

# 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 ..... 03/01/2022 18:05 (SGT)  
Date of Accident ..... 02/01/2022 22:30 (SGT)  
Exact Location of Accident ..... 18 Woodsville, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YM5797L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Ong Lian Hua  
NRIC No ..... S1636407Z  
Email Address ..... aniki123@gmail.com  
Mobile Phone No ..... (Phone) +65-82122763  
Alternative Phone No ..... +65-82122763

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR85LU4Y  
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? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2999

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... Z21VC05008167  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... See Eng Kiat (Shi Ying Jie)  
NRIC No ..... S7539524H

Date Of Birth .....	19/12/1975
Occupation .....	Outdoor
Date Of Driving Pass .....	13/06/1997
Driving experience .....	24 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82122763
Alt. Phone Number .....	-
Email Address .....	aniki123@gmail.com
Address .....	Blk 238, Bukit Batok East Avenue 5, #13-205
Address complement .....	Gombak Gardens
Postcode .....	650238
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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report no.: T/20220103/2046.

#### 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 .....	UNKNOWN
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**

**IMPORTANT NOTICE**

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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 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

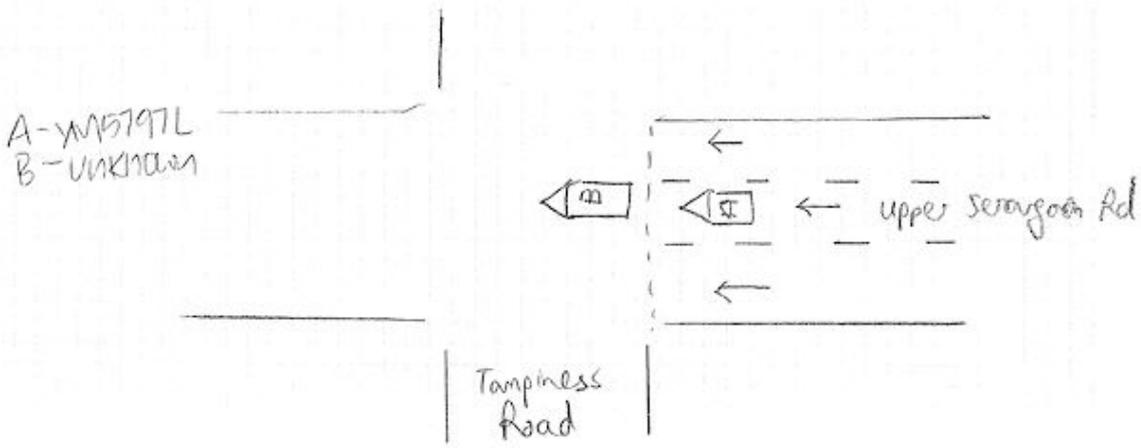
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.  
 Claim Own Damage (OD)     Claim Third Party (TP)     Reporting Only     Claim OD/TP at other workshop

**Describe Circumstances of the Accident**

Refer to police report no. : T/2022 0103 /2046.

**Declaration**

We declare the foregoing particulars are true in every respect.

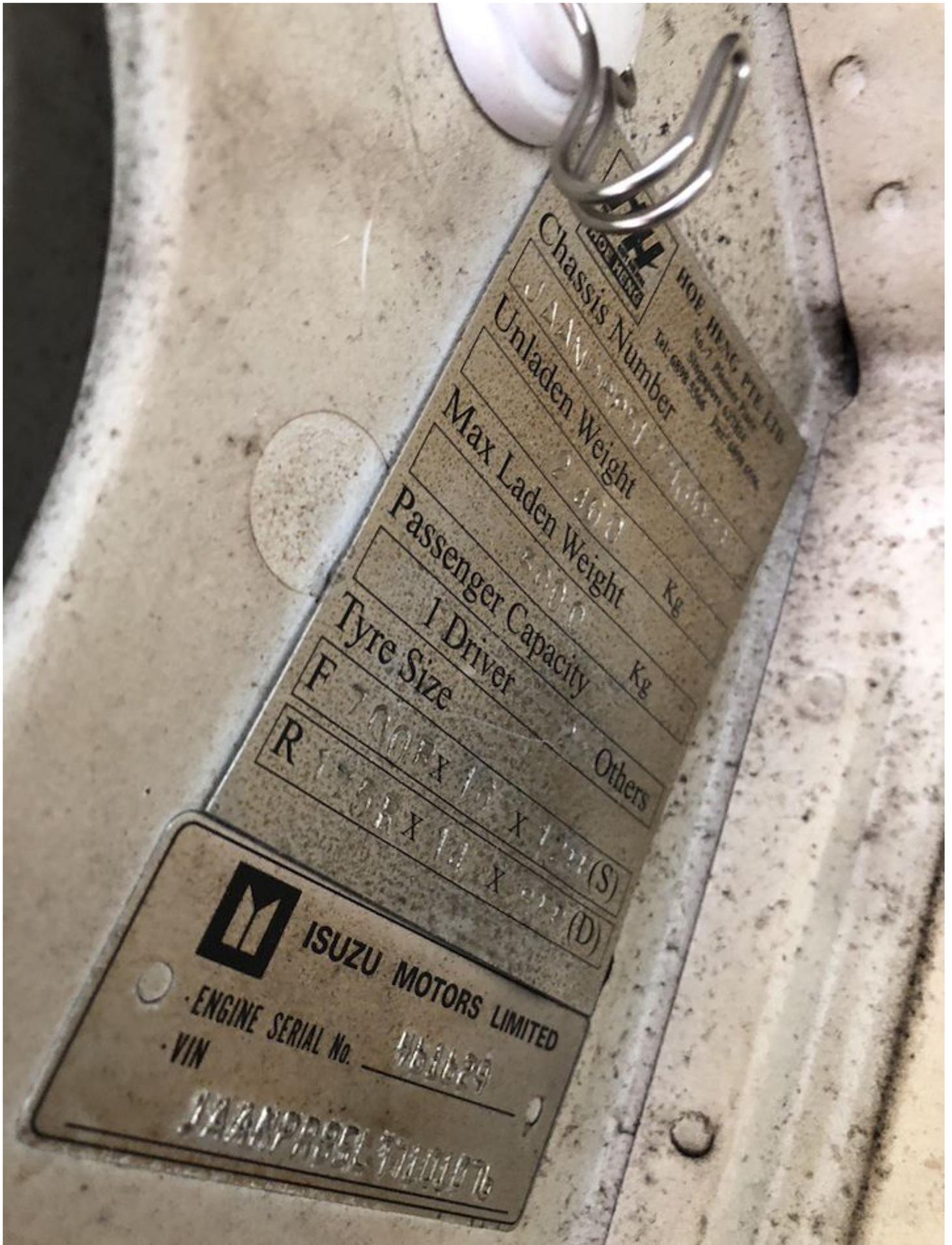


  
Policyholder's Signature / Date & Time

 03/01/21  
Driver's Signature (if driver is not the policyholder) / Date & Time

 3/1/22  
Witnessed by Reporting Centre Personnel

















**SINGAPORE  
POLICE FORCE**



T/20220103/2046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20220103/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/01/2022 13:37	Video Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SEE ENG KIAT (SHI YINGJIE)			Address: APT BLK 238 BUKIT BATOK EAST AVENUE 5 #13-205 GOMBAK GARDENS SINGAPORE 650238		
ID Type / ID No.: NRIC NO / S7539524H			Contact No.: Home/Office:                      Mobile: 82122763		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 19/12/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Mover			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2022 22:30	Type of Location:
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YM5797L	Lorry					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220103/2046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220103/2046

**CONTINUATION OF REPORT**

Driver			
Name	SEE ENG KIAT (SHI YINGJIE)		ID No. S7539524H
Related Vehicle	YM5797L (Lorry)		Contact No. 82122763
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING AT UPPER SERANGOON TOWARDS CTE ALONG CROSS JUNCTION OF UPPER SERANGOON ROAD & TAMPINES ROAD.

I WAS DRIVING STRAIGHT ON THE 2ND LANE.

TOTAL OF 3 LANES.

THERE WAS A CAR INFRONT OF ME.

THE TRAFFIC LIGHT WAS GREEN THE CAR DRIVER ALREADY DROVE PAST THE GREEN LIGHT AND THE CAR DRIVER SUDDENLY JAM BRAKED INSIDE THE JUNCTION BOX.

I COULD NOT BRAKE IN TIME AND COLLIDED ONTO THE CAR'S REAR PORTION.

THE CAR DRIVER DRIVE INFRONT A BIT CROSS THE TRAFFIC LIGHT BY THE SIDE OF KOVAN MRT AND I FOLLOWED.

WE BOTH STOPPED AND ALLIGHTED OUR CARS AND I ASKED FOR THE CAR DRIVER'S PARTICULARS BUT THE CAR DRIVER REFUSED.

WE BOTH LEFT THE SCENE.

NOBODY WAS INJURED.

POLICE & AMBULANCE WAS NOT AT SCENE.

MY CAR SUSTAINED SLIGHT DAMAGES TO MY FRONT PORTION.

THE OTHER CAR SUSTAINED MILD DAMAGES TO IT'S REAR PORTION.

I DO NOT HAVE ANY PICTURES OR FOOTAGE OF THE ACCIDENT.

THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20220103/2046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220103/2046

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20220103/2046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

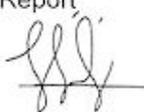
Report No. T/20220103/2046

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 TP / SC2 HAKAN SIDDIQ ONDEK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2022 13:37
Officer In Charge Of Case: TP / GIA / DSP (2) YIP YEW SENG NELSON Contact No.: 65476182	Classification Of Case:

NP168



**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 303, 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.: F04005635-C

M2300

## CERTIFICATE OF INSURANCE

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. : Z21VC05008167

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

ISUZU NPR85LU4Y  
- YM5797L

2. Name of Policy Holder

ONG LIAN HUA

3. Effective Date of the Commencement of Insurance  
for the purpose of the Act

28/08/2021

4. Date of Expiry of the Insurance

27/08/2022

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR 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:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* 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.

*Onele*

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: JOEYTAN

Date Issued: 13/08/2021