

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	05/07/2022 14:17 (SGT)
Reported by	Driver
Date of Accident	05/07/2022 08:20 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	BEFORE EXIT 11 (TURF CLUB AVE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9974K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAMWOH PREMIX PTE. LTD
Company Reg No	199703387Z
Email Address	grp.insurance@samwoh.com.sg
Mobile Phone No	(Phone) +65-63689472
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B300462286MKC

DRIVER

Name of Driver	Neo Ek Wah
NRIC No	S1208353Z
Date Of Birth	04/09/1955
Occupation	Outdoor

Date Of Driving Pass	14/07/1976
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-96351318
Alt. Phone Number	-
Email Address	grp.insurance@samwoh.com.sg
Address	474 SEMBAWANG DRIVE
Address complement	-
Postcode	750474
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	Chain 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	3
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

REFER TO 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	YN8858U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	ADAIKKAN ATHARAMILAGI
Work Permit No	G6518947Q

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT DAMAGE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBL4157T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DESMOND WONG
NRIC No	S9176815A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR WIND GLASS SHATTERED
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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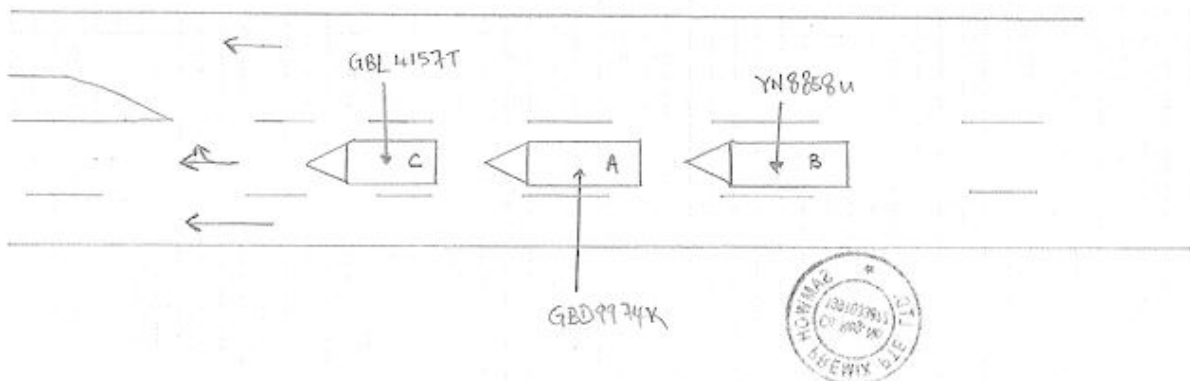
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Declaration

We declare the foregoing particulars are true in every respect.

6



























H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel: 6457 0678 Fax : 6457 8287

Co .GST Reg No: 200820153N

PROFORMA INVOICE

Date : 19-July-2022

Invoice No : HC/P/4062

Vehicle No. : GBD 9974 K

Make/Model : Mitsubishi Canter FEA01BR2SDEB (CBU)

Date of Accident : 05-July-2022

Year of Manufacture : 2015

Chassis No. : FEA01BA10058

Colour : White

Name : M/s Samwoh Premix Pte Ltd

Address : C/o 160 Sin Ming Drive
#05-09 Sin Ming Auto City
Singapore 575722

To supply spare parts, labour charges, spray painting and miscellaneous: -

Total Lump Sum Repair S\$ 16,720.00

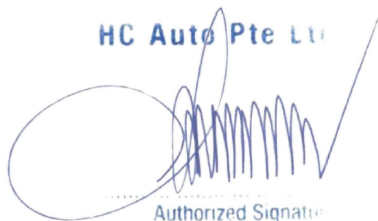
Add: 7% GST S\$ 1,170.40

Total S\$ 17,890.40

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Singapore dollars: Seventeen thousand eight hundred ninety and cents forty only.

HC Auto Pte Ltd



Authorized Signature



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INVOICE

HC Auto Pte. Ltd.
160 Sin Ming Drive
#05-09, Sin Ming Auto City
Singapore 575722
On behalf of Samwoh Premix Pte. Ltd.

Invoice No : 220039
Date : 20.07.2022

Being:		
Survey Fees (including 83 photographs and transport charges)		\$ 948.00
S'pore Dollars : Nine Hundred and Forty-Eight only.		<u>\$ 948.00</u>
Our Reference No. : RW/0039/22TP		
Vehicle No. : GBD 9974 K		

SURVEYED WITHOUT PREJUDICE

RICHARD WONG
(Licensed Appraiser)



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Samwoh Premix Pte. Ltd.
c/o HC Auto Pte. Ltd.
160 Sin Ming Drive
#05-09, Sin Ming Auto City
Singapore 575722

Report No : RW/0039/22TP
Date : 20.07.2022

VEHICLE INSPECTION REPORT

REFERENCE

Requested by : Workshop, owner's behalf
Date of Request : 07.07.2022
Date of Accident : 05.07.2022
Date of Inspection : 07.07.2022
Inspected at : HC Auto Pte. Ltd.
160 Sin Ming Drive, Sin Ming Auto City
#05-09, Singapore 575722

VEHICLE DETAILS

Vehicle No.	: GBD 9974 K	Make & Model	: Mitsubishi Canter
Year Make	: 2015	Colour	: White
Engine No.	: 4P10B39108	Chassis No.	: FEA01BA10058
Engine Capacity	: 2998 cc	Mileage	: 163,727 km
Air-Con	: Yes	Radio/CD/Cassette	: Yes
Seat Belt	: Yes	Rims	: Standard

GENERAL CONDITION OF VEHICLE

General Condition	: Good	Modification	: Nil
Brakes	: Serviceable	Handbrake	: Serviceable
Steering	: Serviceable		

<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Rim</u>	<u>Tread Balance</u>
Front Right	Falken	195 R15	Standard	7 mm
Front Left	Falken	195 R15	Standard	7 mm
Rear Right	Falken	195 R15	Standard	6 mm
Rear Left	Falken	195 R15	Standard	6 mm

ASSESSMENT

	<u>Repairer's Estimate</u>	<u>Recommendation</u>
Spare Parts	: \$ 21,042.00	\$ 16,577.61
Labour Charges	: \$ 3,270.00	\$ 2,570.00
Paint Work	: \$ 2,000.00	\$ 1,750.00
Towing Charges	: \$ -	\$ -
Total	: <u>\$ 26,312.00</u>	<u>\$ 20,897.61</u>
Recommend lump sum repairs	: \$ 16,720.00	
Reduction	: <u>\$ 9,592.00</u>	
Estimated Period Required for Repair	: <u>10 days</u>	



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ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

Vehicle No: GBD 9974 K

Report No.: RW/0039/22TP

<u>S/No</u>	<u>QTY</u>	<u>Description</u>	<u>Condition/ Remarks</u>	<u>Repairer's Estimates</u>	<u>My Recommendation</u>
<u>REPLACEMENT OF DAMAGED PARTS</u>					
1)	1	Front bumper	Dented/Bent	\$ 2,453.12 N	\$ 2,453.12
2)	2	Front bumper brackets	Dented	\$ 687.48 N	\$ 687.48
3)	2	Front bumper sides	Distorted	\$ 229.56 N	\$ 229.56
4)	1	Front bumper cover	Distorted	\$ 213.37 N	\$ 213.37
5)	1	Front panel	Dented	\$ 652.00 N	\$ 652.00
6)	1	Front panel 'Mitsubishi' logo	Necessary	\$ 58.00 N	\$ 58.00
7)	1	Front panel 'Fuso' emblem	Necessary	\$ 128.00 N	\$ 128.00
8)	1	Front grille	Cracked	\$ 823.00 N	\$ 823.00
9)	2	Front headlamps	Cracked	\$ 2,508.50 N	\$ 2,508.50
10)	2	Front side lamps	Cut	\$ 422.58 N	\$ 422.58
11)	2	Front side panels	Dented	\$ 1,643.74 N	\$ 1,643.74
12)	1	Front side mirror LH	Cracked	\$ 202.00 N	\$ 101.00
13)	2	Front side mirror brackets	Bent	\$ 908.00 N	\$ 908.00
14)	1	Front windscreen glass	Serviceable	\$ 1,231.37 N	\$ -
15)	1	Front windscreen glass rubber	Necessary	\$ 492.05 N	\$ 492.05
16)	1	Front wiper garnish	Distorted	\$ 378.00 N	\$ 378.00
17)	2	Front wiper arms	Bent	\$ 384.00 N	\$ 384.00
18)	1	Front wiper link	Bent	\$ 287.00 N	\$ 287.00
19)	1	Front wiper motor	Dented	\$ 523.00 N	\$ 523.00
20)	1	Dashboard	Serviceable	\$ 877.00 N	\$ -
21)	1	Air con blower motor	Cracked	\$ 698.00 N	\$ 698.00
22)	1	Air con cooling coil assy	Serviceable	\$ 832.00 N	\$ -
23)	1	Air con heater assy	Serviceable	\$ 933.00 N	\$ -
24)	1	Rear tail gate	Dented	\$ 1,298.70 N	\$ 1,298.70
25)	2	Rear tail gate hinges	Dented	\$ 226.00 N	\$ 226.00
26)	2	Rear tail lamp brackets	Bent	\$ 310.00 N	\$ 310.00
27)	1	Rear exhaust box	Repairable	\$ 819.40 N	\$ -
28)	2	Rear rubber stoppers	Cut	\$ 65.00 N	\$ 65.00
29)	1	Rear number plate lamp	Cracked	\$ 36.59 N	\$ 36.59
30)	1	Rear end panel	Dented	\$ 385.00 N	\$ 385.00
31)	2	Rear tail lamps	Cracked	\$ 495.60 N	\$ 495.60
32)	2	Rear tail lamp housings	Dented	\$ 333.40 N	\$ 333.40
33)	2	Rear tail gate angle brackets	Bent	\$ 385.70 N	\$ 385.70
34)	2	Rear tail gate angle bracket stoppers	Cut	\$ 65.40 N	\$ 65.40
				<u>\$ 21,985.56</u>	<u>\$ 17,191.79</u>
Less 10%				<u>\$ 2,198.56</u>	<u>\$ 1,719.18</u>
				<u>\$ 19,787.00</u>	<u>\$ 15,472.61</u>



