



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

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Tel: (65) 6481 5150 Fax: (65) 6481 8683

LONPAC INSURANCE BHD

DATE : 06-01-2021

300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE
199555

VEHICLE NO. : YN6097L

ACCIDENT DATE : 09-12-2020 11:30

THIRD PARTY REF. :

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE YN6097L MITSUBISHI CANTER

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
LABOUR CHARGES			
1	1	TO REFRICATE REAR CABIN	2500.00
2	1	SPRAYPAINTING CHARGES	1500.00
TOTAL (D)			4,000.00
ESTIMATE TOTAL			4,000.00

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 Submission	23/12/2020 16:56 (SGT)
Date of Accident	09/12/2020 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR MALL BASEMENT CP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6097L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GOODWORK TRADING ENTERPRISE PTE LTD
Company Reg No	2XXXXX037K
Email Address	GDWORK@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-89391961
Alternative Phone No	(Office) +65-96515676

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
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?	Yes
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VC0505689
Cover Note Number	-

DRIVER

Name of Driver	NGIAM MENG KENG
NRIC No	SXXXX555G
Date Of Birth	12/06/1954
Occupation	Outdoor

Date Of Driving Pass	29/07/1977
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89391961
Alt. Phone Number	-
Email Address	GDWORK@SINGNET.COM.SG
Address	616 HOUGNAG AVE 8 #10-384
Address complement	-
Postcode	530616
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED 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


SKETCH PLAN

IMPORTANT NOTICE

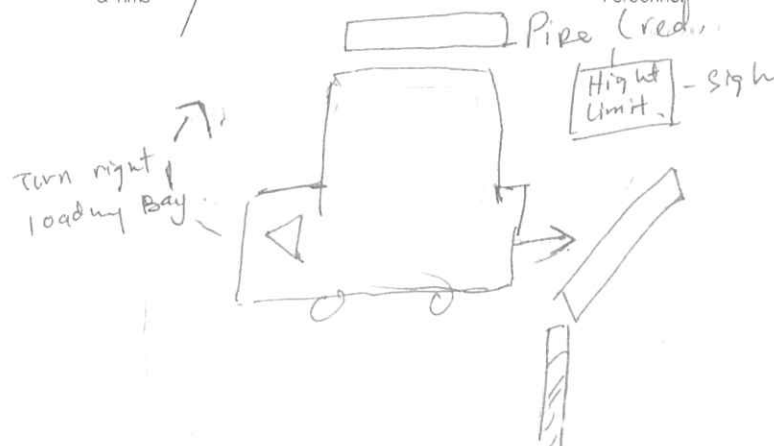
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.


 Policyholder's Signature / Date & Time

Sketch Plan


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


 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

I enter the carpark, the gantry barrier open & I proceed to move forward, to make a right turn to the loading bay, but due to my long vehicle I need to reversed a little to turn right. Just then my lorry hit onto the barrier & it bend outwards. and also hit the 'height limit' sign and it fell. I did not hit the reel pipe on the ceiling as claim by the management.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

22/12/20 11:45 am



Witnessed by Reporting Centre Personnel