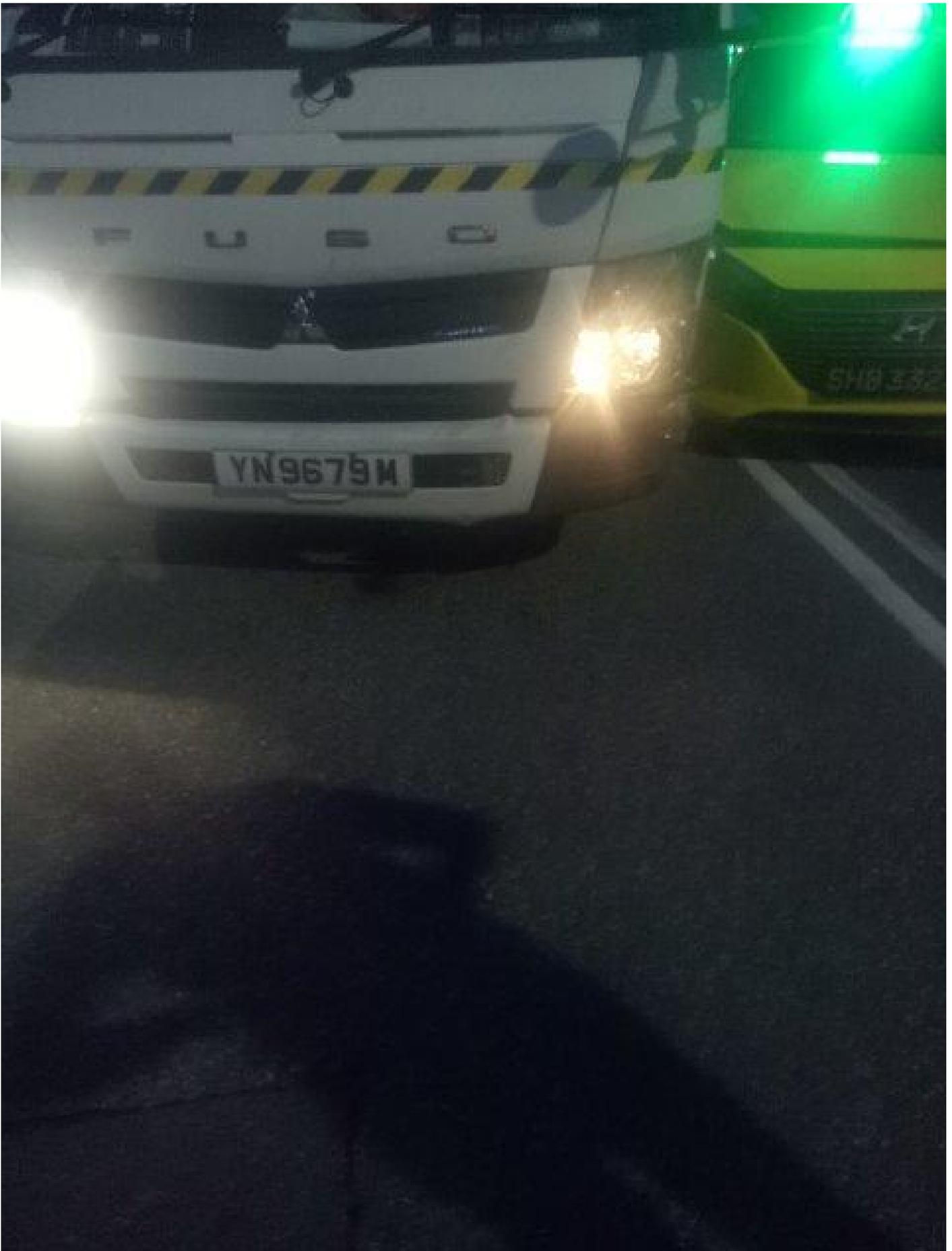
ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



