

# 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 .....	28/04/2022 17:11 (SGT)
Date of Accident .....	28/04/2022 09:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHANGI AIRFREIGHT CENTRE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLK3852M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	FOONG CHAI LENG
NRIC No .....	SXXXX056C
Email Address .....	ALBERT-FOONG@BESTGLOBALLOGISTICS.SG
Mobile Phone No .....	(Phone) +65-96664042
Alternative Phone No .....	+65-96664042

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	Z22VP05030635
Cover Note Number .....	-

### DRIVER

Name of Driver .....	FOONG WEN XING
NRIC No .....	SXXXX749I

Date Of Birth .....	13/08/1997
Occupation .....	Indoor
Date Of Driving Pass .....	26/07/2017
Driving experience .....	4 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90617462
Alt. Phone Number .....	-
Email Address .....	LYCIA-FOONG@BESTGLOBALLOGISTICS.SG
Address .....	478 JURONG WEST ST 41 #05-290
Address complement .....	-
Postcode .....	640478
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/202204428/2070

#### 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 .....	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

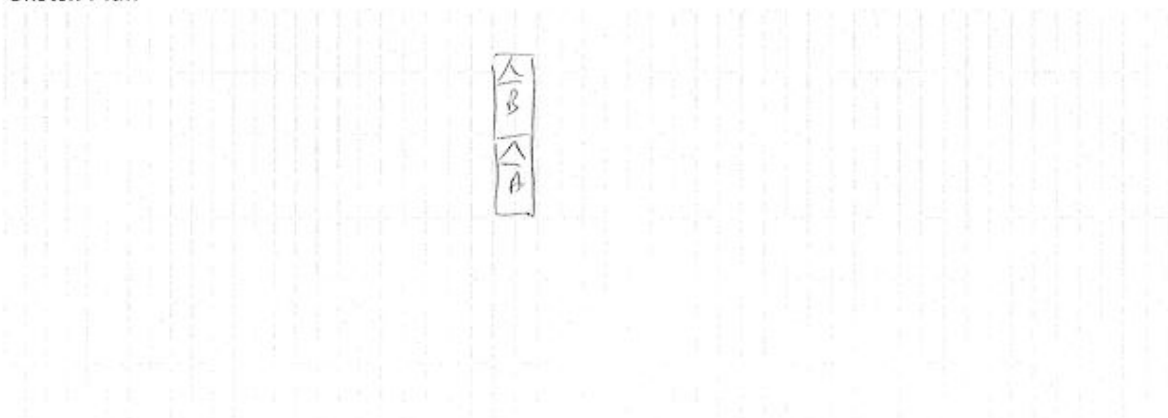
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

## Sketch Plan





# Accident report SS1Y224S000G

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Refers to police report.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20220428/2070

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20220428/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/04/2022 15:16	Vide Report No.:	Station Diary No.: 48
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**Informant's Particulars**

Name of Informant: FOONG WEN XING			Address: APT BLK 478 JURONG WEST STREET 41 #05-290 SINGAPORE 640478		
ID Type / ID No.: NRIC NO / S9726749I			Contact No.: Home/Office: Mobile: 90617462		
Nationality: SINGAPORE CITIZEN			Email: LYCIA-FOONG@BESTGLOBALLOGISTICS.SG		
Sex: Female	Age: 24	Date of Birth: 13/08/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SHIPPING COORDINATOR			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/04/2022 09:10	Type of Location: Straight Road
Location:  AIRLINE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK3852M	Car	MITSUBISHI	Lancer Ex 1.6	Grey	Slightly Damaged	0



SINGAPORE  
POLICE FORCE



T/20220428/2070

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519457  
Tel No: 1800-5852999

Report No. T/20220428/2070

CONTINUATION OF REPORT

**Brief Details.**

On the 28/4/2022 at about 9.10am, I (SLK3852M) was at the above-mentioned location. At that point of time, it was a slow-moving traffic as there was a jam at the security check area. I was at the back of a 40ft orange & navy blue trailer container. However, when the vehicle suddenly stopped, I was not able to brake in time, as such I collided onto the rear of the trailer.

I tried to chase the driver, to inform him about the accident, however my vehicle started to behave in a weird manner, as such, I went to the carpark, to park the car. The front bonnet and the registration plate was damaged, due to the impact of the accident.

I would like to state that I was not injured.





**SINGAPORE  
POLICE FORCE**



T/20220428/2070

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519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20220428/2070

**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:  
G /  
Other AMAL NADHIRAH BINTE  
JUFRI

*Yael*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Other SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Signature Of Informant:

*[Signature]*

Date/Time:  
28/04/2022 15:16

Classification Of Case:

NP168