

# 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 .....	24/04/2023 10:58 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	21/04/2023 12:06 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ANG MO KIO AVENUE 1
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP3395K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CHIA KHIM LEE FOOD INDUSTRIAL PTE LTD
Company Reg No .....	1XXXXX968Z
Email Address .....	jackson.tan@cklfi.com.sg
Mobile Phone No .....	(Phone) +65-62856488
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	NPR85UH5AK
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 .....	2999

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VC05012437

### DRIVER

Name of Driver .....	SHAO LONG
Passport No/FIN .....	GXXXX259L
Date Of Birth .....	01/06/1972
Occupation .....	Outdoor

Date Of Driving Pass .....	02/03/2020
Driving experience .....	3 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81240588
Alt. Phone Number .....	-
Email Address .....	jackson.tan@cklfi.com.sg
Address .....	119 DEFU LANE 10
Address complement .....	-
Postcode .....	539230
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 - Head to Rear
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 .....	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

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 .....	SJS7451S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-85863888
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 the above stated date and time I was driving along Amk Avenue and I was on the third lane travelling. Vehicle B was in front of me. The traffic light suddenly changed from green to yellow and due to this vehicle B suddenly jam brake and I follow suit and I did place on the brake but my vehicle skidded and hit the rear portion of vehicle B.

**Declaration**

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



*[Signature]*

*[Signature]* 21/04/2023

*[Signature]* 24/4/2023

Policyholder's Signature / Date & Time  
24/4/23

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

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

1619 5129



## SKETCH PLAN

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6. This ~~report~~ 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.
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## 3. 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

24/4/23

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

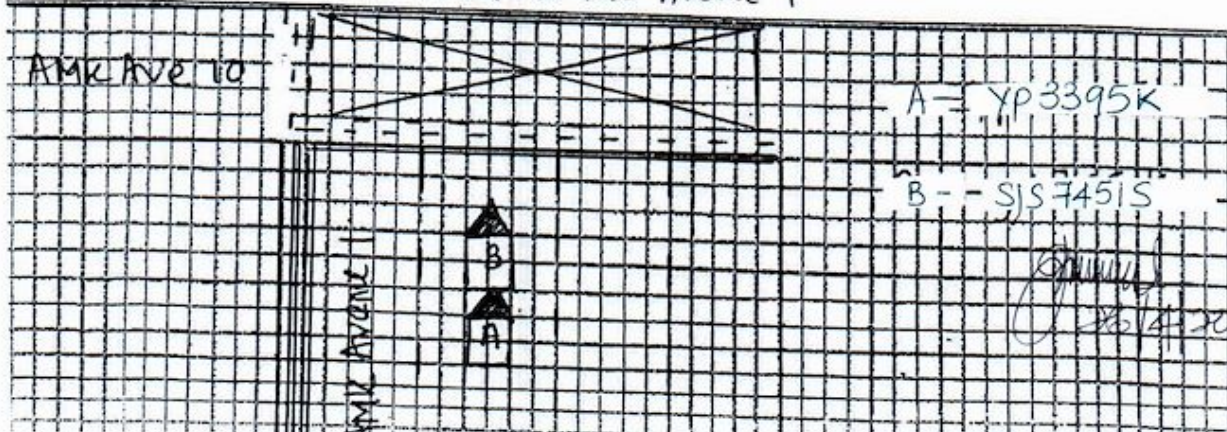
Long 21/4/2023

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

24/4/2023

Sketch Plan

ANG MO KIO Avenue 1



















 **MENG HUI & SONS CO.**  
Tel: 6748 3716 H/P: 9669 6474

Chassis No	:	JAA1PR85HG/100096	
Unladen Wt	:	2460	
Max Laden Wt	:	5000	Kg
Passenger Cap	:	02	Kg
Tyre Size	:	(F) 700R16/10	
		(R) 700R16/10D	





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0923400001 Vehicle Registration No: YP 3395K  
 Name (as shown in NRIC): Shao tong NRIC/FIN/Passport No: G8185259L  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 119 Defu lane 10 Singapore (S39230)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8124 0588  
 Email Address: jackson.tan@cklfi.com.sg  
 Date of Accident: 21/04/2023 Time of Accident: 12:06  
 Place of Accident: Ang Mo Kio Avenue 1  
 Insurance Company: tonpac

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend sketch plan - amend vehicle B on sketch plan  
(SJS 7451S)

Policyholder / Actual Driver's Signature  
Date:

gmmul 26/4/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: