

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	08/12/2022 09:36 (SGT)
Reported by	Driver
Date of Accident	02/12/2022 11:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMEI AVE TURNING RIGHT INTO CHANGI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6461H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPEEDY INDUSTRIAL SUPPLIES PTE LTD
Company Reg No	1XXXXX997W
Email Address	tasty112233@gmail.com
Mobile Phone No	(Phone) +65-67434117
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	FD7JJMA-HAS
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	6403

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011315

DRIVER

Name of Driver	TEO CHIN CHUAN
NRIC No	SXXXX412G
Date Of Birth	06/06/1984
Occupation	Outdoor

Date Of Driving Pass	20/08/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90255240
Alt. Phone Number	-
Email Address	tasty112233@gmail.com
Address	BLK 523 BEDOK NORTH ST 3
Address complement	#02-362
Postcode	460523
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)	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?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3465Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	HAIRI BIN SEHAT

Passport No/FIN	GXXXX186K
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**

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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.

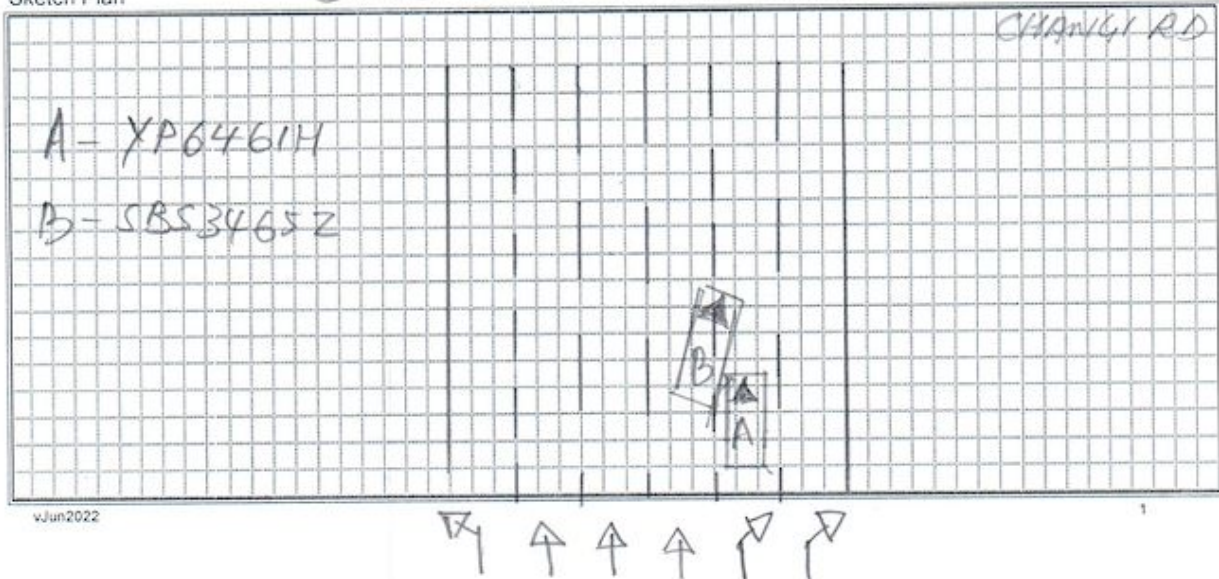


Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

I was travelling inside my turning right lane at Simei Ave turning right into Upp Changi Road. Suddenly veh B from left lane cut into my lane and hit onto my left side mirror.

Declaration

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



Policyholder's Signature / Date & Time

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

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













ANNEX E

NOTICE OF REPORTING

This is to confirm that Teo Chin ChuanNRIC / FIN S8416412G , has reported to the Police a non-injury traffic accident which occurred at Upper Changi RoadOn 02/12/2022 at 11.10 a.m. involving the following vehicles:YP6461H & SBS3465Z

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: SI SuffianDate: 03/12/2022 Time: 1250hrsS/D Ref: 2Police Post/ Unit: Kaki Bukit NPP

Kaki Bukit NPP
Block 526 Bedok North Street
#01-418 Singapore 460526
Tel: 1800-4479936

Original – To be issued to informant

Duplicate- to be submitted to Traffic Police