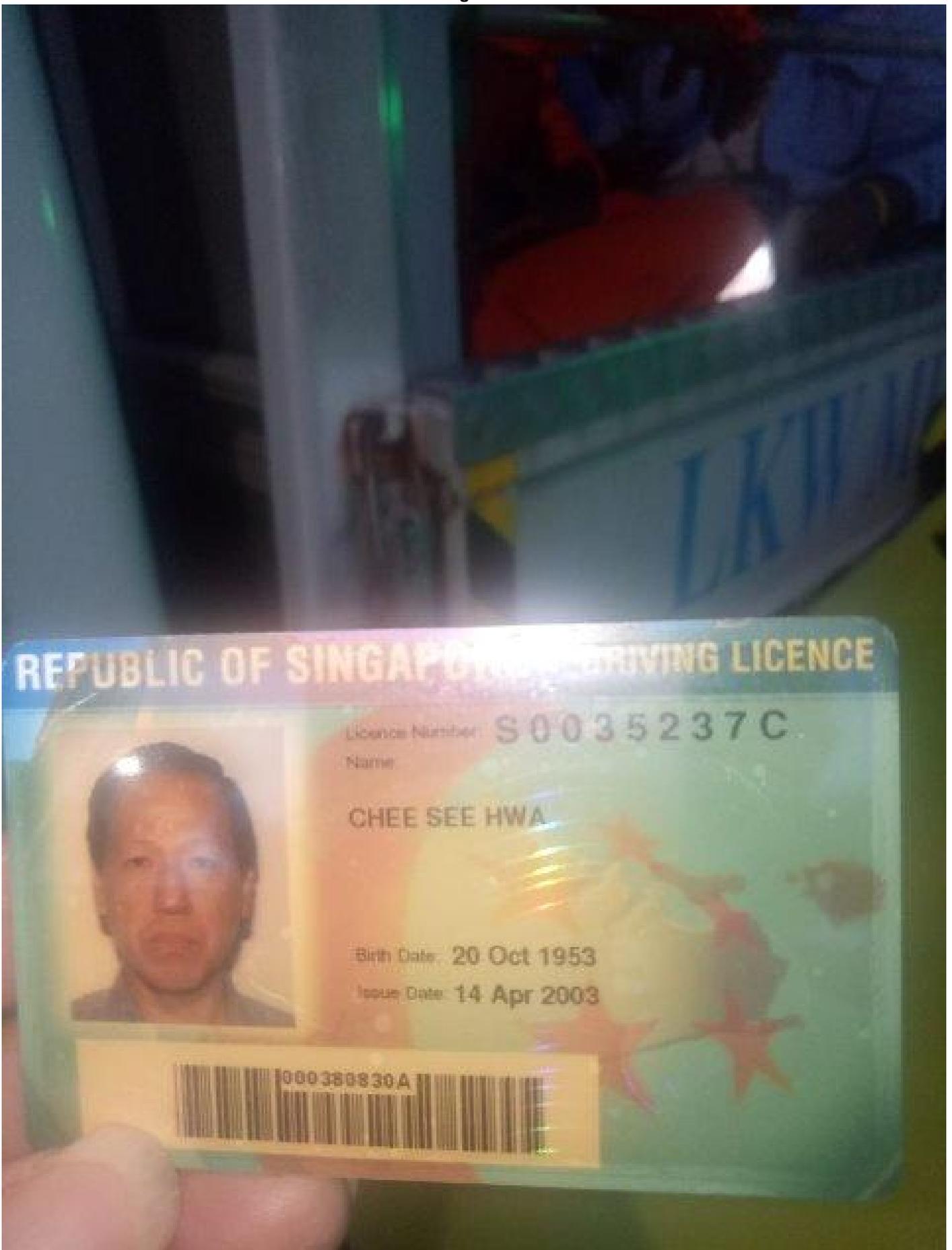
ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



Driving License



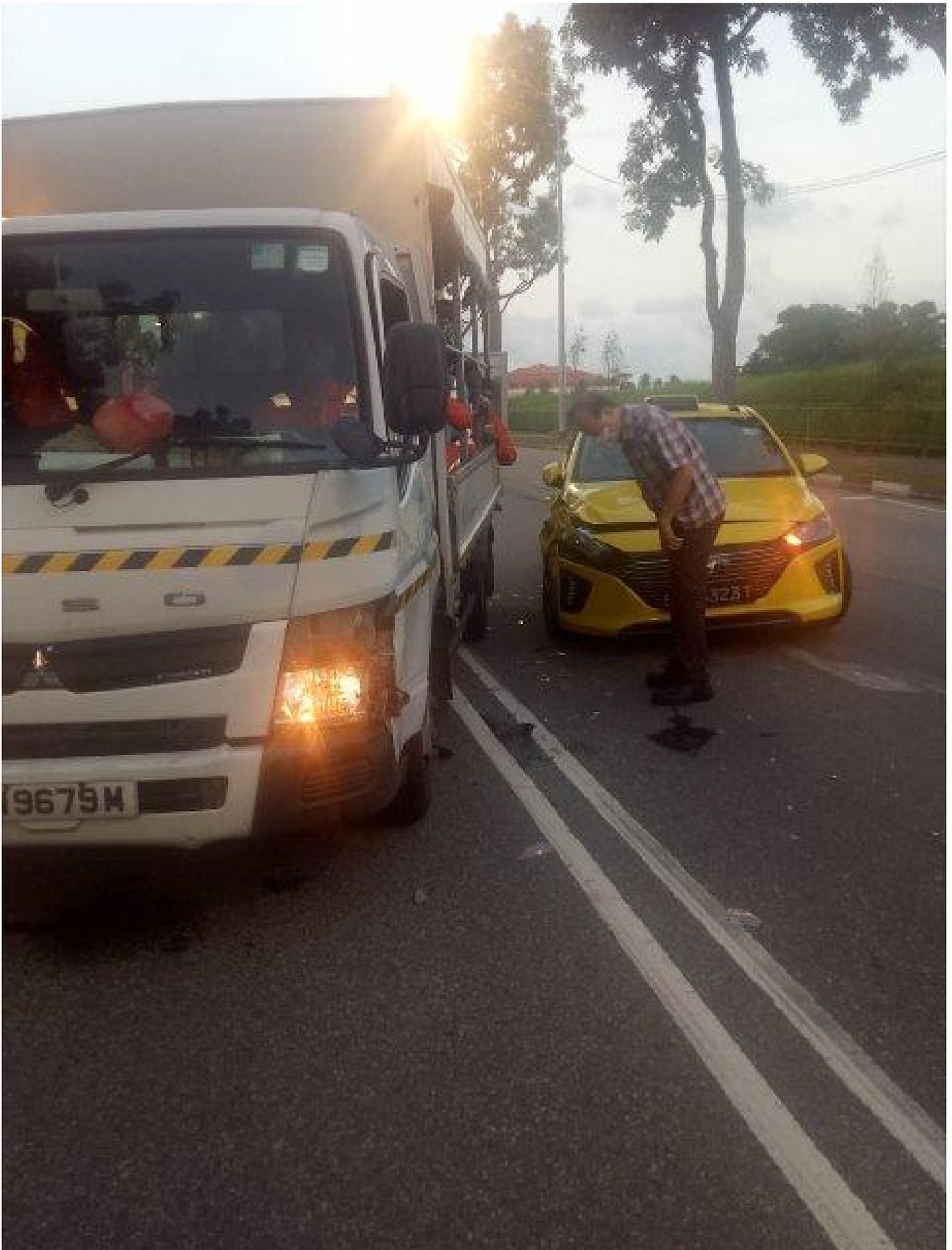
ACCIDENT SCENE PHOTO



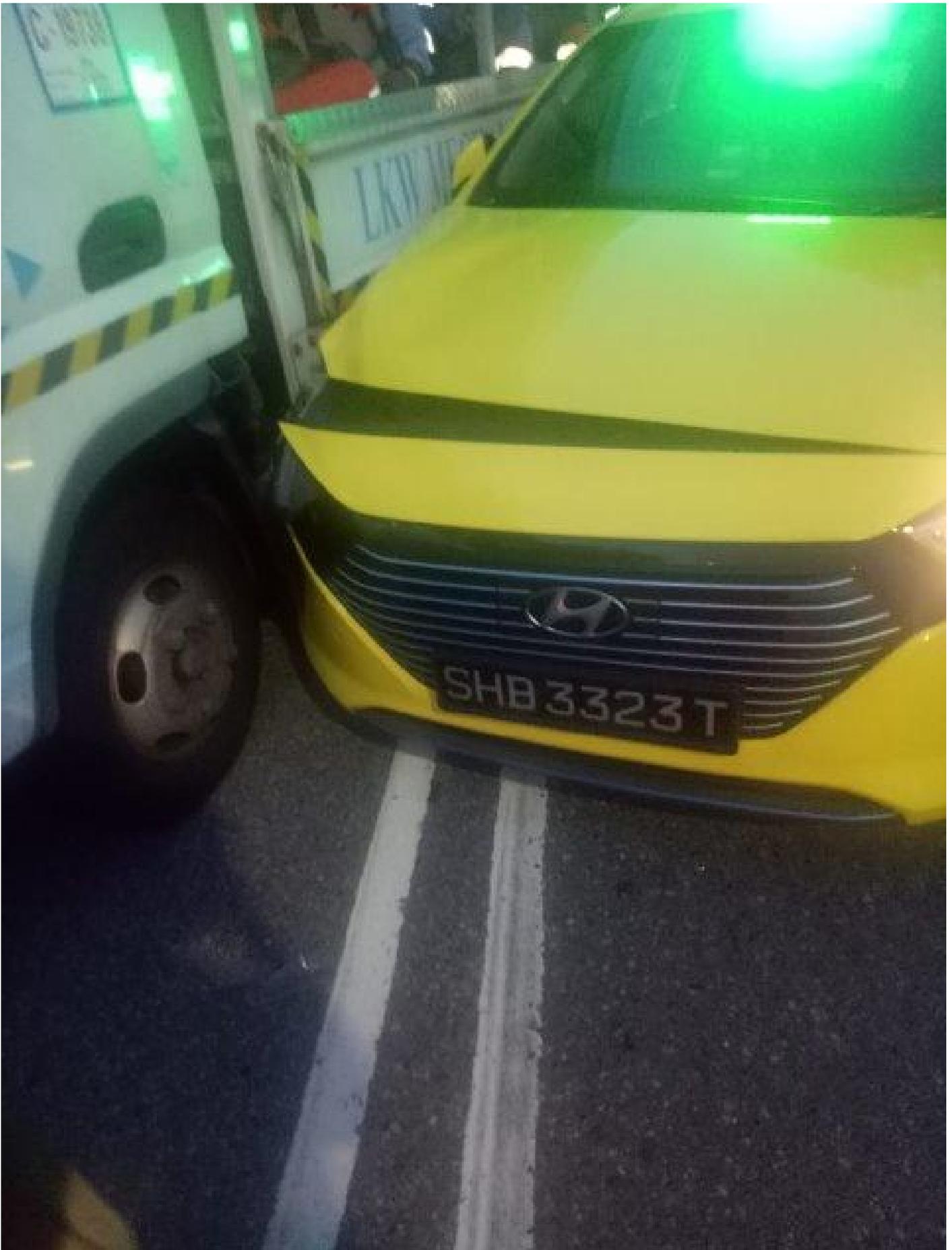
ACCIDENT SCENE PHOTO



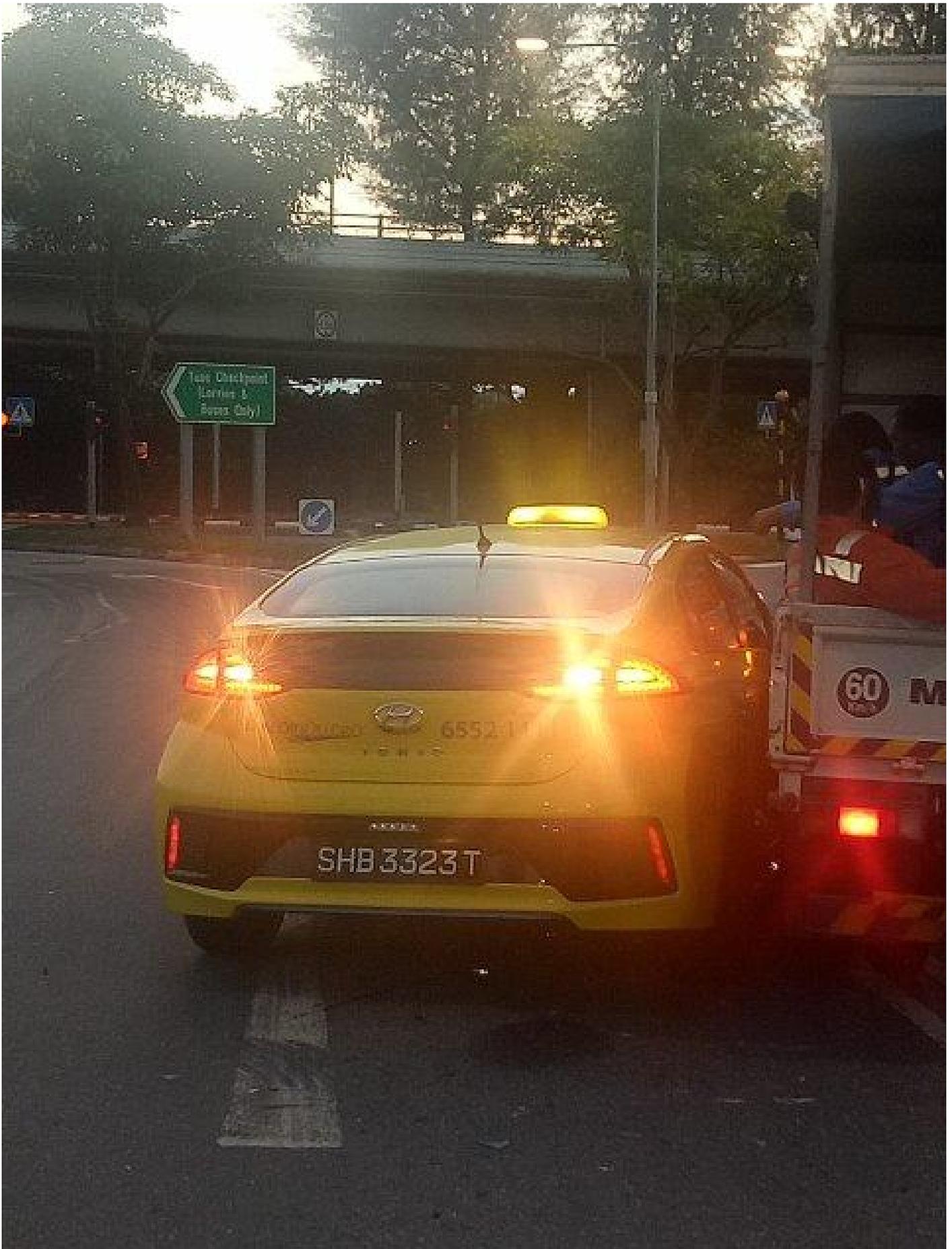
ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



