



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 24/08/2021 13:43 (SGT)
Date of Accident 23/08/2021 14:36 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TWDS SLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD1819D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JK FOOD SUPPLY PTE LTD
Company Reg No 200203363G
Email Address jkfoodsupply@gmail.com
Mobile Phone No (Phone) +65-90481832
Alternative Phone No (Office) +65-62583068

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? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VC05007682
Cover Note Number 16/07/21 - 15/07/22

DRIVER

Name of Driver LIM SENG HUAT
NRIC No S1417593H

| | |
|--|---------------------------------|
| Date Of Birth | 01/02/1960 |
| Occupation | Outdoor |
| Date Of Driving Pass | 26/03/1980 |
| Driving experience | 41 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83169671 |
| Alt. Phone Number | - |
| Email Address | jkfoodsupply@gmail.com |
| Address | BLK 255 YISHUN RING RD #05-1113 |
| Address complement | - |
| Postcode | 760255 |
| 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 - Head to Rear |
| 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 vehicle 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 ATTACH.

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 | SKF2113H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | STANLEY SOH TEE CHUAN |
| NRIC No | S1350190D |
| Contact Number | (Phone) +65-97383220 |
| 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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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.

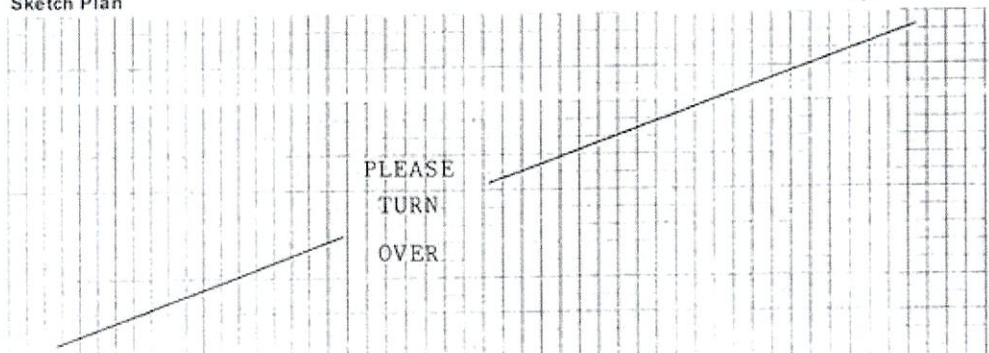
1 VEHICLE NO: GBD 1819 D
2 INSURER CO: Lompac
3 ACCIDENT DATE & TIME: 23/8/21 @ 14:36


Policyholder's Signature / Date & Time

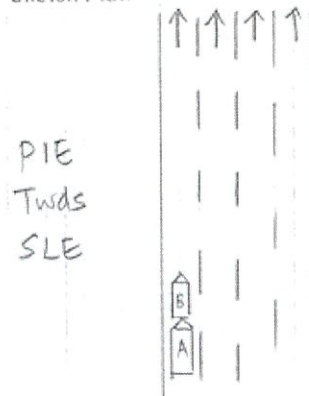

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel (YS)
24/8/21

Sketch Plan



Sketch Plan



A: GBD1819D
 B: SKF2113H
 Stanley Soh
 Tee Chuan
 S1350190D
 HP-97383220

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic was slow and vehicles were slow moving.
 I was behind car B when it stop due to slow
 traffic ahead, I could not stop in time and hit
 onto its rear. No one was injured.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

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: (YS)
 NRIC/FIN No.:
 Reporting Only

() Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop



