





## 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 .....	10/02/2023 16:57 (SGT)
Reported by .....	Driver
Date of Accident .....	09/02/2023 13:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AMK AVENUE 8 OPPOSITE ESSO STATION
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GN3840R
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LAM THONG CORPORATION PTE LTD
Company Reg No .....	1XXXXX620G
Email Address .....	hua@lamthong.com.sg
Mobile Phone No .....	(Phone) +65-67460266
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Urvan
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2953

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22-MR002626-R02

#### DRIVER

Name of Driver .....	NEO KOK HUA
NRIC No .....	SXXXX692G
Date Of Birth .....	04/02/1961
Occupation .....	Outdoor

Date Of Driving Pass .....	09/04/1981
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98754247
Alt. Phone Number .....	-
Email Address .....	hua@lamthong.com.sg
Address .....	APT BLK 230 SIMEI STREET 4
Address complement .....	# 10-184
Postcode .....	520230
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 .....	Side Swipe
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

PLEASE REFER TO THE ATTACHED 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 .....	GBL5544C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LIM CHYE JEE
NRIC No .....	SXXXX237Z

Contact Number .....	(Phone) +65-98949850
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## SKETCH PLAN

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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.



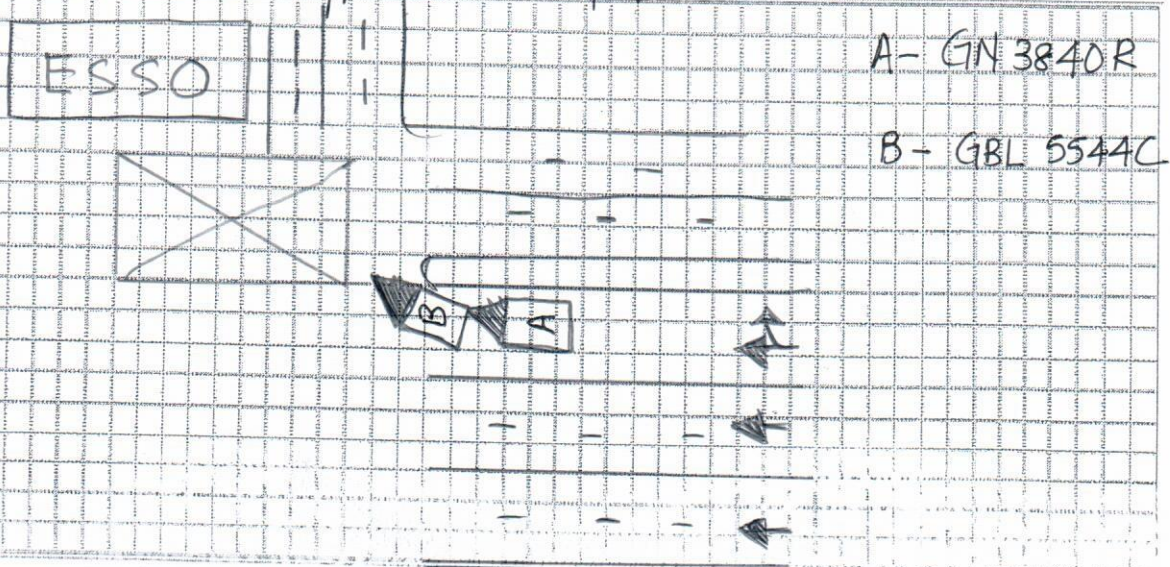
Policyholder's Signature / Date & Time

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

Amk Avenue 8 opposite Esso Station





Describe Circumstance of the Accident

On the above stated date and time, I was travelling along AMK Avenue 8. Infront of my vehicle was a white van GBL 5544C, not knowing he make a right turn and I cannot brake in time and I hit his right rear portion of the vehicle.

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 WRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: 09/02/2023 (DD/MM/YYYY), TIME: 13:30 (HH:MM)

LOCATION: AMK Avenue 8 Opposite Esso station

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GN 3840R  
 b) INSURANCE COMPANY: Tokio Marine  
 c) POLICY NUMBER: 22-MR002626-R02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Nissan Urvan Auto (MANUAL)  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: working time  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) (REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Lam Thong Corporation Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1978026209 CONTACT: 6746 0266  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Neo Kok Hua (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S14636929 CONTACT: 9875 4247  
 c) ADDRESS: APT B1K 230 Simei street 4 # 10-184, 5520230

\* d) DATE OF BIRTH: 04/02/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 09/04/1981

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL 5544C MODEL:  
 b) DRIVER'S NAME: Lim Chye Jee  
 c) NRIC/FIN/PASSPORT: S1513237Z CONTACT: 9894 9850

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = hua@lamthong.com.sg

fax =

VIDEO = NO





**Certificate of Insurance**

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960**  
**ROAD TRANSPORT ACT, 1987 (MALAYSIA)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Policy No.: 22-MR002626-R02 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GN3840R **Chassis No.:** JN1MG4E25Z0714308
2. **Name of Policyholder** LAM THONG CORPORATION PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 08/05/2022
4. **Date of Expiry of Insurance** 07/05/2023

5. **Persons or Class of Persons entitled to drive\***

Any person who is driving on the policyholder's order or with 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. **Limitations as to use\***

- 1) Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
  - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 2995DDA

**Insurance Plan:** Third Party, Fire & Theft  
**Limit for total loss or theft:** Prevailing Market Value  
**Financial Interest:** THINK ONE CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature