

# 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 ..... 05/02/2021 16:09 (SGT)  
Date of Accident ..... 04/02/2021 21:32 (SGT)  
Exact Location of Accident ..... Depot Rd, Singapore  
Additional Location Information ..... TOWARDS HENDERSON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH9161T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LPH CATERING  
Company Reg No ..... 5XXXX165B  
Email Address ..... ADMIN@LPH.COM.SG  
Mobile Phone No ..... (Phone) +65-91189163  
Alternative Phone No ..... (Office) +65-64747866

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070154023  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHUA KAI LOON  
Passport No/FIN ..... GXXXX968U  
Date Of Birth ..... 23/09/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/02/2018
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97527590
Alt. Phone Number .....	-
Email Address .....	shoan.lee@lph.com.sg
Address .....	BLK 37 JALAN RUMAH TINGG
Address complement .....	#02-421
Postcode .....	100537
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP6780D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Camry
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHU LAI KAM
NRIC No .....	SXXXX734C
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

# SKETCH PLAN

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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.

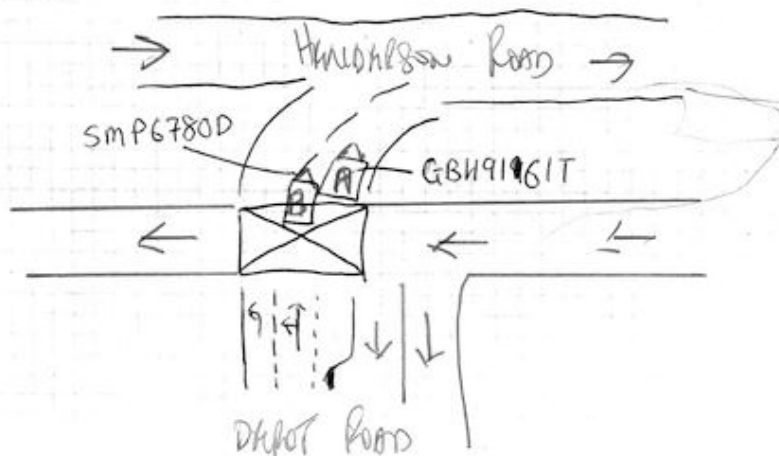


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

ON 04/02/2021 AT ABOUT 21:32 HRS I WAS AT DART ROAD WANTED  
 TO TURN RIGHT INTO HENRIKSON ROAD. SLOW DOWN AT THE TRAFFIC  
 LIGHT, I MOVE ON WHEN THE LIGHT CHANGES TO GREEN. A CAR ON THE  
 2ND LANE. MOVE. I SWIRL TO MY LANE I BRUSH AGAINST MY LEFT  
 REAR MY VAN GBH 91617. SHE CLAIMS THAT IT WAS MY FAULT VIDEO  
 ATTACHED.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
 Time

ch 5/2/2021 14:40  
 Driver's Signature (if driver is not the policyholder) / Date  
 & Time

Witnessed by Reporting Centre  
 Personnel































Blk 4008 Depot Lane, #01-88  
Singapore 109762  
Tel: 64747866 Fax: 64757507 Mobile: 91189163  
Email: shoan.lee@lph.com.sg UEN No.: 52860165B



5<sup>th</sup> February 2021

TO WHOM IT MAY CONCERN

RE : VEHICLE INSURANCE CLAIM

I, Lee Shao Xiong, Shoan NRIC N/O: S8717371B is aware of the collision incident on 04/02/21. I hereby authorize my staff, Mr Chua Kai Loon FIN N/O: G2877968U to act / arrange on behalf of me during my absence with regards to the above.

Kindly render him the necessary assistance and your kind cooperation is highly appreciated. Thank you.

Yours Faithfully

A handwritten signature in black ink, followed by a circular stamp. The stamp contains the text 'LPH Catering' and '52860165B'.

Lee Shao Xiong, Shoan  
LPH Catering  
General Manager  
Contact No.: 91189163