Vehicle No: GBD 9974 K

Report No.: RW/0039/22TP

		Balance brought forward		\$ 19,787.00		\$ 15,472.61
35)	1	Front windscreen glass rubber	Necessary	\$ 280.00	SN	\$ 280.00
36)	1	Front windscreen 'IU' bracket	Not necessary	\$ 80.00	SN	\$ -
37)	1	Front number plate	Dented	\$ 70.00	SN	\$ 35.00
38)	1	Rear number plate	Dented	\$ 70.00	SN	\$ 35.00
39)	1	Rear tail gate 'Mitsubishi' lettering	Necessary	\$ 285.00	SN	\$ 285.00
40)	1	Rear '60km/h' sticker	Necessary	\$ 10.00	SN	\$ 10.00
41)	1	Rear '12 pax' sticker	Necessary	\$ 10.00	SN	\$ 10.00
42)	1	Rear step bracket	Bent	\$ 350.00	SN	\$ 350.00
43)	2	Front and rear green stickers	Necessary	\$ 100.00	SN	\$ 100.00
Total (Parts):				\$ 21,042.00		\$ 16,577.61

LABOUR CHARGES

44)	Cut out, replace and weld rear end panel and front body panel. Panel beat rear side gates. Straighten front and rear chassises. Remove and replace all damaged parts.	\$ 1,800.00	\$ 1,500.00
45)	Check wiring and lightings.	\$ 160.00	\$ 80.00
46)	Remove and reinstall rear windscreen glass to enable repair.	\$ 160.00	\$ 140.00
47)	Remove and reinstall in car camera.	\$ 160.00	\$ 120.00
48)	Remove and reinstall front dashboard to enable repair.	\$ 280.00	\$ 200.00
49)	Remove and reinstall air cond cooling coil and heater.	\$ 350.00	\$ 250.00
50)	Remove and reinstall air cond condenser and recharge gas (134a).	\$ 160.00	\$ 120.00
51)	Rust proofing treatment on affected area.	\$ 200.00	\$ 160.00
52)	Spray painting on affected area.	\$ 2,000.00	\$ 1,750.00
Total (Labour):		\$ 5,270.00	\$ 4,320.00

Total:	<u>\$ 26,312.00</u>	<u>\$ 20,897.61</u>
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Vehicle No: GBD 9974 K

Report No.: RW/0039/22TP

POINT OF IMPACT

At the front and rear portion of the vehicle.

RECOMMENDATION

The vehicle was inspected thoroughly based on the repairer's estimate against the actual damages found on the vehicle. My findings and recommendation are listed as per attached.

My adjusted amount for the cost of repair is **\$20,897.61.**

CONCLUSION

The repairer has agreed to undertake repairs at a lump sum of **\$16,720.00** corresponding to labour charges, spray painting and replacement of parts.

SURVEYED WITHOUT PREJUDICE

A handwritten signature in black ink, appearing to read 'Richard Wong'.

