

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	25/04/2023 16:44 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 06:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG AH SOO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD40P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HWA FU CONSTRUCTION PTE LTD
Company Reg No	1XXXXX519Z
Email Address	hwafu86@gmail.com
Mobile Phone No	(Phone) +65-63449798
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011149

DRIVER

Name of Driver	TOH SOON LEY
NRIC No	SXXXX447G
Date Of Birth	24/03/1949
Occupation	Outdoor

Date Of Driving Pass	27/09/2006
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96600852
Alt. Phone Number	-
Email Address	hwafu86@gmail.com
Address	20 LI PO AVENUE
Address complement	-
Postcode	788714
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	No 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	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?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230425/2016

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	SLS2695P
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

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4. The ~~use~~ use 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 the 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

Forong Ah Soo

A = GBD40P

B = SLS 244RP

No collision involved

Describe Circumstance of the Accident

Please Refer to the attached police Report

- 7/2023 0425/2016 -

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 NRIC/ID card)

2014 25/4/23

25/4/2023



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20230425/2016

2 of 3

Report No. T/20230425/2016

CONTINUATION OF REPORT

Brief Details.

On 14/04/2023, I received a letter from the Singapore Police Force informing me that I was involved in an alleged hit n run with vehicle SLS2695P along Lorong Ah Soo road on 10 April 2023 at about 0630hrs. I wish to state that I do not have any idea or clue as to when I had even hit any other cars recently as there is no damage to my vehicle whatsoever. I wish to state that my vehicle has no in-car camera, and I am lodging this report as advised by the TP officers.





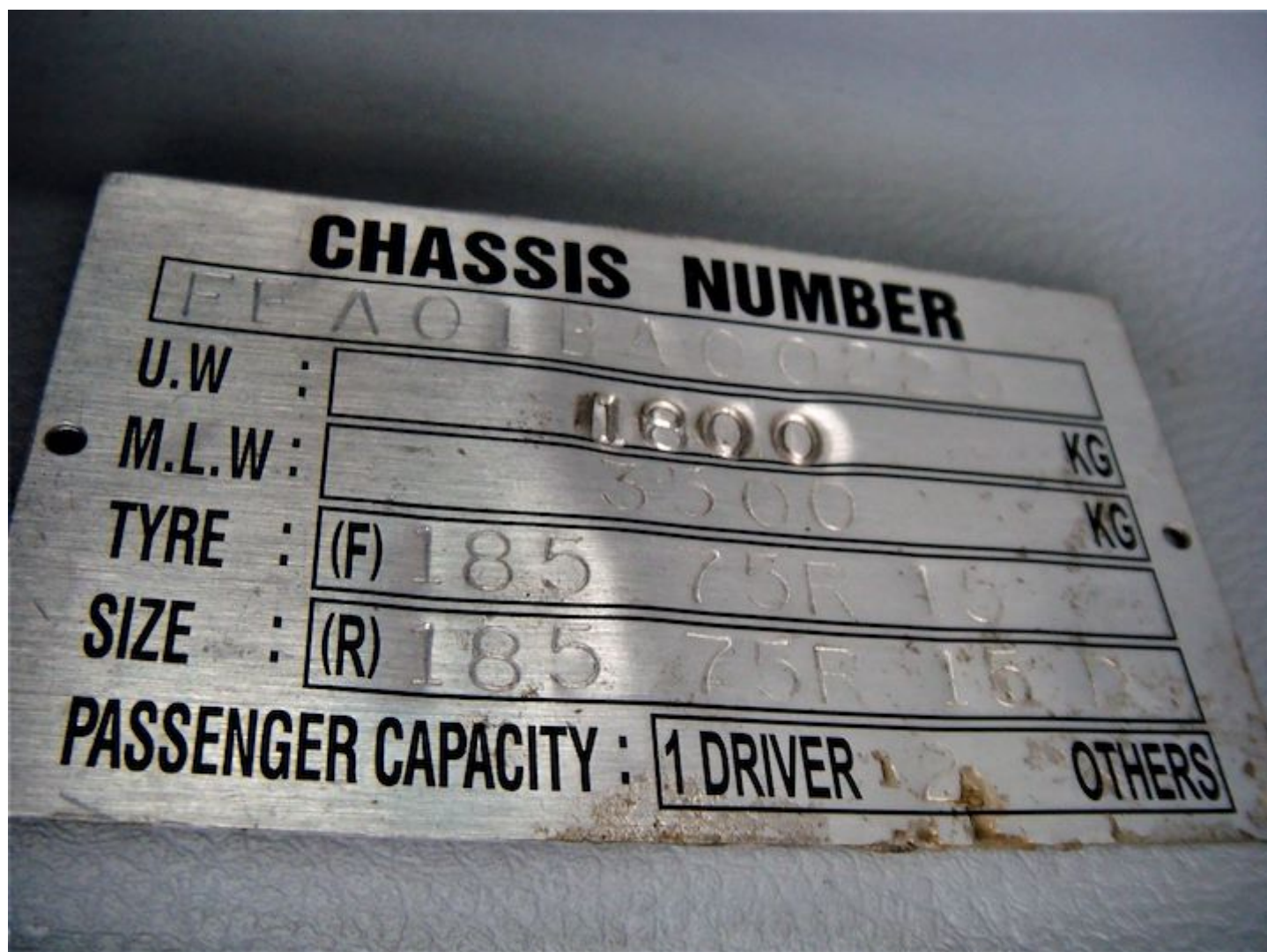














SINGAPORE POLICE FORCE



T/20230425/2016

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Report No. T/20230425/2016

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2023 10:27	Vide Report No.: T/20230410/7005	Station Diary No.: 21
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Informant's Particulars

Name of Informant: TOH SOON LEY	Address: 20 LI PO AVENUE SINGAPORE 788714
ID Type / ID No.: NRIC NO / S0970447G	Contact No.: Home/Office: Mobile: 96600852
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 74 Date of Birth: 24/03/1949	Type of Informant: Driver
Race: Chinese	Language:
Occupation: Lorry driver	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/04/2023 06:30	Type of Location: Straight Road
Location: LORONG AH SOO				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD40P	Lorry				No Damage	0
SLS2695P	Car				No Damage	0



**SINGAPORE
POLICE FORCE**

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569784
Tel No: 1800-4849999



T/20230425/2016

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POLICE FORCE**

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Ang Mo Kio North N.P.C
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569784
Tel No: 1800-4849999



T/20230425/2016

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Report No. T/20230425/2016

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 JERVIS HENG KHENG
YONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:
25/04/2023 10:27

Classification Of Case:

NP168



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: SN09234P0006 Vehicle Registration No: G8D 40P
 Name (as shown in NRIC): Toh Soon Key NRIC/FIN/Passport No: S09704479
 (Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 20 Li Po Avenue Singapore (788714)
 Contact (Tel): _____ Mobile No.: 9660 0852
 Email Address: hwat86@gmail.com
 Date of Accident: 10/04/2023 Time of Accident: 06:30
 Place of Accident: Forang Ah soo
 Insurance Company: Forpac

(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 policy Number - Z22VC05011149

Policyholder / Actual Driver's Signature
Date:

27/4/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: