

## 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 .....	23/02/2023 17:58 (SGT)
Reported by .....	Driver
Date of Accident .....	22/02/2023 18:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SENGKWANG WEST RD (SLIP RD TO SELETAR AEROSPACE FLYOVER)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT6217E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ESPIRIT BUILDING & ENGINEERING PTE LTD
Company Reg No .....	2XXXXX274N
Email Address .....	admin@espirit.com.sg
Mobile Phone No .....	(Phone) +65-63855618
Alternative Phone No .....	+65-93373123

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A3
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1400

#### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VP05031976

#### DRIVER

Name of Driver .....	CHOW YU JIN KENNETH (ZHOU YUJIN)
NRIC No .....	SXXXX535Z
Date Of Birth .....	22/11/1993

Occupation .....	Indoor
Date Of Driving Pass .....	17/10/2017
Driving experience .....	5 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96464660
Alt. Phone Number .....	-
Email Address .....	kyodra@hotmail.com
Address .....	36 FERNVALE LINK #03-19
Address complement .....	-
Postcode .....	797533
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	JOCELIA TAY
Gender .....	Female

#### 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 .....	GBC1876T
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUHAMMAD SYAMIR BIN SHARIN
NRIC No .....	TXXXX142E
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

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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 judgement 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

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

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




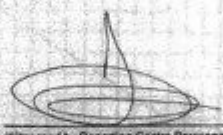
Sketch Plan

PLEASE  
TURN  
OVER

VEH NO: SL76217E  
INSURER: Lnpac  
DATE OF ACC: 23/02/23 @ 1800

SKETCH PLAN



Describe Circumstance of the Accident		
NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE		
Claim under your Own Comprehensive policy. Pts check your policy for more information.		
<input checked="" type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third party <input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Claim OD/ TP at other workshop		
Sketch Plan		
Vehicle No: SLT6217E (Limpac) Date & Time: 22/02/2023 @ 1800 (day day)		
Traffic light was green, in favour to me. I check and confirm no vehicles on the right as such i slowly move out to the right lane of Selatar Aerospace Flyover. Out of a sudden, felt an impact and realised muhan GBC 1876T from nowhere had came from my right and hit onto the front RH portion of my vehicle. Upon alighting, i checked with driver of GBC 1876T where his van have come from prior to the impact, he was in a daze and unable to answer my question. That's all.		
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 NRICID card)



# ESPIRIT BUILDING & ENGINEERING PTE LTD

8 Kaki Bukit Avenue 4, #01-09 Premier @ Kaki Bukit, Singapore 415875  
Tel. No.: 63855618 /31573326 Fax No.:63855360  
Email: admin@esprit.com.sg  
UEN: 200415274N GST Reg. No.: 200415274N



Date:1st Feb 2023

To:Whom It May Concern

This letter is to authorize Mr. Chow Yu Jin Kenneth (NRIC no:S9344535Z) by  
Espirit Building &Engineering Pte Ltd for the usage of company vehicle SLT6217E.

Sincerely,

Espirit Building &Engineering Pte Ltd

A handwritten signature in black ink, appearing to be 'Lim Chun Meng', written over a circular company stamp.

Lim Chun Meng  
Managing Director

