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 witholding 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	27/06/2022 11:08 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 17:30 (SGT)
Exact Location of Accident	57 Ubi Ave 1, Singapore 408936
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2963Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GEE HOE SENG PTE. LTD.
Company Reg No	2XXXXX350W
Email Address	eric@ghs.sg
Mobile Phone No	(Phone) +65-96661758
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	FVR34UUQDC
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	7790

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z/22VC00/113278

DRIVER

Name of Driver	CHIAN CHONG NIENG
Passport No/FIN	GXXXX722R
Date Of Birth	03/03/1992
Occupation	Outdoor

Date Of Driving Pass	14/09/2021
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83163691
Alt. Phone Number	-
Email Address	eric@ghs.sg
Address	BLK 344 UBI AVE 1
Address complement	#10-1109
Postcode	400344
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNE5044Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-88549335

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.

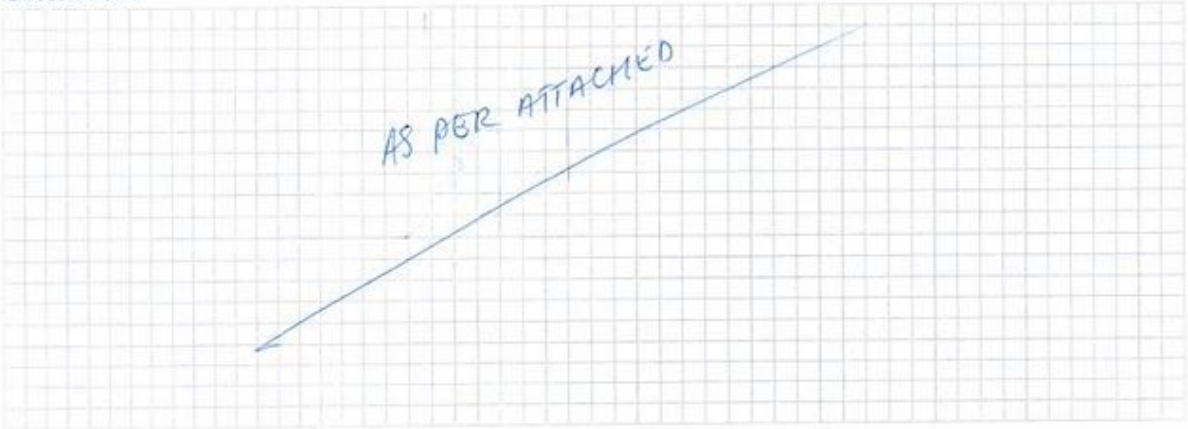
(collectively the "**Purposes**")

(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.

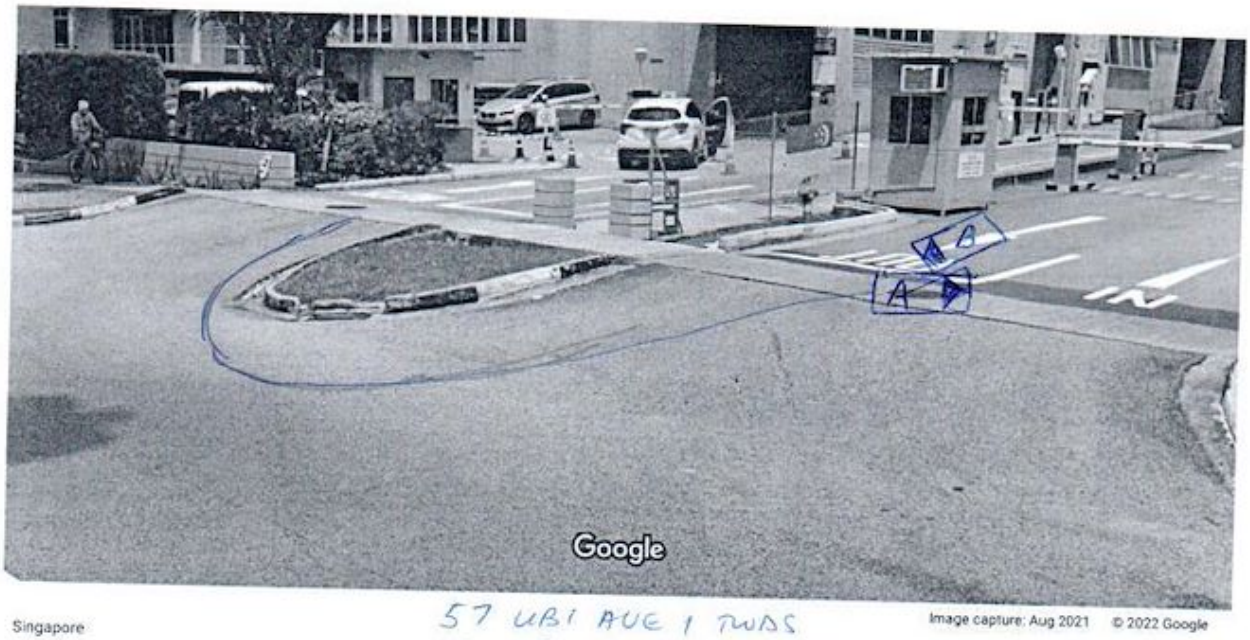
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel ROSLINDA BINTE A. WAHAB 27/06/22

Sketch Plan



6/27/22, 10:06 AM 59 Ubi Ave 1 - Google Maps

Google Maps 59 Ubi Ave 1



Singapore

Google

Street View - Aug 2021

Image capture: Aug 2021 © 2022 Google

57 UBI AVE 1 TWAS
59 UBI AVE 1
A - XE 29639
B - SME 5044Z

https://www.google.com.sg/maps/@1.3254114,103.894695,3a,25.2y,122.75h,80.09t/data=!3m6!1e1!3m4!1sRSum7I5X1fXKBdUHGBEr_w!2e0!7i1... 1/1

Describe Circumstances of the Accident

I was travelling from 57 Ubi Ave 1 towds 59 Ubi Ave 1 while entering into at 59 Ubi Ave 1 my veh grazed onto veh B front left portion.

Declaration

We declare the foregoing particulars are true in every respect.

GEE HOE SENG PTE. LTO.

Policyholder's Signature / Date & Time

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

ROSLINDA BINTE A. WAHAB

Witnessed by Reporting Centre Personnel 27/06/22

IMAGES

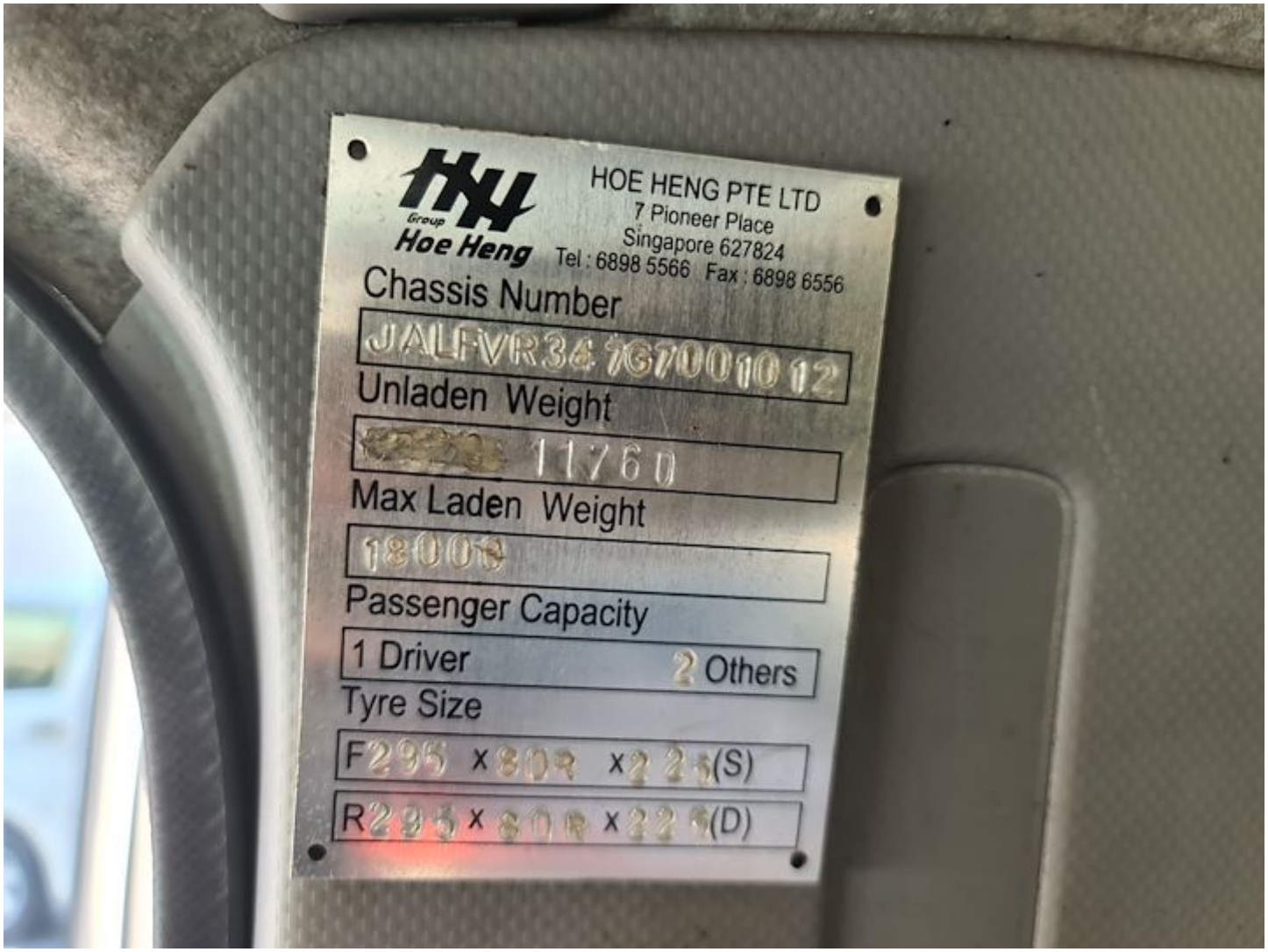
IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


HOE HENG PTE LTD
7 Pioneer Place
Singapore 627824
Tel : 6898 5566 Fax : 6898 6556
Hoe Heng
Chassis Number
Unladen Weight
11760
Max Laden Weight
Passenger Capacity
1 Driver
Others
Tyre Size
(S)
(D)

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SN09226R0003 Vehicle Registration No: XE2963Y

Name (as shown in NRIC): CHIAN CHONG NIENG NRIC/FIN/Passport No: G2625722R

(*Vehicle Driver/~~Vehicle Owner~~) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 8316 3691

Email Address: _____

Date of Accident: 24/06/2022 Time of Accident: 17:30Hrs

Place of Accident: 57 Ubi Ave 1, Singapore 408936

Insurance Company: Lonpac Insurance Bhd

(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:

The date of accident should be 24/06/2022 instead of 25/06/2022 That' s all.

Policyholder / Driver's Signature
Date:

alyssa 30/06/22

Reporting Centre Personnel's Signature
Name: ROSLINDA
NRIC/FIN No.:
Date: 30/06/22

GIARMC Addendum Form