

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 22/02/2022 10:09 (SGT)
Date of Accident 27/12/2021 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 126 JOO SENG RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN1443D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VINS SERVICES PTE LTD
Company Reg No 201911264Z
Email Address WAYNE@THEVINSSERVICES.COM.SG
Mobile Phone No (Phone) +65-97238057
Alternative Phone No +65-97238057

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fm65fm1rdea
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 7545

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number Z22VC05009812
Cover Note Number -

DRIVER

Name of Driver TAN PEI WEI
NRIC No S8405804A

| | |
|--|------------------------------|
| Date Of Birth | 28/02/1984 |
| Occupation | Outdoor |
| Date Of Driving Pass | 25/01/2021 |
| Driving experience | 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97238057 |
| Alt. Phone Number | - |
| Email Address | WAYNE@THEVINSSERVICES.COM.SG |
| Address | VINS SERVICES PTE LTD |
| Address complement | - |
| Postcode | - |
| 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 | No Collision |
| 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 PLAN

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 | YP8565D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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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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

[Handwritten Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

| | |
|---|--|
| LICENSE PLATE: YN1443D | ACCIDENT DATE & TIME: 27 December 2021, 1300hrs |
| CONTACT NUMBER: 97238057 | E-MAIL ADDRESS: wayne@thevinservices.com.sg |
| LOCATION: 126 Joo Seng Road | |
| <p>We received a letter from our insurance company, Longac Insurance BHD that there was a third party claim from the owner of YP8565D.</p> <p>From the letter, we understand there was an accident involving YN1443D & YP8565D at 126 Joo Seng Road (loading bay) on 27 December 2021.</p> <p>I, I, Tan Pei Wei, IC: S8405804A was the driver on that day. I was at this location doing delivery. However, I do not have any knowledge of how the accident took place. There was no physical damage on my lorry, YN1443D.</p> | |
| <p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p> | |
| Please state: | |
| <input type="checkbox"/> Claim Own Policy | <input type="checkbox"/> Claim Third Party |
| <input type="checkbox"/> Claim OD/TP at other workshop | <input checked="" type="checkbox"/> Reporting Only |

Declaration

We declare the foregoing particulars are true in every respect.

19/2/2022, 10:29am

 Policyholder's Signature / Date & Time
 2019112642


 19/2/2022, 10:29am
 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel







