

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	12/07/2022 19:07 (SGT)
Reported by	Driver
Date of Accident	10/07/2022 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OLD CHOACHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2245C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OR KIM PEOW CONTRACTORS (PTE) LTD
Company Reg No	1XXXXX891R
Email Address	annie@okph.com
Mobile Phone No	(Phone) +65-63671960
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	FRR90SUQA-C
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	5193

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z/21/VC00/112555

DRIVER

Name of Driver	VELU ASAITHAMBI
Passport No/FIN	FXXXX696Q
Date Of Birth	14/08/1977
Occupation	Outdoor

Date Of Driving Pass	11/09/2013
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84596809
Alt. Phone Number	-
Email Address	annie@okph.com
Address	C/O OR KIM PEOW CONTRACTORS (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	Collision - Change/cross lane
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)	41
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	-

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

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 ATTACHED.

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 SMC1834J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver SEOW JOO HONG(XIAO YUHONG)
 NRIC No SXXXX117B
 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

VEH NO YN 2245C
INSURER Lompac
DATE OF ACC 10/7/22 @ 17:25

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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

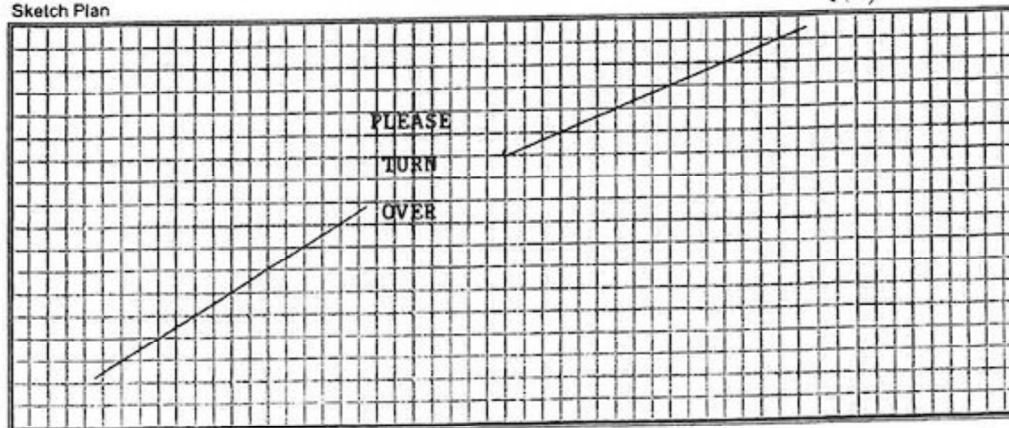
[Signature]

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) *(45)*

Sketch Plan



Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_ _ _ _ _)

Sketch Plan

A: YN2245C
B: SMC1834J
Seow Joo Hong
(Xiao YuHong)
S7236117B

Old Choa Chu Kang Rd
X
Lamp post 64

I was travelling straight on the extreme right lane along Old Choa Chu Kang Road. Out of sudden, car B who was driving in the middle lane cut into my lane abruptly without warning. I stamped on my brakes but could not avoid the collision and my vehicle skidded towards the center kerb but luckily I managed to stop in time and didn't hit onto the kerb. Next I called for Traffic Police and ambulance assistance but no one was conveyed to hospital. Police officer advised need not do any police report as there was no one injured.

Declaration
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

(45)

2