

# 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 ..... 25/01/2023 16:29 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 20/01/2023 16:20 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TOWARDS TUAS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ76X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TIONG LIAN FOOD PTE LTD  
Company Reg No ..... 2XXXXX109M  
Email Address ..... tltrspt@gmail.com  
Mobile Phone No ..... (Phone) +65-62666166  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR85UH5A  
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 ..... 2999

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Policy Number / Cover Note Number ..... Z22VC05009425

### DRIVER

Name of Driver ..... LIU QIFENG  
Passport No/FIN ..... GXXXX349X  
Date Of Birth ..... 07/12/1989  
Occupation ..... Outdoor

Date Of Driving Pass .....	09/05/2019
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87376927
Alt. Phone Number .....	-
Email Address .....	tltrspt@gmail.com
Address .....	202 PANDAN LOOP
Address complement .....	-
Postcode .....	128390
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 - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Wet

#### 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

PLEASE 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

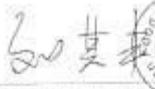
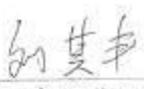
Vehicle Registration Number .....	SMH3202T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

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

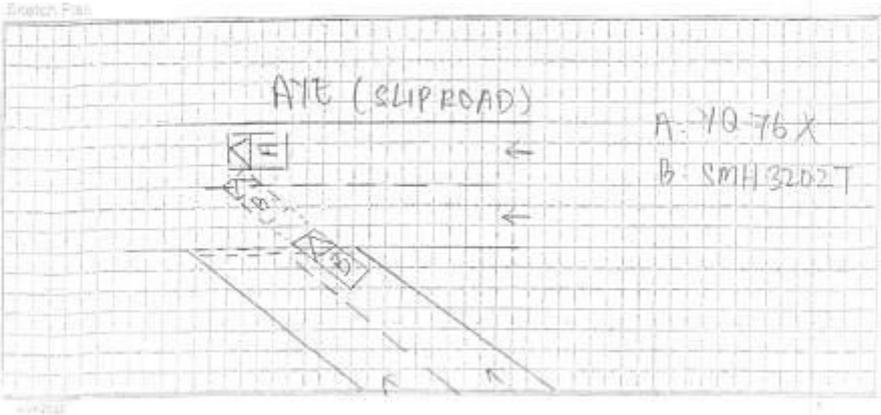
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the make of the vehicle involved in the claim provided.
2. The form must be submitted to the Police under the Police Order.
3. Information provided must be as correct and complete as possible. Any willful misrepresentation or withholding of material facts may cause multiple companies to be applied for coverage.
4. The issue and enforcement of this form by insurance companies is not an admission of public 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 to the Insurers in the GIA Roadside Motorists' Claims Scheme established by the General Insurance Association of Singapore (GIA) for processing and settlement of the claim and for it to be made available upon application to interested parties.
7. In the assignment of the report to the network, you hereby consent to the archiving of the report at the centre and to copies of the report being made available elsewhere.
8. Covered under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My insurer, my insurer and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal information set out in this form and any other personal information provided by me or published by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insureds and their insured vehicles involved in the accident (s) involved (s) who have motor vehicles involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyer law firm, the Secretary 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
      - (ii) investigating the accident and/or my claim;
      - (iii) carrying out and/or dealing with the settlement or according to my insurer by me;
      - (iv) administering my claim, including the making of concessions, statements, invoices, records of losses to me, which could involve disclosure of certain personal data about me or my driving safety of the same as well as on the external cover of an envelope (s) package(s); and/or
      - (v) handling with applicable law in administering, processing, handling and/or dealing with my claim, (collectively the "Purposes");
    - (ii) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer law firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
    - (iii) my Personal Information may be supplied by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyer law firm), which may be used 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 Carpal Passant (Name as in ARICCO card)



Describe Circumstance of the Accident

On 20/01/23, at about 16:20hrs, I was travelling along the slip road of A75 (Twas). I was driving straight on the right lane. Out of a sudden, vehicle B dashed out from the filter-lane and collided onto my vehicle's left portion.

Declaration

We confirm the foregoing particulars are true in every respect.

20 1/23  


Person's Signature / Date & Time

20 1/23

Actual Driver's Signature (if different to the person's)  
(Date & Time)

Witness by Reporting Centre Personnel  
(Name as in MR/CD card)

  
20/01/2023







