



LONPAC INSURANCE (S99FC5635C)

GENERAL CLAIM FORM

THIS FORM IS ISSUED WITHOUT THE ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY WHETHER OR NOT A CLAIM IS MADE.

WHAT TO DO IN EVENT OF A CLAIM

- 1) Attach all quotations obtained for replacement of or repair to the damaged or missing property.
- 2) Attach valuations and receipt for purchases whenever possible.
- 3) Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage and Travellers Baggage.
- 4) Attach any letter of demand or other correspondence that you may receive from any Third Party.
- 5) Do not make any admission of liability for loss or damage caused by you to third parties.

Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555 | 6250 7388 (o) | 6296 2706 (f)

INSURED DETAILS	
1. Name of Policy Holder SOON HIN FOODS PTE LTD	2. Policy Number
3. Address of Policy Holder 15 JALAN TEPONG JURONG FOOD HUB #03-11 S(619336)	
4. Contact No. (H) 62659366 (Hp) (Fax) 62656229 (Email)	
5. Name of Interested parties (Hire Purchase/ Lease etc)	
6. Are there any other Insurances in force which would cover this in whole or in part? (If "YES" please advise) Insurer: Policy Number:	

DETAILS OF LOSS DAMAGE OR OCCURRENCE
7. Date of Loss/Damage/Occurrence 16 AUGUST 2021
8. Place and/or Premises of occurrence 15 JALAN TEPONG JURONG FOOD HUB #03-11 S(619336)
9. Please state in full particulars how loss, damage or accident occurred: On 16th August 2021 at about 5pm. Liew Voon Foh was driving the forklift to load the hanging hooks onto a truck. He had checked his side mirror before reversing. But unfortunately, there was a car (SMQ 4144Z) driving toward him and collided with the forklift.
10. Please describe nature of damage or injury: Car plate no. SMQ 4144Z - Right side doors were damage with dented, scratched and holes.
11. Please give particulars of person(s) responsible for the loss/damage/injury LIEW VOON FOH
12. Was a police report made? If "YES" please provide a copy NO

LIABILITY CLAIM (Section to be completed if claim is made against you)

13. Please give us details of the loss/damage/injury to third parties

PLEASE REFER PHOTO ATTACH

14. If injury is involved, please furnish full particulars of the injured person(s)

NA

15. Details of the injuries sustained

NA

16. Has a claim been made against you? If "YES", please furnish details

NOTE: No payment, offer or promise of any payment of admission of any liability should be made. All letters from third parties should be forwarded to us immediately upon receipt.

17. Claim Details

Description of Item	Details of Damage/Loss	Amount Claimed (S\$)

DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I/We consent to the collection, use, disclosure of and/or process my/our personal data (whether contained in the Claim Form or otherwise obtained) by Lonpac Insurance Bhd ("Lonpac"), its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me/us by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my/our telephone number(s) in the Singapore's Do Not Call Registry).
For more information on our Privacy Policy, please visit our website http://www.lonpac.com.sg/web/sg/privacy_policy.

I/we have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name: KEN HONRIC / Passport No: S17356111**Lonpac Insurance Bhd**

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DECLARATION

I/We hereby declared the foregoing answers to be true and correct in every respect to the best of knowledge and no information or particulars have been suppressed.



Signature of Insured (with company stamp)

18/08/2021

Date (dd/mm/yyyy)

Updated : 6 May 2019

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