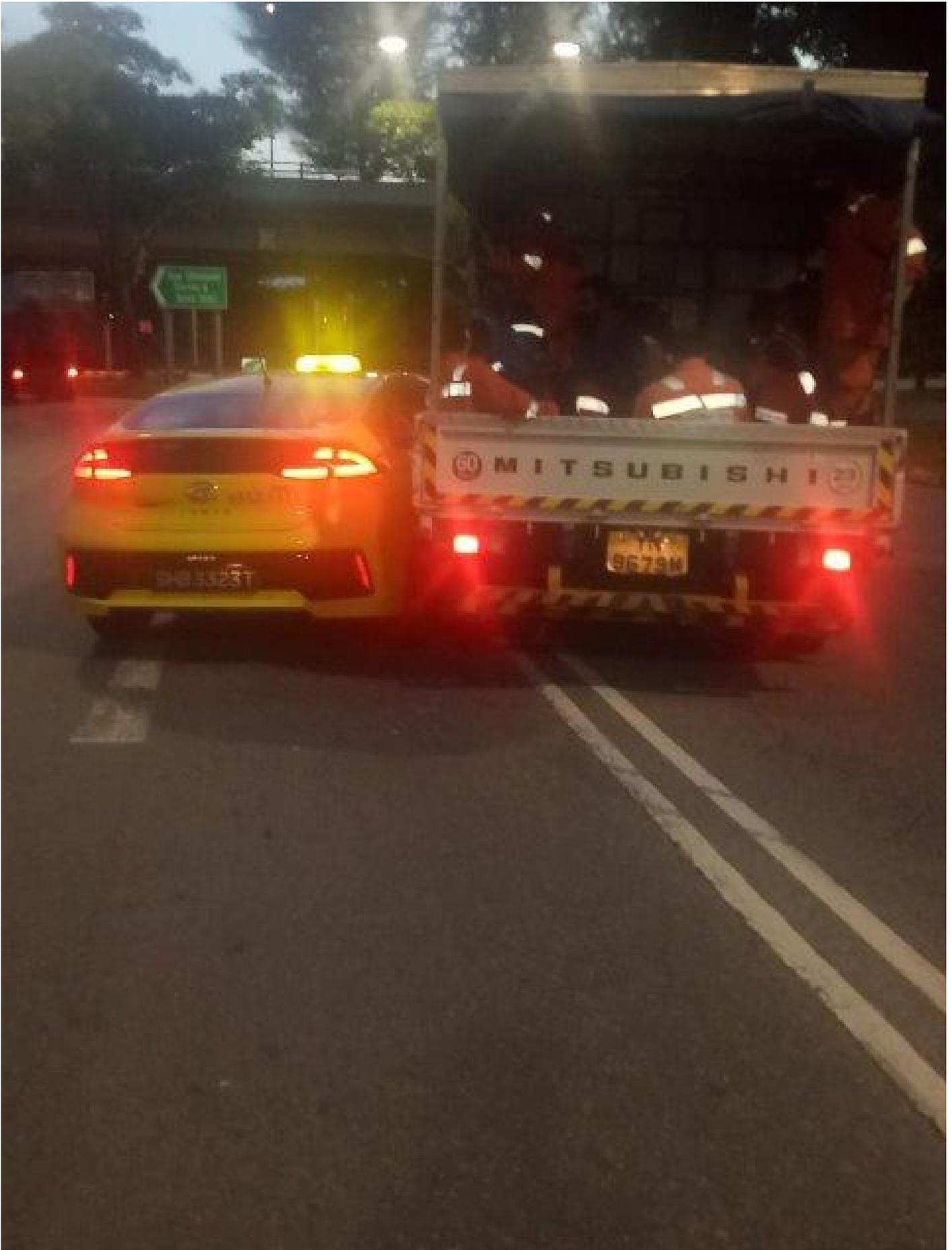
Driving License



Driving License



ACCIDENT SCENE PHOTO



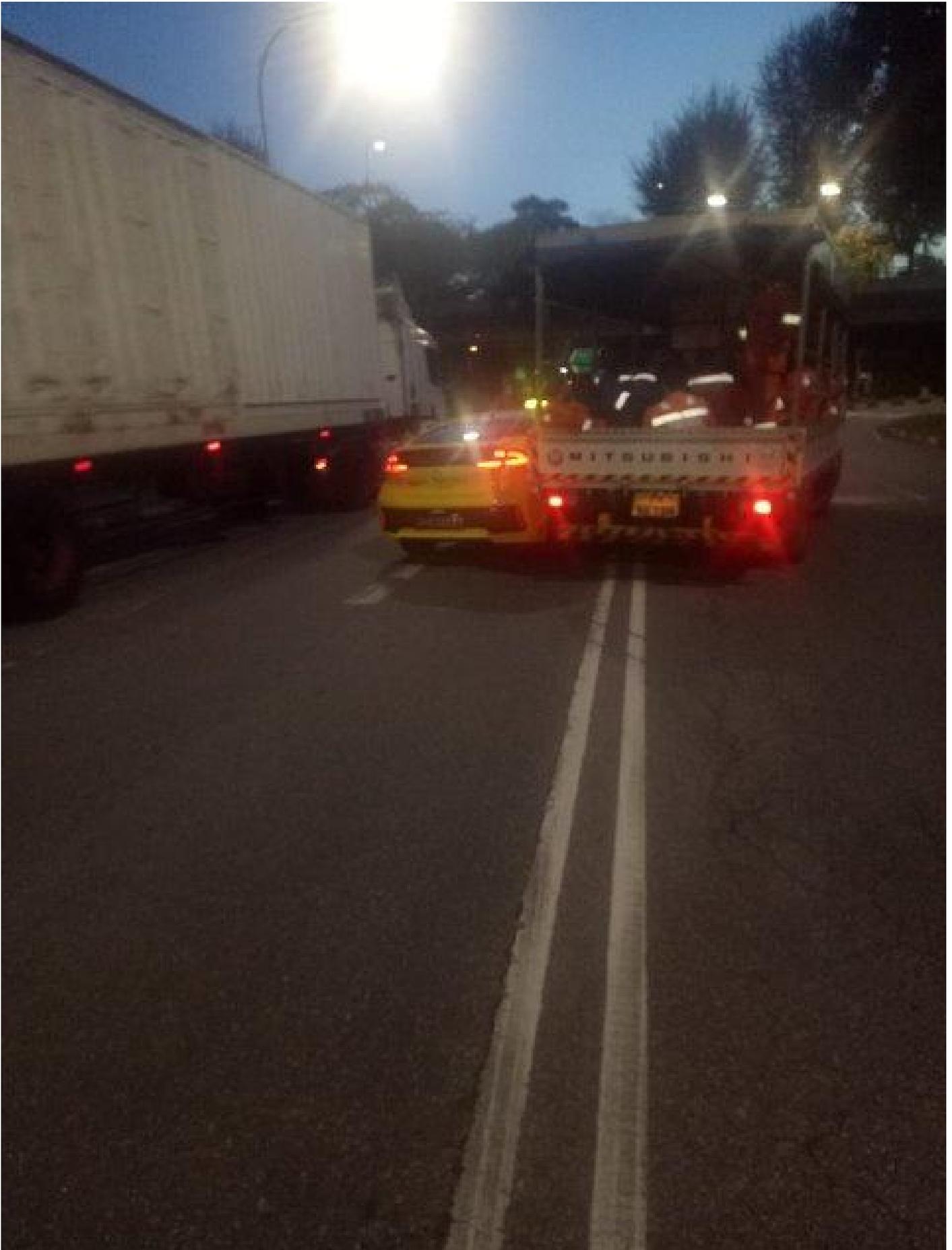
ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