RICHARD WONG
(Licensed Appraiser)



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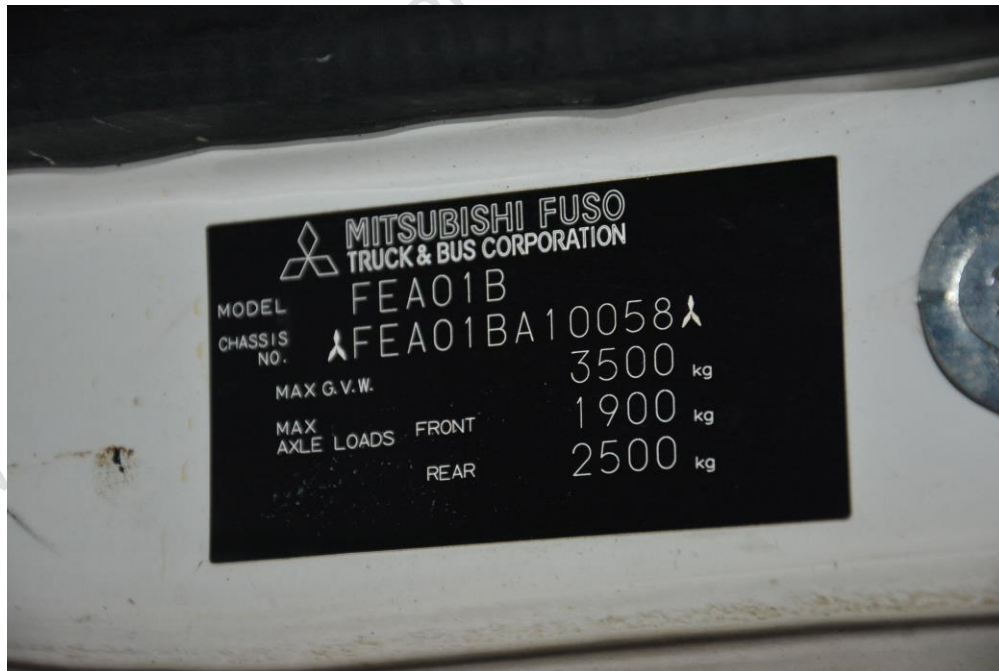
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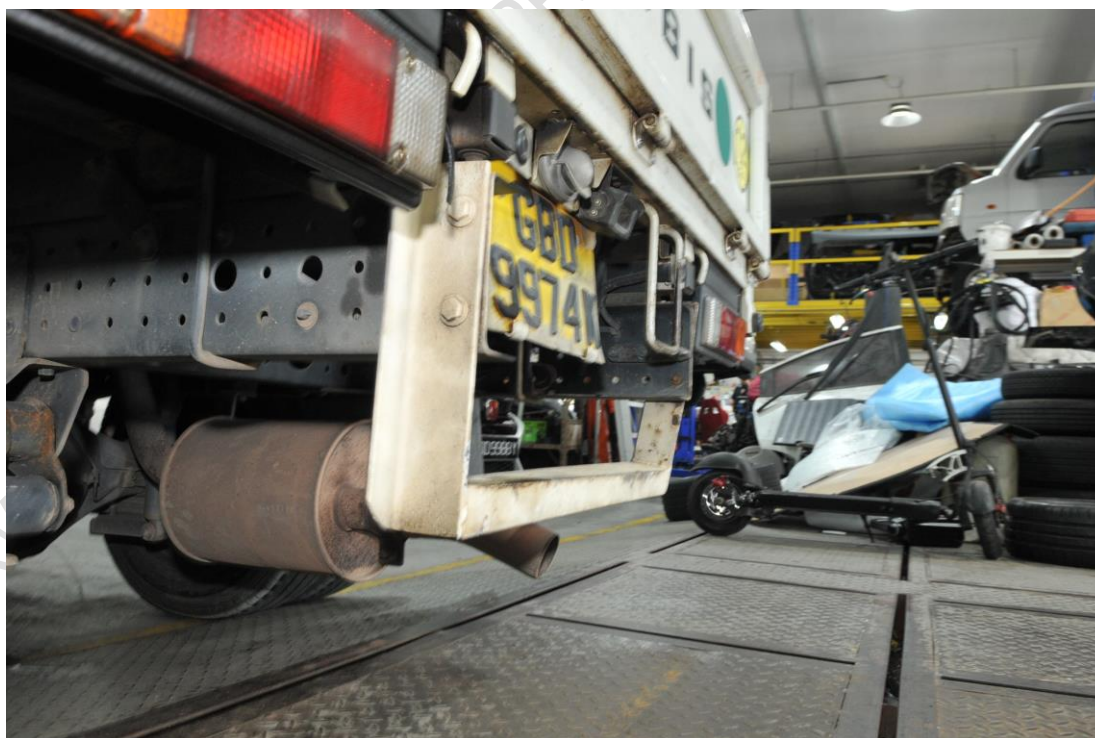
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Tel +65 6996 9988 Hp: +65 8338 9988

Email: rw9988@yahoo.com Reg. 52821270B





RW AUTOMOTIVE APPRAISERS SERVICES

(Licensed Appraisers & Claims Adjusters)

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256 Bishan St. 22 #12-472 Singapore 570256

Tel +65 6996 9988 Hp: +65 8338 9988

Email: rw9988@yahoo.com Reg. 52821270B



Your Ref : YN 8858U
Our Ref : **GBD 9974K/HCA**
Date : 5 July 2022

Fax : **6538 3708**
Tel : **3152 0994**
Email : **accident@kscgp.com**

Lonpac Insurance Bhd

BY EMAIL ONLY

DATE OF ACCIDENT: 5 JULY 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of GBD 9974K to notify you of a road traffic accident on 5 July 2022 at about 8.20 am along SLE before exit 11 (Turf Club Ave), involving our client's vehicle registration number GBD 9974K and vehicle registration number **YN 8858U** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

ym

Enc.

Your Ref : YN 8858U
Our Ref : **GBD 9974K/HCA**
Date : 5 July 2022

Fax : 6538 3708
Tel : 3152 0994
Email : accident@kscgp.com

Lonpac Insurance Bhd

BY EMAIL ONLY

DATE OF ACCIDENT: 05 JULY 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Surveyor
1.	Richard Wong of RW Automotive Appraisers Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : HC Auto Pte Ltd
160 Sin Ming Drive
#05-09 Sin Ming Auto City
Singapore 575722

Contact Person/Tel : Joe (Tel: 9457 0678)

Yours faithfully,

ym

Your Ref : YN 8858U

Our Ref : **GBD 9974K/HCA**

Date : 5 July 2022

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 14/07/2022

Your Ref No: JN/YM/22/4858/HCA

Dear Sir/Madam,

Date of Accident: 05/07/2022 00:00 (SGT)

Vehicle No: GBD9974K

Place of Accident: Near SLE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
YN8858U	Near SLE, Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 06/07/2022 11:19 (SGT)
Reported by Driver
Date of Accident 05/07/2022 08:20 (SGT)
Exact Location of Accident Near SLE, Singapore
Additional Location Information SLE TOWARDS BKE EXIT 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN8858U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MARCO SOLUTIONS PTE LTD

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant -
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z21VC05008161

DRIVER

Name of Driver ADAIKKAN ATHARAMILAGI
Work Permit No G6518947Q
Address 11 TUAS AVE 10
Address complement #02-09
Postcode 639135
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD9974K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver NEO EK WAH
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBL4157T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver DESMOND WONG
Insurance Company Name -

SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

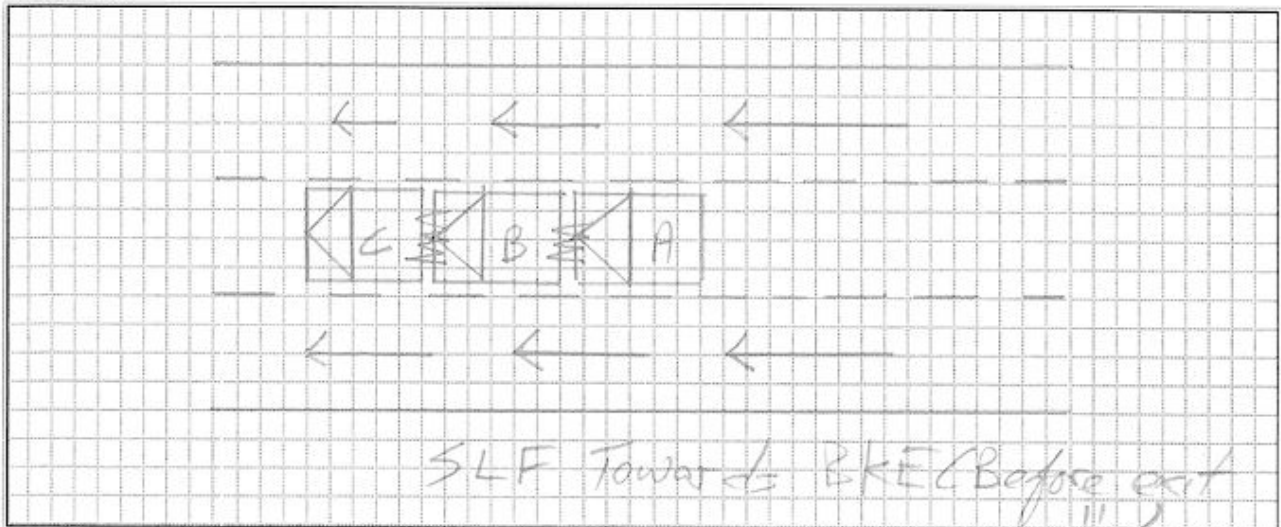
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
20120608

