

# 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 ..... 23/12/2021 16:46 (SGT)  
Date of Accident ..... 22/12/2021 13:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CHANGI RD TWDS GEYLANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD9058U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BAN SOON HUAT TRANSPORT TRADING  
Company Reg No ..... 46498900X  
Email Address ..... bsh@bansoonhuat.com.sg  
Mobile Phone No ..... (Phone) +65-93891426  
Alternative Phone No ..... +65-93891426

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FUSO FV51SS3VDEA  
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 ..... 11967

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... Z/21/VC00/109731  
Cover Note Number ..... 04/02/21 - 03/02/22

### DRIVER

Name of Driver ..... ONG HENG  
NRIC No ..... S1201185G

Date Of Birth .....	12/07/1955
Occupation .....	Outdoor
Date Of Driving Pass .....	29/08/1979
Driving experience .....	42 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88098688
Alt. Phone Number .....	-
Email Address .....	bsh@bansoonhuat.com.sg
Address .....	BLK 835 TAMPINES ST. 83 #04-02
Address complement .....	-
Postcode .....	520835
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 - Change/cross lane
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 SKETCH ATTACHED.

#### 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 .....	SMQ8543D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 PLAN**

1. VEHICLE NO: XD9058U  
 2. INSURER CO: Lonpac  
 3. ACCIDENT DATE & TIME: 22/12/21 @ 13:30

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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.
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

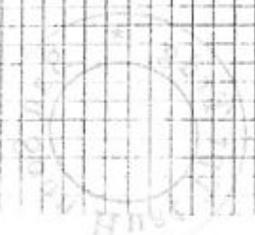
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature, Date & Time  

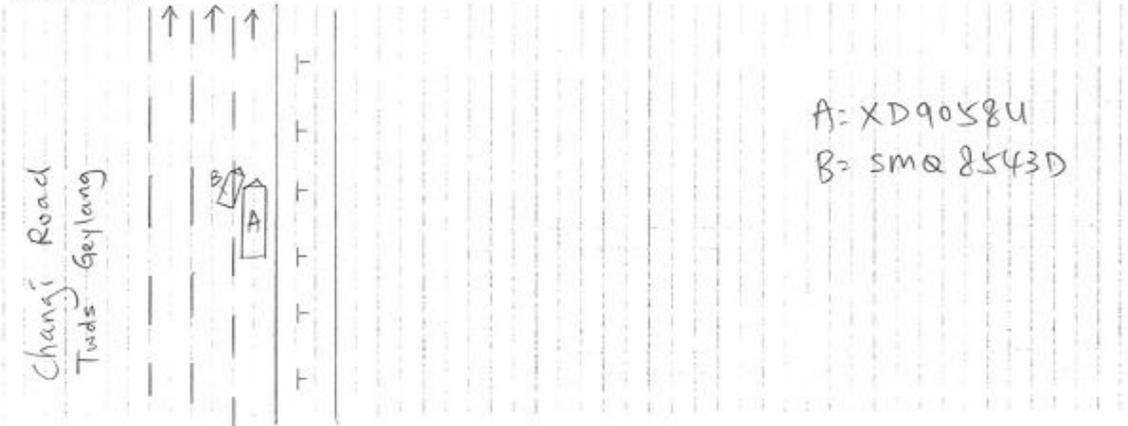

ZZ  
 Driver's Signature (If driver is not the policyholder) / Date & Time

h 23/12/21  
 Witnessed by Reporting Centre Personnel (YS)

PLEASE  
TURN  
OVER

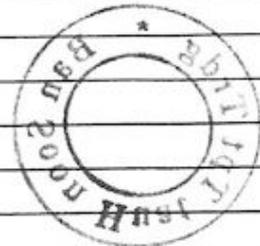


Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving straight within my lane when suddenly car B from left cut into my lane abruptly thus causing the accident. The said driver didn't stop immediately and continued to move on and only came to a stop a distance away. 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:  
NRIC/FIN No.:

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















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

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1G21CN0003 Vehicle Registration No: XD 9058U  
 Name (as shown in NRIC): Ban Soon Huat Transport Trading NRIC/FIN/Passport No: 4XXXX900X  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 93891426  
 Email Address: bsh@bansoonhuat.com.sg  
 Date of Accident: 22/12/2021 Time of Accident: 13:30  
 Place of Accident: Changi Rd Twds Geylang  
 Insurance Company: Lonpac

**(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:

Remove wrong attachment and input the correct one.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

M  
 Reporting Centre Personnel's Signature  
 Name: Sharon  
 NRIC/FIN No.:  
 Date: 22/12/21