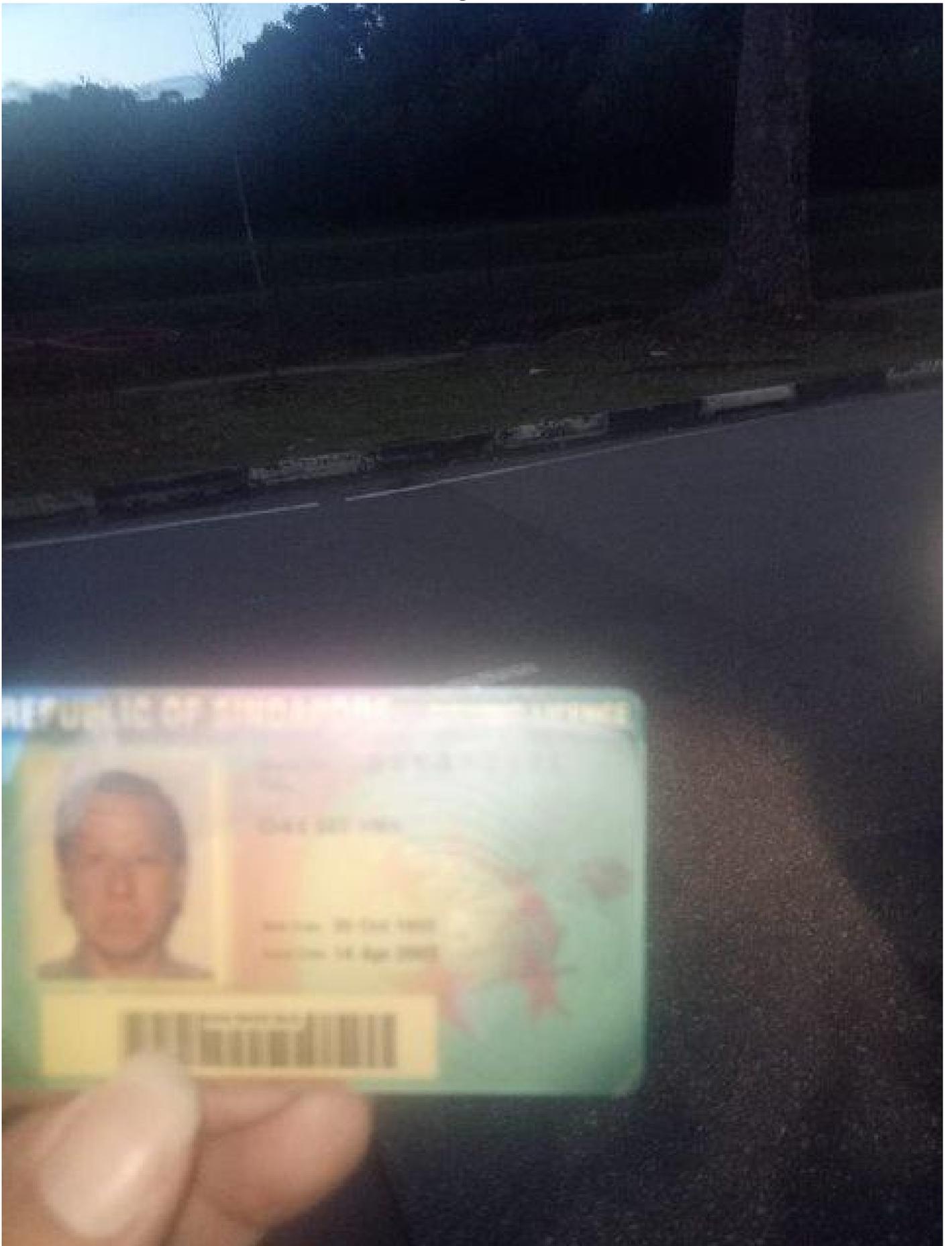
ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



