

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 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 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 26/08/2022 19:11 (SGT)
Reported by Driver
Date of Accident 26/08/2022 11:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information HENDERSON RD TWDS BUKIT MERAH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH4540R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TC IMPORT & IMPORT PTE LTD
Company Reg No 1XXXXX318Z
Email Address liyun@tcimpexp.com.sg
Mobile Phone No (Phone) +65-96630149
Alternative Phone No (Office) +65-67588585

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05011858

DRIVER

Name of Driver SUN ZHEN
Passport No/FIN GXXXX418R
Date Of Birth 22/11/1987
Occupation Outdoor

Date Of Driving Pass	24/07/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85691518
Alt. Phone Number	-
Email Address	liyun@tcimpexp.com.sg
Address	C/O TC IMPORT & IMPORT 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	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	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

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	SLN6067C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE KOK WAH
NRIC No	SXXXX589H

Contact Number	(Phone) +65-90305655
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE9204B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM THIAM HUAT
NRIC No	SXXXX544G
Contact Number	(Phone) +65-81818366
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

VEH NO: GBH 4540R
 INSURER: LONPAC
 DATE OF ACC: 26/08/22 11:35am

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.

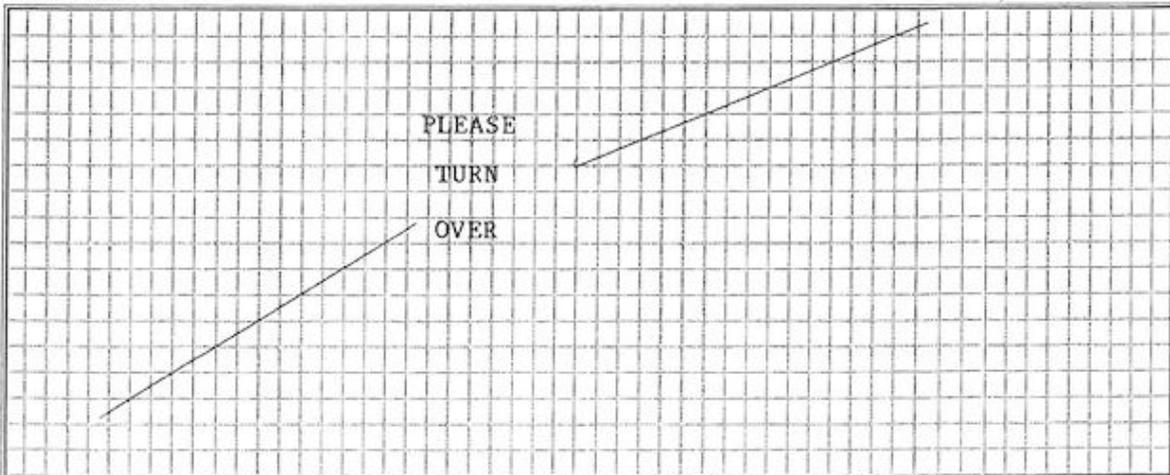


Policyholder's Signature / Date & Time

Sun ~~26~~ 26/8/22
 Driver's Signature (if driver is not the policyholder) / Date & Time

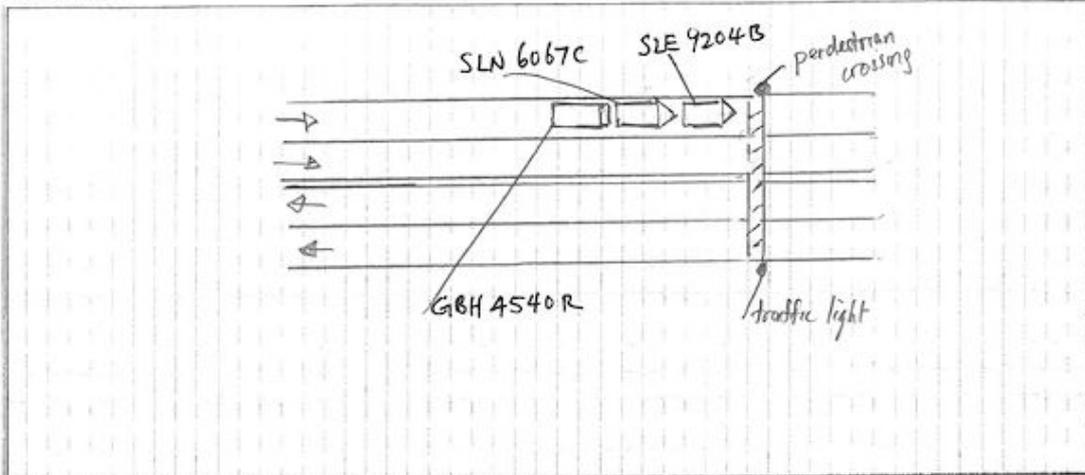
[Signature] 26/8/22
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (WL)

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



I was driving along Henderson Road, going towards Jalan Bukit Merah, suddenly the vehicle (SLN 6067C) stopped. I tried to stop, but could not stop in time, Thus I hit on to the vehicle in front.

when I get down to check, I noticed that there was another vehicle (S2E 9204B) involved in this accident.

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

 _____
 Policyholder's Signature / Date & Time

_____ 26/8/22
 Driver's Signature (if driver is not the policyholder) / Date & Time

_____ 26/8/22
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
 (WL)













42 Senoko Drive Singapore 758226 | Tel +65 6758 8585 | Fax +65 6758 3228 | www.tcimpexp.com

LETTER OF AUTHORIZATION

Date: 26/8/2022

To: LONPAC

Dear Sir / Madam

Re: Accident Involving GBH4540R & SLN6067C along Henderson Road.

The Toyota Dyna is registered to TC IMPORT & EXPORT PTE LTD.

Mr Sun Zhen, NRIC/FIN No.G5436418R, is employed by our company TC IMPORT & EXPORT PTE LTD and is authorised to drive and make report for GBH4540R.

Should you require any information, please contact the undersigned Mr. Soh Chun Guan at 67588585.

Thank You

Yours Faithfully

Soh Chun Guan

Manager

