

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	17/11/2020 15:39
Date Of Accident	13/11/2020 16:30
Exact Location Of Accident	ALONG SIN MING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9748L
Insured/Policyholder	
Name Of Registered Owner	BEN'S EXPRESS ENGINEERING PTE LTD
Co Reg No	200712401D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62658335

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52R
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/20/VC00/108942
Cover Note Number	

Driver

Name of Driver	CHAN AH MENG
NRIC No	S7013838G
Date Of Birth	29/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1999
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82883355
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	463 PASIR PANJANG ROAD #02-23
Postcode	118797
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?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
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	SLW6968E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20201117/2021

1 of 2

POLICE REPORT (NP322)

Report No. D/20201117/2021

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Date/Time Report Made 17/11/2020 14:54		Vide Report No.		Station Diary No.	
Name Of Informant CHAN AH MENG		Address 463 PASIR PANJANG ROAD #02-23 VILLAGE @ PASIR PANJANG SINGAPORE 118797			
ID Type / ID No. NRIC NO / S7013838G		Contact No. Home/Office		Mobile 82883355	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation OTHERS		Sex Male	Age 50	Date of Birth 29/04/1970	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 01/11/2020 00:00 - 17/11/2020 12:00		Location Of Incident 463 PASIR PANJANG ROAD VILLAGE @ PASIR PANJANG SINGAPORE 118797			

Brief details.

Today I just realize that I lost my driving license. I got into an accident and today I went to the insurance company. They require my driving license hence I am lodging this report. That's all.

Subjects Involved	
Victim	
Person Name	CHAN AH MENG (Informant)

Signature Of Officer Recording The Report: TP / MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: D / Queenstown N.P.C / SI GOH BOON LIANG, SIMON Contact No.: 64719999

Signature Of Informant:
Date/Time: 17/11/2020 14:54
Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

POLICE REPORT



SINGAPORE
POLICE FORCE



D/20201117/2021

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. D/20201117/2021

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence			1		1 Driving Licence

Signature Of Officer Recording The Report:

TP / MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Queenstown N.P.C /
SI GOH BOON LIANG, SIMON
Contact No.: 64719999

Authentication Stamp

Signature Of Informant:

Date/Time:
17/11/2020 14:54

Classification Of Case:

FUPO hotline number: 68429645


**SINGAPORE
POLICE FORCE**
 Signature: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