Driving License



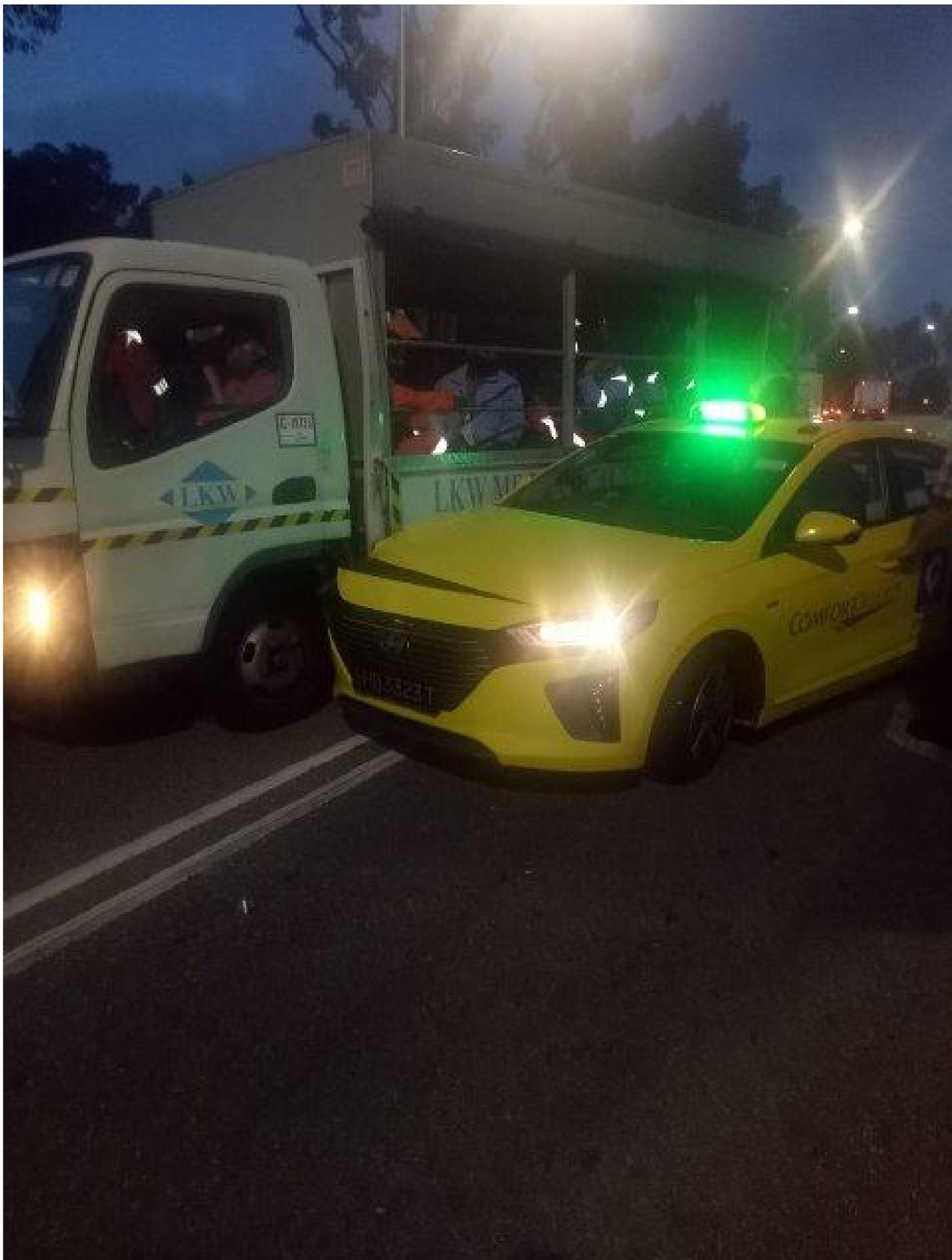
ACCIDENT SCENE PHOTO



Driving License



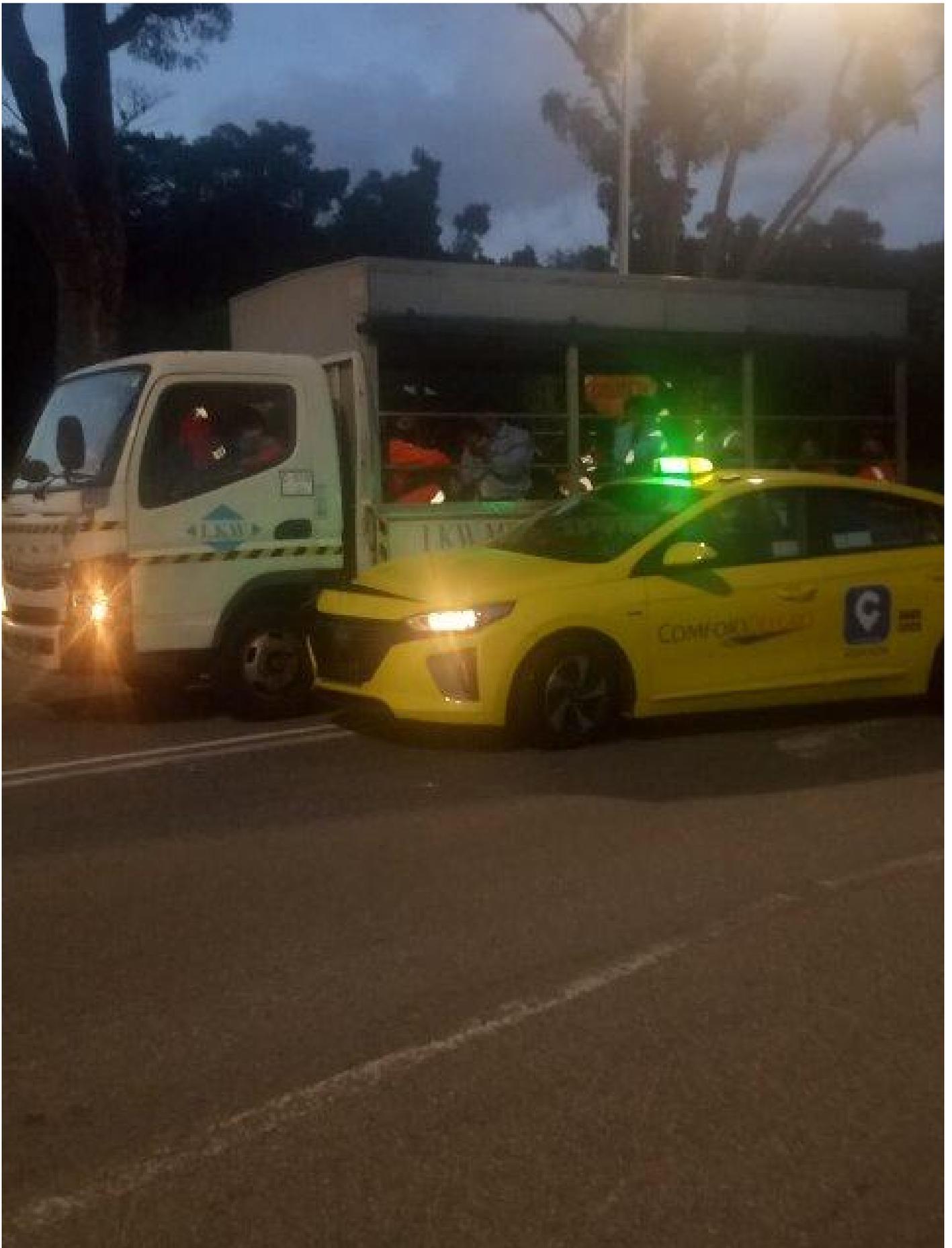
ACCIDENT SCENE PHOTO



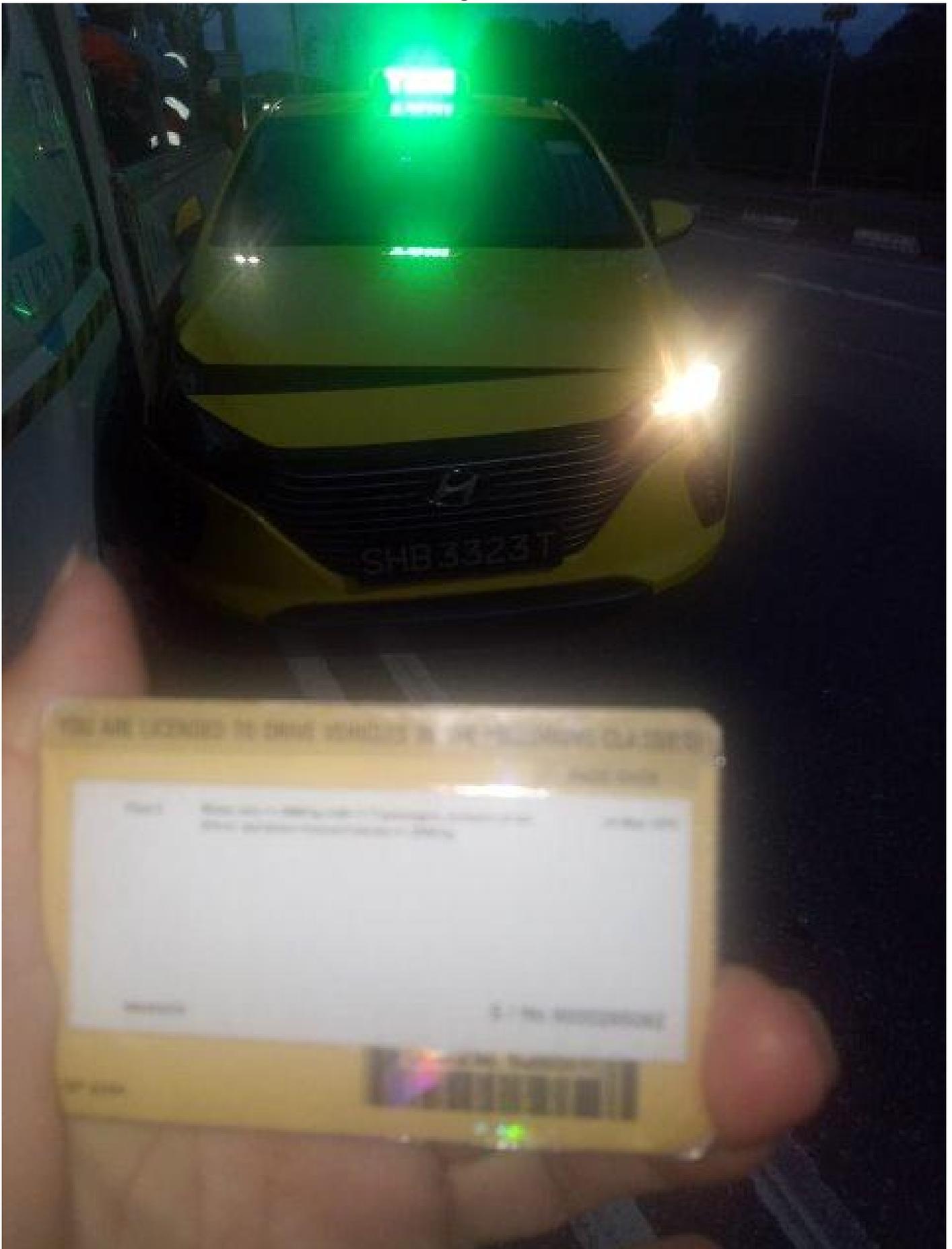
ACCIDENT SCENE PHOTO



ACCIDENT SCENE PHOTO



Driving License



ACCIDENT SCENE PHOTO

