

## 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	22/09/2020 12:11
Date Of Accident	21/09/2020 19:10
Exact Location Of Accident	AIRPORT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3750D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GIN CHIA CO PTE LTD
Co Reg No	198900622E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92335713

### Vehicle Particulars

Manufacturer	KIA
Model	K2500 6M/T
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/VC00/104662
Cover Note Number	29/09/2019 TO 28/09/2020

### Driver

Name of Driver	TEE BOON NONG
NRIC No	S2585789E
Date Of Birth	26/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1980
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81272733
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 17 LORONG 7 TOA PAYOH #04-214 (S) 310017
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	CHAIN COLLISION
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	3
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)	5
Passenger 1	NAME: : BANGLADESH WORKER GENDER: : MALE
Passenger 2	NAME: : BANGLADESH WORKER GENDER: : MALE
Passenger 3	NAME: : CHINA WORKER GENDER: : MALE
Passenger 4	NAME: : THAILAND WORKER GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

refer to attach police report.

### 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	SLZ4501R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHENG WAH
NRIC/Passport Number	S7140857D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLQ5559R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HASLINDA BINTE SALLEH
NRIC/Passport Number	S7702097G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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.



22/09/20

Ah Lee



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 Pg. 1

SKETCH PLAN

Airport Road

A: GBD 3750D

B: SLZ 4501R

C: SLQ 5559R

→ [A] [B] [C]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attached police report.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

22/09/20  
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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





**SINGAPORE  
POLICE FORCE**



T/20200922/2023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4  
Report No. T/20200922/2023

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tee Boon Nong	ID No.	S2585789E
Related Vehicle	GBD3750D (Van)	Contact No.	81272733
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HASLINDA BINTE SALLEH	ID No.	S7702097G
Related Vehicle	SLQ5559R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM CHENG WAH	ID No.	S7140857D
Related Vehicle	SLZ4501R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS TRAVELLING ALONG AIRPORT RD, ON THE MIDDLE LANE OF THREE LANES. DUE TO A CEMENT TRUCK COMING OUT FROM THE LEFT SIDE, THE WORKERS STOPPED THE TRAFFIC, SO THE CARS INFRONT SLOWED DOWN. THEN I APPLIED MY BRAKES BUT COULD NOT STOP IN TIME AND COLLIDED INTO THE CAR INFRONT BEARING PLATE NUMBER SLZ4501R. THEN THE CAR INFRONT JERKED FORWARD AND COLLIDED INTO THE CAR INFRONT BEARING PLATE NUMBER SLQ5559R. THE DRIVERS THEN GOT DOWN AND EXCHANGE PARTICULARS. NOT ONE



**SINGAPORE  
POLICE FORCE**



T/20200922/2023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20200922/2023

**CONTINUATION OF REPORT**

WAS INJURED DURING THE ACCIDENT. THAT'S ALL.



SINGAPORE  
POLICE FORCE



T/20200922/2023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

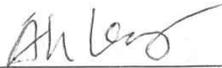
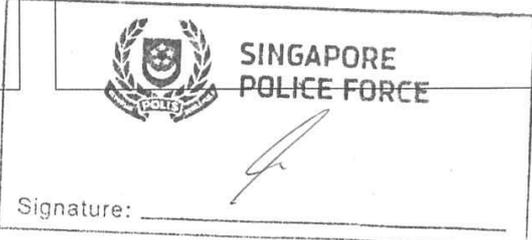
Report No. T/20200922/2023

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: TP / MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2020 11:04
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2585789E**

Name: **TEE BOON NONG**

Birth Date: **26 Sep 1958**

Issue Date: **13 Sep 2007**

001526739F



FOR KFS USE ONLY ACCIDENT CLAIM ONLY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S2585789E**



Name: **TEE BOON NONG**

**郑文龙**

Race: **CHINESE**

Date of birth: **26-09-1958** Sex: **M**

Country of birth: **MALAYSIA**

S2585789L

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

Class	Description	PASS DATE
Class 2B	Motorcycles =< 200 cc	28 Aug 1980
Class 2A	Motorcycles between 201 cc and 400 cc	28 Aug 1980
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	28 Aug 1980

NP 428A

Licence No: S2585789E



FOR KFS USE ONLY ACCIDENT CLAIM ONLY

3874244



NRIC No. **S2585789E**



Date of issue: **28-04-2006**

Address: **APT BLK 17 LORONG 7 TOA PAYOH #04-214 SINGAPORE 310017**

TBN



**LONPAC INSURANCE BHD** (S98FC5635C)  
 (Incorporated in Malaysia)  
 Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.  
 Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg  
 GST Reg No.: F0-0005635-C

MZ300

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 189) REPUBLIC OF SINGAPORE.  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).  
 ROAD TRANSPORT ACT 1987 (MALAYSIA).  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

**Certificate No.** : Z/19/VC00/104662 **Type of Cover** : COMPREHENSIVE

- 1. **Index Mark and Vehicle Registration Number** KIA K2500  
- GBD 3750D
- 2. **Name of Policy Holder** GIN CHIA CO PTE LTD
- 3. **Effective date of the Commencement of Insurance for the purpose of the Act.** 29/09/2019
- 4. **Date of Expiry of the Insurance** 28/09/2020

5. **Persons or Classes of Persons entitled to drive.**  
 (A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. **Limitations as to use**  
 USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES. THE POLICY DOES NOT COVER:- USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

**Excess** : S\$600.00 (SECTION 1)  
 S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS  
 S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 2ND AND SUBSEQUENT CLAIMS)

**Condition** : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/We hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

*Amek*

CHIEF EXECUTIVE  
 (Singapore Branch)

User ID : esllyneo / hazechen  
 Date Issued : 27-08-2019

19/VC00/Jun v-5.9.0 Z/04/79(D) - BH3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



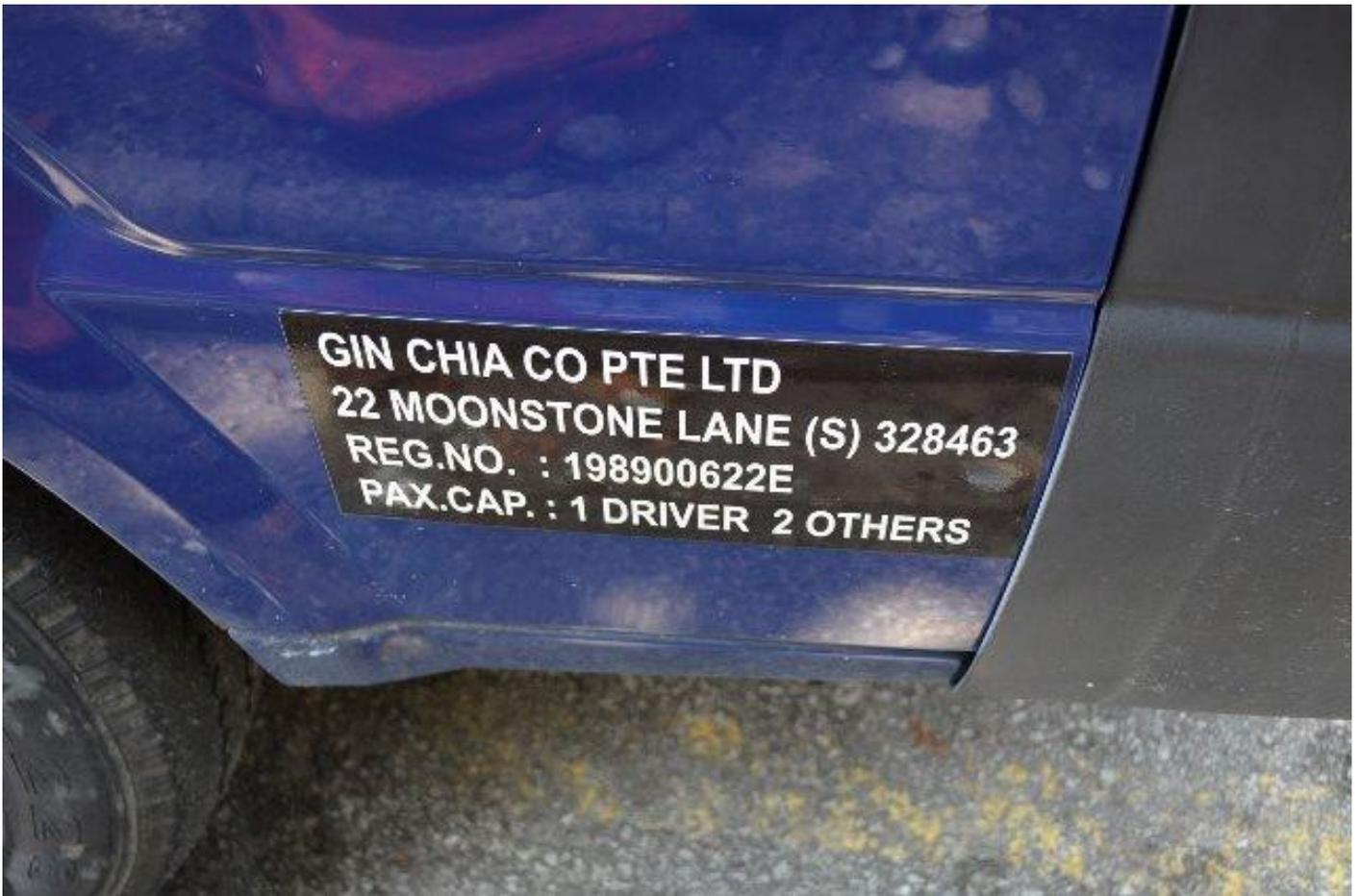
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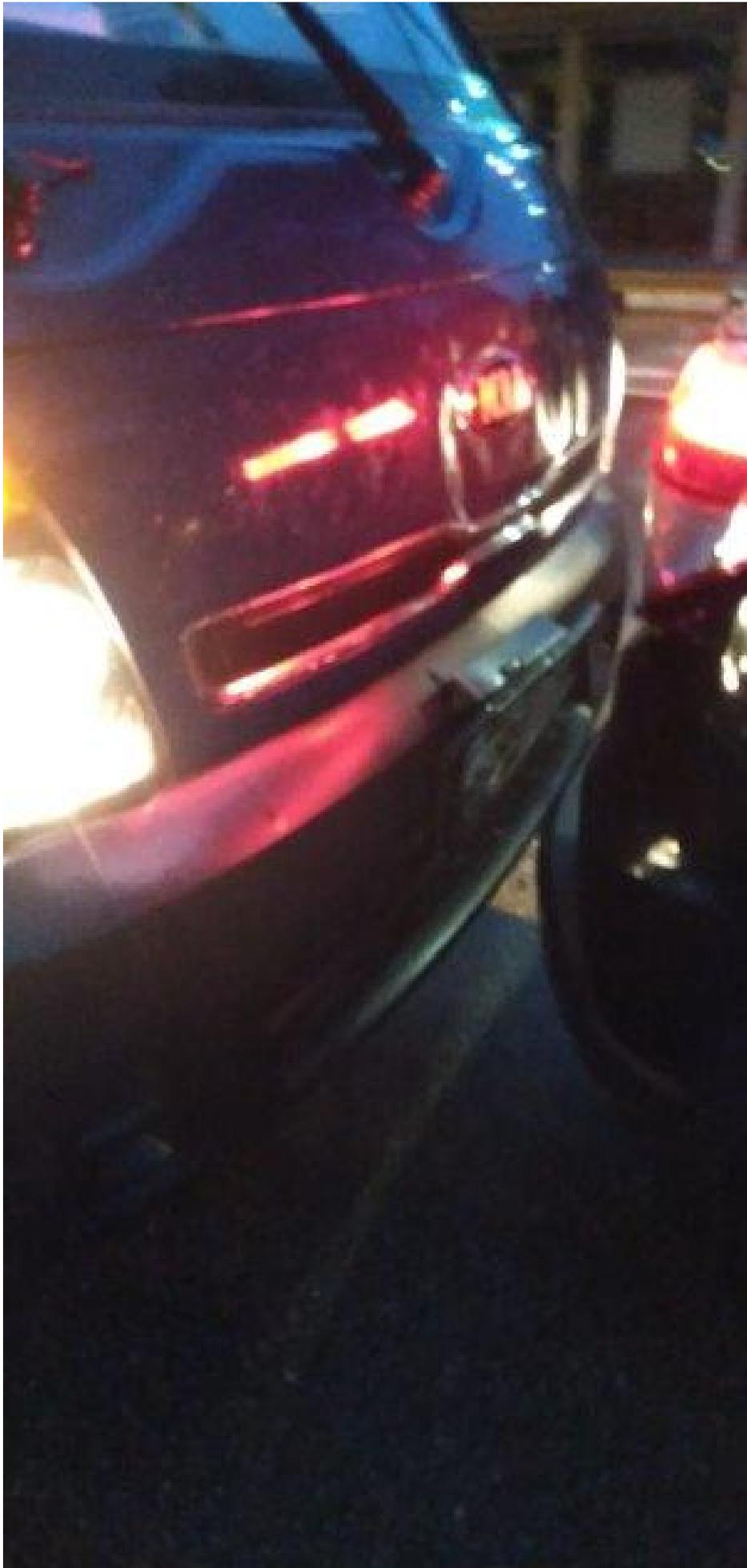
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