Your NCD will be affected due to late reporting

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 witholding 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	05/04/2021 13:17 (SGT)
Date of Accident	27/03/2021 01:15 (SGT)
Exact Location of Accident	16 Harbour Dr, Singapore 117401
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4358G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Call Lade Enterprises Pte Ltd
Company Reg No	1XXXXX755K
Email Address	chua@calllade.com
Mobile Phone No	(Phone) +65-62221970
Alternative Phone No	+65-62221970

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P410LA4X2MSZ
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
Transmission	Auto
CC	12742

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/20/VC00/107949
Cover Note Number	-

DRIVER

Name of Driver	Lum Chee Yong Marshall
NRIC No	SXXXX319Z

Date Of Birth	04/04/1979
Occupation	Outdoor
Date Of Driving Pass	19/03/1998
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-88380300
Alt. Phone Number	-
Email Address	chua@calllade.com
Address	Blk 813A, Choa Chu Kang Ave 7, #14-571
Address complement	-
Postcode	681813
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBD6689D
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no : T/20210329/2083.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	with traffic police
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Lum Chee Yong Marshall
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XE4358G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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. 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

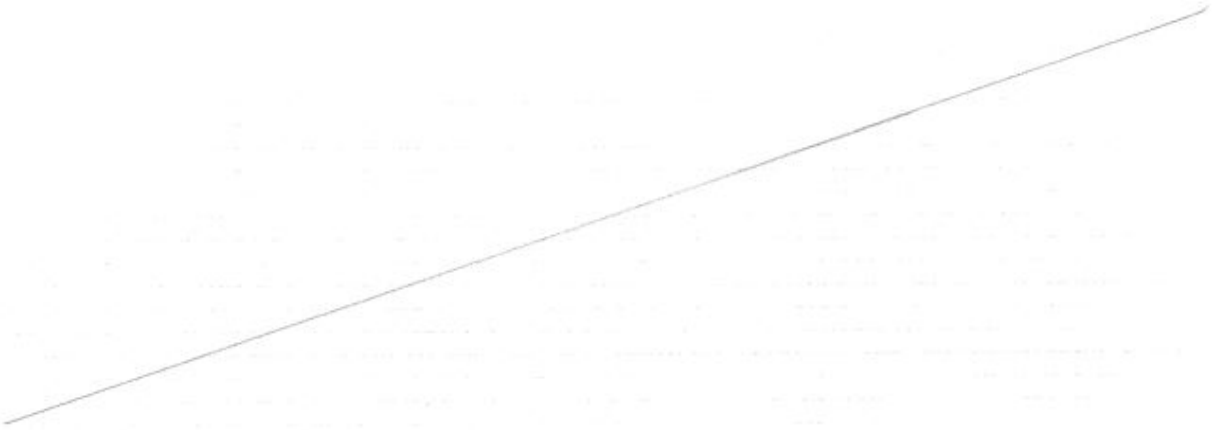
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 5/4/21	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 5/4/21

Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days.

( ) Claim Own Damage ( ) Claim Third Party (✓) Reporting Only

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was deployed to IPM 623 (~~XS 4558 G~~) trailer (TRD 5433G) from 1930hrs 26 May ~~to~~ 730hrs 27 mar. At about 0115hrs, I moved a 40ft container (CSNU 8103047) for

Refer to police report (T/20210329/2083)

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.
	05/04/21	5/4/21

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

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IMAGES #18

IMAGES #19

IMAGES #20

IMAGES #21

IMAGES #22

IMAGES #23

IMAGES #24

IMAGES #25


SCANIA
VIN YS2P4X20005506211
(SG)
Regist. for
Total
Combination
Axle 1-
Axle 2-
Axle 3-
Axle 4-
Axle 5-
Technically permissible
Axle group
22500
70000
7500
15000
Cab type
Serial no
Approval
Cab colour
Ch. No
Ch. colour
ADR GTW
Ch. type
Produced in
THE NETHERLANDS


N N
11:40
尾气排放控制
监视器出现故障
LIM
-h
-h
LIM
221513.4 km
32 °C
15
10
20
5
25
1/min x 100
60
40
20
km/
L
H
P
1/2
0

IMAGES #27

IMAGES #28

SINGAPORE POLICE FORCE

T/20210329/2083

Report No. T/20210329/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
29/03/2021 16:02		73

Informant's Particulars

Name of Informant: LUM CHEE YONG MARSHALL			Address: APT BLK 813A CHOA CHU KANG AVENUE 7 #14-571 SINGAPORE 681813	
ID Type / ID No.: NRIC NO / S7909319Z			Contact No.: Home/Office:	Mobile: 88380300
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 04/04/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: HAULIER DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2021 01:15	Type of Location: T-Junction
Location: HARBOUR DRIVE				

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Lamp Post		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE4358G	Lorry				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20210329/2083

Report No. T/20210329/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	LUM CHEE YONG MARSHALL	ID No.	S7909319Z
Related Vehicle	XE4358G (Lorry)	Contact No.	88380300
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	27/03/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 27/03/2021 at about 0115hrs, I was driving my Haulier (XE4358G) along Harbour Drive. I then make a right turn at the traffic junction however my vehicle toppled on the left side. Ambulance, police and LTA came to scene and I was subsequently conveyed to National University Hospital.

My Trailer number is TRD5433S, and my PSA container (CSNU8103047) was damaged. I wish to state that my vehicle hit onto a traffic light which caused the traffic light to fell.

I was granted 14 days hospitalized leave. My lorry suffered from a smashed left side window and the left side of my lorry was dented.

This is the first time such incident happen to me. I am lodging this report for insurance purpose.

SINGAPORE POLICE FORCE

T/20210329/2083

Report No. T/20210329/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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: J / Sgt 2 DARRYL LIM JUN DE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2021 16:02
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE
SIGNATURE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SW0B21450002 Vehicle Registration No: XE 4358 G

Name (as shown in NRIC) : Lum Chee Yong Marshall NRIC/FIN/Passport No : SXXXX319Z

(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate

Address : BK 813, ~~Chua~~ Chua Chu Kang Ave 7 #14-571 Singapore (681813)

Contact (Tel) : Mobile No. : 88380300

Email Address : ~~Lee~~ chua@callmoe.com

Date of Accident : 27/03/2021 Time of Accident : 0115 hrs.

Place of Accident : along Harbour Drive.

Insurance Company : Lonpac Insurance Bhd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

amend on claim own damages.

06/04/21

Policyholder / Driver's Signature
Date:

6/4/21

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

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

MZ312

CERTIFICATE OF INSURANCE

Insured's Copy

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).
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/20/VC00/107949 **Type of Cover** : COMPREHENSIVE

1. **Index Mark and Vehicle Registration Number** — SCANIA P410LA4X2MSZ - XE 4358G
2. **Name of Policy Holder** — CALL LADE ENTERPRISES PTE LTD
3. **Effective date of the Commencement of Insurance for the purpose of the Act.** — 12/09/2020
4. **Date of Expiry of the Insurance** — 31/07/2021
5. **Persons or Classes of Persons entitled to drive.**
   (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLCIYHOLDER'S ORDER OR WITH HIS/HER 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 : (1) USE FOR HIRE OR REWARE OR RACING PACEMAKING RELIABILITY TRIALOR SPEED TESTING. (2) USE WHILST DRAWING A GREATER NUMBER OF TRAILERS IN ALL THAN IS PERMITTED BY LAW.

Excess : S$1500.00 (SECTION 1)
S$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG &/OR INEXPERIENCED DRIVERS
S$200.00 WINDSCREEN EXCESS

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS OR DISTRIBUTOR OWNED MOTOR WORKSHOP

* 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.

CHIEF EXECUTIVE
(Singapore Branch)

User ID : eslinyeo / nfwong
Date Issued : 23-07-2020

19/VC00/Nov v-5.10.0 Z10475 - VM1

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