





## 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	20/04/2022 11:31 (SGT)
Date of Accident	19/04/2022 21:15 (SGT)
Exact Location of Accident	Gambas Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3296D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN LEE HENG KWAY TEOW & MEE MANUFACTURERS
Company Reg No	2XXXX600A
Email Address	kcgp8@gmail.com
Mobile Phone No	(Phone) +65-81866802
Alternative Phone No	(Office) +65-62983958

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
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	Z21VC05007781
Cover Note Number	-

#### DRIVER

Name of Driver	TAN JIT TECK, EDWIN (CHEN RIDE, EDWIN)
NRIC No	SXXXX917G

Date Of Birth	17/08/1982
Occupation	Outdoor
Date Of Driving Pass	21/10/2005
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81866802
Alt. Phone Number	-
Email Address	kcgp8@gmail.com
Address	BLK 296 YISHUN STREET 20 #04-01
Address complement	-
Postcode	760298
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	Side Swipe
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### 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	GBD994L
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUBBIAH RAJAGURU
Passport No/FIN	GXXXX417X
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

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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' 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.

萬利興標條麵廠  
BAN LEE HENG KWAY TEOW MEE MFGR  
BLK 3017 BEDOK NORTH ST. 5 #04-23  
SINGAPORE 486121  
TEL: 6298 3958, 6535 4662 (AFTER 7PM)

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

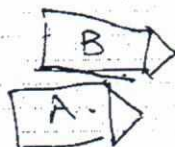
### Sketch Plan

19/04/22 @ 2115

A: GBC 3296 D

B: ASD 994 L

GAMBAS AVE



**Describe Circumstances of the Accident**

on mentioned date and time, I was driving straight along Gambas Ave on lane 1 (RH).  
Vehicle 'B' which was travelling on the centre lane swerved / encroached into my path and collided against my vehicle. Due to the collision my vehicle's whole LH side badly damaged. We took some pictures of the damaged vehicles and left the scene. No one injured due to the accident.

**Declaration**

We declare the foregoing particulars are true in every respect.

萬利興 麵條廠  
BAN LEE HENG KWAY TEOW MEE MFGR

BLK 3017 BEDOK NORTH ST. 5 #04-23

SINGAPORE 486121

TEL: 6298 3958, 6535 4662 (AFTER 7PM)

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



<b>ACCIDENT DATE &amp; LOCATION</b>		
Date & Time of Accident *	Date: 19/04/2022	Time: 2115 (24 hr format)
Exact Location of Accident *	ALONG GAMBARAS AVE	
<b>INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE</b>		
Vehicle Registration Number *	GBC 3296A	Make & Type *: TOYOTA HIACE
Name of Registered Owner *	BAN LEE HENG KWAY TEOW & MEE MANUFACTURER	
NRIC / FIN / Passport / Co Regn No. *	21415600A	
Contact Number *	6298 3958	818 66 802 Email/Fax No: kcg88@gmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken <input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only	
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of Insurance Company *	ACE / AIG / China / EQ / Etiqa / MSIG / Tokio Marine LON PAC	
Type of Policy *	(Comprehensive) / Third Party / Third Party Fire & Theft	
Policy No. (Certificate No.) / Cover Note No.		
<b>DRIVER</b>		
Name of Driver *	TAN JIT TECK EDWIN	Gender* Male / Female
NRIC / FIN / Passport Number *	S 822 69179	
Date of Birth *	17/08/1982 (dd/mm/yyyy)	
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	21/10/2005	
Contact Number *	818 66 802	
Address	BLK 296 YISHUN ST 20 #04-01 (760296)	
Email Address / Fax Number *	Email: kcg88@gmail.com Fax:	
Relationship of the Driver with the Insured *	Owner (Employee) Spouse / Friend / Others:	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision	Chain Collision (Side-Swipe) Front-to-Rear / Others:	
Weather Conditions *	Clear / Raining / Others: AFTER RAIN	
Road Surface *	(Wet) Dry / Others:	
<b>OTHER INFORMATION</b>		
Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)	
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____	
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____	
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____	
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No		
<b>DETAILS OF OTHER VEHICLE(S) / PROPERTIES</b>		
Vehicle Registration Number *	1) GBD 994 L	2)
Vehicle Make / Model / Colour	TOYOTA DYNA	
Damage to Vehicle/Property?		
Name of Driver	SUBBIAH RAJAGURU	
NRIC/Passport Number	DOB 10/06/1982 G8496417X	
Contact Number		
Address		
Insurance Company Name		
<b>DETAILS OF WITNESS</b>		
Name		
Contact No. / Email Address		



**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6260 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

**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. : Z21VC05007781

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

TOYOTA HIACE MANUAL  
- GBC3296D

2. Name of Policy Holder

BAN LEE HENG KWAY TEOW &amp; MEE MANUFACTURERS

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

12/07/2021

4. Date of Expiry of the Insurance

11/07/2022

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.

Excess

: S\$ 500.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* 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.

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: GE2101

Date Issued: 22/06/2021