

# 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 11:28 (SGT)  
Date of Accident ..... 04/02/2021 16:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF TUAS SOUTH AVE 5 & AVE 4  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE3876U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EPONT BUILDING SERVICES PTE LTD  
Company Reg No ..... 200920667G  
Email Address ..... FIONAHENG@EPONTCOATINGS.COM  
Mobile Phone No ..... (Phone) +65-68622383  
Alternative Phone No ..... +65-68622383

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... z/20/VC00/108991  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM PUAY BENG  
NRIC No ..... S1450197E  
Date Of Birth ..... 06/03/1960  
Occupation ..... Outdoor

|                                                                    |                             |
|--------------------------------------------------------------------|-----------------------------|
| Date Of Driving Pass .....                                         | 11/03/1982                  |
| Driving experience .....                                           | 38 YEARS AND 11 MONTHS      |
| Gender .....                                                       | Male                        |
| Mobile Number .....                                                | (Phone) +65-90483948        |
| Alt. Phone Number .....                                            | -                           |
| Email Address .....                                                | FIONAHENG@EPONTCOATINGS.COM |
| Address .....                                                      | BLK 765 CHOA CHU KANG 5     |
| Address complement .....                                           | #05-295                     |
| Postcode .....                                                     | 680766                      |
| 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 .....   | Collision - Cross Junction |
| 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

#### 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 ..... | GBG3923G           |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |
| Name of Driver .....              | -                  |
| Contact Number .....              | -                  |
| Address .....                     | -                  |
| Address complement .....          | -                  |
| Postcode .....                    | -                  |
| Insurance Company Name .....      | -                  |

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

SKETCH PLANIMPORTANT NOTICE

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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:

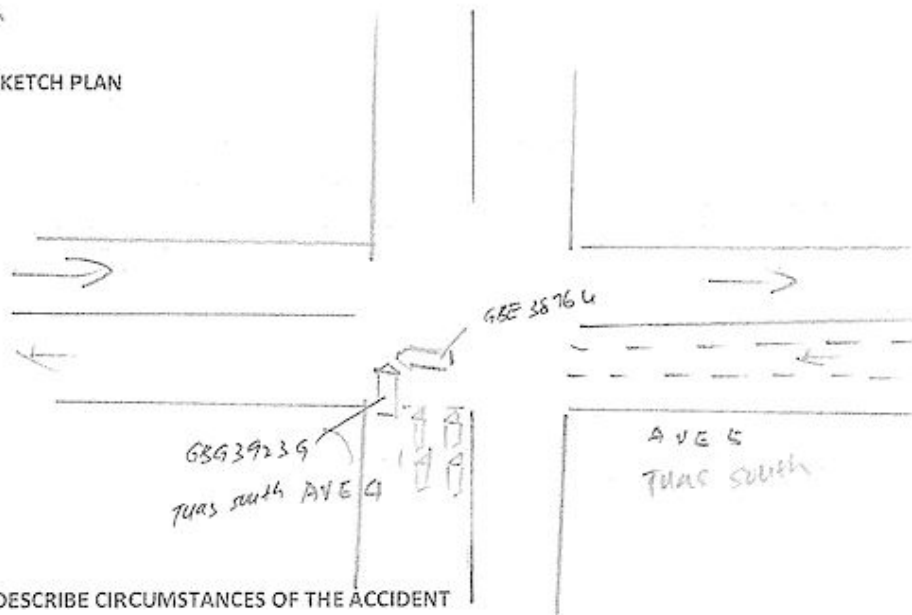
13/1/23

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

|                                                                                                                                                                                                                                                                                |                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| LICENSE PLATE: GBE 38764                                                                                                                                                                                                                                                       | ACCIDENT DATE & TIME: 4/2/21 16.21                                                                                                        |
| CONTACT NUMBER: 68622383 / 90483948                                                                                                                                                                                                                                            | E-MAIL ADDRESS:                                                                                                                           |
| LOCATION: TNAS SOUTH AVE 5 / TNAS SOUTH AVE 4                                                                                                                                                                                                                                  |                                                                                                                                           |
| <p>When driving along TNAS South Ave 5, it was green light in my favour driving ahead, at the junction of TNAS South Ave 4, vehicle GBG 39239 dash out and collided with my vehicle. No body was injured.</p> <p>Third party driver - Chinnasamy Druluppan<br/>F 8145753 X</p> |                                                                                                                                           |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION                                                                                                     |                                                                                                                                           |
| Please state:                                                                                                                                                                                                                                                                  |                                                                                                                                           |
| <input checked="" type="checkbox"/> Claim Own Policy                                                                                                                                                                                                                           | <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only |

DECLARATION

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

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.: