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 witholding 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	27/02/2023 16:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/02/2023 07:15 (SGT)
Exact Location of Accident	Near Opp Carlisle Rd, Singapore
Additional Location Information	CTE TOWARDS AYE (KAMPONG JAVA FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP430L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROBIN VILLAGE DEVELOPMENT PTE LTD
Company Reg No	1XXXXX477E
Email Address	PRECAST@ROBINVILLAGE.COM.SG
Mobile Phone No	(Phone) +65-69333100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr85aue4a
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	Auto
CC	1898

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05015041

DRIVER

Name of Driver	LAW HONG HOU
NRIC No	SXXXX826J
Date Of Birth	14/01/1968
Occupation	Outdoor

Date Of Driving Pass	29/11/2001
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97437886
Alt. Phone Number	-
Email Address	PRECAST@ROBINVILLAGE.COM.SG
Address	BLK 698C JURONG WEST CENTRAL 3
Address complement	06-77
Postcode	643698
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	3
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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

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 SUMMARY & 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	XB8308R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SEE CHEN SING CONSTRUCTION PTE LTD
Contact Number	(Phone) +65-96752976
Address	-
Address complement	-
Postcode	-
Insurance Company Name	ERGO Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK5617B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +381-96932439
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

ON 27/02/2023 @ 0715HRS, MY VEHICLE A (YP430L) WAS STATIONARY ALONG LANE 3 CTE TOWARDS AYE TUAS (KAMPONG JAVA FLYOVER) DUE TO HEAVY TRAFFIC. SUDDENLY I FELT A VERY HUGE IMPACT FROM THE REAR OF MY VEHICLE A (YP430L) AND FORCES MY VEHICLE A (YP430L) FRONT PORTION TO COLLIDE ONTO THE REAR OF VEHICLE C (SMK5617B). I WAS SHOCKED AND SLOWLY ALIGHT TO CHECK, VEHICLE B (XB8308R) DRIVER CLAIMED THAT HE WAS NOT ABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR OF MY VEHICLE A (YP430L). THIS COLLISION HAS RESULTED AS CHAIN COLLISION.
WE THEN EXCHANGED PARTICULARS FOR INSURANCE CLAIM.

Declaration

[redacted] true in every respect

63 Tuas South Avenue 1
Singapore 637282
Tel: 6933 3100 Fax: 6861 2900

Policyholder's Signature / Date & Time

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

WAH HONG MOTORS & CREDIT PTE LTD

LIM HUAG ENG

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

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IMPORTANT NOTICE

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.

ROBIN VILLAGE DEVELOPMENT PTE LTD
63 Tuas South Avenue 1
Singapore 637262
Tel: 6933 3100 Fax: 6861 2909

Policyholder's Signature / Date & Time

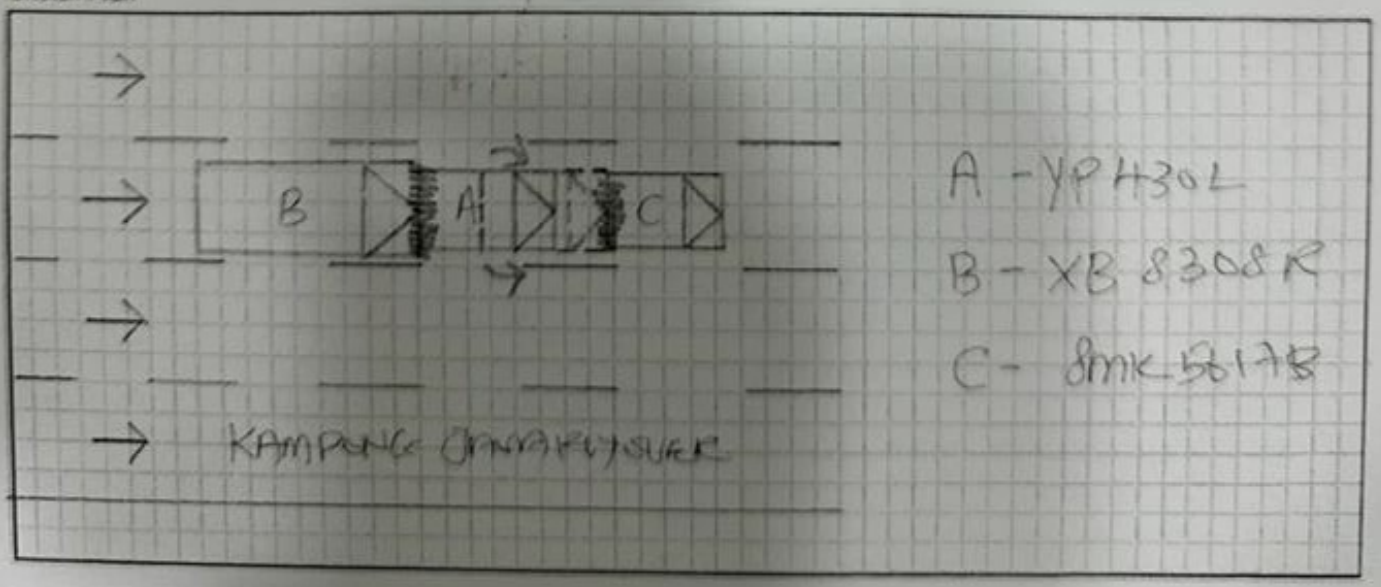
Driver's Signature (if driver is not the policyholder) / Date & Time

WAH HONG MOTORS & CREDIT PTE LTD

Witnessed by Repairer's Centre Personnel (Name as in NRIC/ID card)

LIM HUNG ENG

Sketch Plan



Accident report QW2506...