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to Police

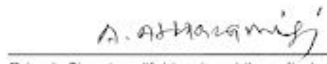
Report No

T/20220705/2038

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)













**SINGAPORE
POLICE FORCE**



T/20220705/2038

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20220705/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2022 13:27		Vide Report No.:		Station Diary No.: 72	
Informant's Particulars					
Name of Informant: ADAIKKAN ATHARAMILAGI			Address: 11 TUAS AVENUE 10 #02-09 SINGAPORE 639135		
ID Type / ID No.: FIN NO / G6518947Q			Contact No.: Home/Office: Mobile: 93425074		
Nationality: INDIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 12/04/1975	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2022 08:20	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
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
GBD9974K	Lorry	MITSUBISHI	CANTER FEA01BR2S DEB (CBU)	White	Slightly Damaged	0
GBL4157T	Van	NISSAN	NV200 1.6 (A) PETROL	Black	Seriously Damaged	0
YN8858U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220705/2038

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20220705/2038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO EK WAH	ID No.	S1208353Z
Related Vehicle	GBD9974K (Lorry)	Contact No.	96351318
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	DESMOND WONG	ID No.	S9176815A
Related Vehicle	GBL4157T (Van)	Contact No.	96710521
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ADAIKKAN ATHARAMILAGI	ID No.	G6518947Q
Related Vehicle	YN8858U (Lorry)	Contact No.	93425074
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/07/2022 at about 0820hrs, I was driving my company (MACRO PROJECTS PTE LTD) lorry (V1: YN8858U) along SLE towards BKE exit 11 for work. A lorry in front of me (V2: GBD9974K) suddenly braked and I had to e-brake to avoid hitting him. However, it was not enough and the front of V1 collided into V2's rear which pushed V2 forward, causing V2 to hit a van (V3: GBL4157T) in front of it. No one was injured. V1 suffered a dented front bumper while V2 suffered some slight damages and V3's rear window was shattered. V1, V2 and V3 then stopped at the side of the road to exchange particulars and we then left the scene.

**SINGAPORE
POLICE FORCE**

T/20220705/2038

4 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220705/2038

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:

J /
SCCPL BARTOLOME
FERNANDO III ALMARINEZ

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/07/2022 13:27

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168


LONPAC INSURANCE BHD (598FC5635C)

(Incorporated in Malaysia)

Singapore Office: 100, Beach Road #17-04-07, The Concourse, Singapore 189555.

Tel: (65) 6250 7388 Fax: (65) 6295 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.: Z21VC05008161

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

 MITSUBISHI CANTER FE021ER4SDEB (CBU)
 - YN8858U

2. Name of Policy Holder

MACRO SOLUTIONS PTE LTD

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

27/08/2021

4. Date of Expiry of the Insurance

26/08/2022

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 WHILEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$ 1,400.00 (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 2 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.

H.P. Owner: HITACHI CAPITAL SINGAPORE PTE LTD

 CHIEF EXECUTIVE
 (Singapore Branch)

User ID: TI2002

Date Issued: 13/08/2021



Thank you


You have successfully logged out.

Your last login date and time was 05 Jul 2022, 15:25:01.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(\$\$) 	Log Date/Time 
1	Vehicle	YN8858U	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	05 Jul 2022 /

Enquire Vehicle's Insurance Particulars (As At 05 Jul 2022 / 08:20:00)

Vehicle No.:

YN8858U

Make Description/Model:

**MITSUBISHI / CANTER FEB21ER4SDEB
(CBU)**

Insurance Company Name:

LONPAC INSURANCE BHD

Business Transaction Reference No.:

20220705152739779589

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).