

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	08/09/2021 15:04 (SGT)
Date of Accident	07/09/2021 13:50 (SGT)
Exact Location of Accident	8 Kaki Bukit Rd 2, Singapore 417841
Additional Location Information	RUBY WAREHOUSE COMPLEX
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF29T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JANG SEOW LENG
NRIC No	SXXXX249J
Email Address	lengsvc@singnet.com.sg
Mobile Phone No	(Phone) +65-96349063
Alternative Phone No	+65-96349063

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E300
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05027596
Cover Note Number	-

DRIVER

Name of Driver	JANG SEOW LENG
NRIC No	SXXXX249J

Date Of Birth	29/10/1962
Occupation	Indoor
Date Of Driving Pass	07/08/1981
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96349063
Alt. Phone Number	+65-96349063
Email Address	lengsvc@singnet.com.sg
Address	BLK 114 HOUGANG AVE 1
Address complement	#07-1280
Postcode	530114
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit by fallen tree / Other objects
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

PLS REFER TO THE ATTACHED STATEMENT.

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	FORKLIFT
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
Name of Driver	HO ZHI YONG,BRYAN(MASANDAO PTE LTD)
NRIC No	SXXXX151E
Contact Number	-
Address	8 KAKI BUKIT RD 2

Address complement	@01-22 RUBY WAREHOUSE COMPLEX
Postcode	417841
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT 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")

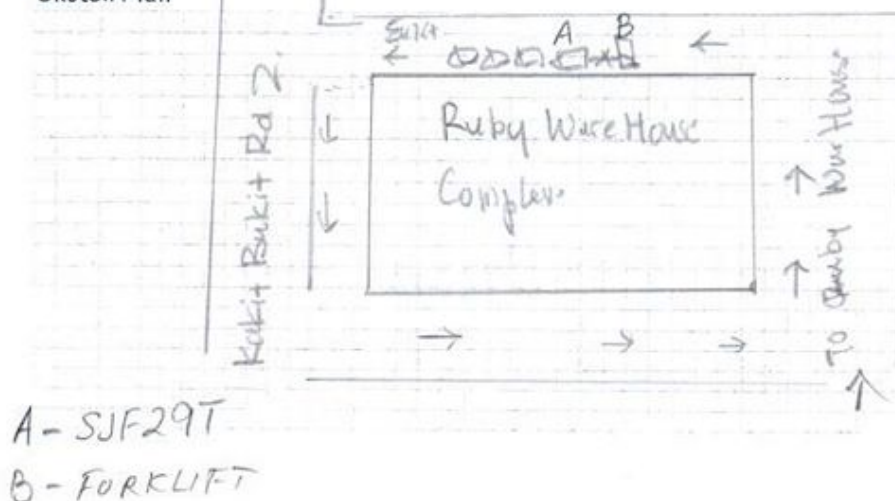
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

07/09/21
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policy holder) / Date & Time

08/09/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident


Today 07/09/21 1:50pm I was waiting the queue
 to go out from RudyHouse Complex one Forklift was
 carry ~~to~~ Full Carton From Behind my car SFJ29T
 Never Stop Hit my car Back. Then The Forklift
 Driver Ho zhi yong (IC 9515151E) From
 Masando Pte Ltd Staff

Declaration

We declare the foregoing particulars are true in every respect.

 07/09/21
 Policyholder's Signature / Date &
 Time

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

 08/09/21
 Witnessed by Reporting Centre
 Personnel

On 07/09/2021 afternoon 1:50pm I was driving my car SJF29T queueing to exit from Ruby Warehouse Complex, suddenly a forklift hit my car from behind the forklift was lifting full of carton box, blocking the forklift driver's view in front, there were 4 vehicle waiting queueing to exit from Ruby Warehouse Complex, I was last in the queue.

The forklift driver's details below was given to me by Mr Ronald Goh the person in charge to handle this incident

Name: Ho Zhi Yong, Bryan

NRIC: S9515151E


Company Name: Masandao Pte Ltd – No 8 Kaki Bukit Road 2 #01-22 Ruby Warehouse Complex Singapore 417841

Owner of SJF29T,

Jang Seow Leng

NRIC: S1540249J

Contact No. 96349063

 08/09/21











