

# 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	18/05/2023 15:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/05/2023 12:02 (SGT)
Exact Location of Accident	Ocean Way, Singapore
Additional Location Information	OCEAN WAY (S)098368
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4251E
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YONG SOON
NRIC No	
Email Address	
Mobile Phone No	(Phone)
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119736805-02

### DRIVER

Name of Driver	TAN YONG SOON
NRIC No	
Date Of Birth	
Occupation	Outdoor

Date Of Driving Pass .....	28/03/1985
Driving experience .....	38 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) [REDACTED]
Alt. Phone Number .....	-
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	[REDACTED]
Postcode .....	[REDACTED]
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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) .....	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

REFER TO ACCIDENT STATEMENT ATTACHED.

ON 17/05/2023 AT ABOUT 1202PM, I DROVE MY VEHICLE SMF4251E ALONG OCEAN WAY, AFTER I DROVE PASSED THE ZEBRA CORSSING , SUDDENLY THIS VEHICLE ( GBC4023T ) COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT , WE ALIGHTED FROM OUR VEHICLE , I TOOK PHOTOGRAPHS , PARTICULARS OF THE DRIVER , THE DRIVER DID NOT TAKE MY PARTICUALRS , ONLY EXCHANGED CONTACT NUMBERS.

#### 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 .....	GBC4023T
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MR LEW
Contact Number .....	(Phone) +65-82221676
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

## 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 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

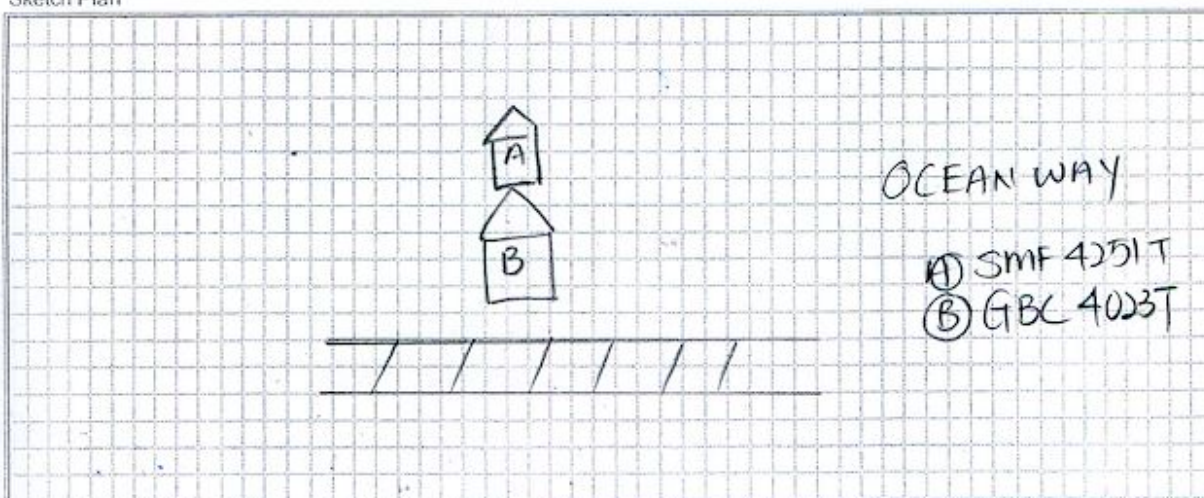
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



vJun2022



Describe Circumstance of the Accident

On 17/5/2023 at about 1202 pm, I drove my Vehicle SMF4251 E along Ocean Way, After I drove passed the Zebra Crossing, Suddenly this vehicle (ABC 4023 T) collided onto the rear portion of my Vehicle.

After the accident, We alighted from our Vehicles, I took photographs, particulars of the driver, the driver did not take my particulars, only exchanged Contact numbers.

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)





















## 德 松 摩 哆 服 务

Specialist in Motor Vehicles,  
Insurance Claim  
Spray Painting, Panel Beating  
& Welding Etc.

## TECK SIANG MOTOR SERVICE

Reg 306747/00J  
Blk. 5034 Ang Mo Kio Industrial Park 2  
Unit # 01-331, Singapore 569537  
Tel. 64833 445

专修理汽车引擎,  
喷漆打焊车身  
代辦保險及  
保险赔偿买卖旧车等

29 May 2023

Owner : Tan Yong Soon

## COST OF REPAIRS TOSMF 4251 E HYUNDAI ELANTRA

	DESCRIPTION	AMOUNT (\$\$)
1	Lump Sum Repair as per recommendation	\$ 6,300.00
		\$ 6,300.00

# **CL APPRAISER PTE LTD**

Blk 416 Pasir Ris Dr 6 #08-235, Singapore 510416  
Email: [clappraiser@yahoo.com](mailto:clappraiser@yahoo.com) Hp: 9068 8689 Fax: 6452 9783  
Reg No: 201000228E

## INVOICE

Tan Yong Soon  
C/o: Teck Siang Motor Service  
Blk 5034 Ang Mo Kio Ind Park 2  
#01-331 Singapore 569537

Invoice No. : CL/230293

Ref No. : TSM/05/2301/TP

Date : 29 May 2023

### DESCRIPTION

### AMOUNT

#### OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SMF 4251 E
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES  
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

**GRAND TOTAL**

**S\$ 597.00**

E & O. E

#### Notes / Payment method:

All cheque payment should be "Crossed" and made payable to " **C L APPRAISER PTE LTD** "

Bank Transfer -

Account Name : C L APPRAISER PTE LTD

Account Number : 588041152001

Bank : OCBC

We shall be grateful if you could forward our payment at your early convenience.



**CL Appraiser Pte Ltd**



Blk 416 Pasir Ris Dr 6 #08-235, Singapore 510416  
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783  
Reg No: 201000228E

## VEHICLE INSPECTION REPORT

To: Tan Yong Soon  
C/o: Teck Siang Motor Service  
Blk 5034 Ang Mo Kio Ind Park 2  
#01-331 Singapore 569537

Date : 29 May 2023  
Our ref : TSM/05/2301/TP

Accident Date : 17 May 2023  
Inspection Date : 22 May 2023  
Repairer Name : Teck Siang Motor Service  
Blk 5034 Ang Mo Kio Ind Park 2  
#01-331 Singapore 569537

Type of Survey : Third Party

### PARTICULARS OF VEHICLE

Registration No : SMF 4251 E  
Make / Model : Hyundai Elantra  
Chassis No : KMHD841CMJU767367  
Engine No : G4FGJU277131

Year / Capacity : 2018 / 1591 cc  
Colour : White  
Mileage : 201328

### CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Michelin	195/65 R15	5 mm	Sport
Front Offside	Michelin	195/65 R15	5 mm	Sport
Rear Nearside	Michelin	195/65 R15	5 mm	Sport
Rear Offside	Michelin	195/65 R15	5 mm	Sport

### GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.  
(Details refer to the photographs attached)

Enclosed number of photographs: 97 copies

### REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

### RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$6,300.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.



Vehicle Registration No.: SMF 4251 E

Our Ref No.: TSM/05/2301/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
-----	-------------	------------	---------------------	----------------

**SPARE PARTS - LIST ITEMS**

1	Rear boot lid	Damage	\$ 1,782.00	\$ 1,782.00
2	Rear boot hinges	Intact	\$ 275.60	
1	Rear boot o/s lamp	Damage	\$ 362.50	\$ 362.50
1	Rear boot lock	Damage	\$ 250.80	\$ 250.80
1	Rear boot logo	Necessary	\$ 97.80	\$ 97.80
1	Rear boot "ELANTRA" emblem	Necessary	\$ 90.90	\$ 90.90
1	Rear boot "S" emblem	Necessary	\$ 88.90	\$ 88.90
1	Rear end panel	Damage	\$ 557.50	\$ 557.50
1	Rear end panel inner garnish	Damage	\$ 299.30	\$ 299.30
1	Rear smart keyless sensor	Damage	\$ 217.80	\$ 217.80
1	Rear bumper	Damage	\$ 500.20	\$ 500.20
2	Rear bumper top brackets	Damage	\$ 131.60	\$ 131.60
1	Rear bumper lower diffuser	Damage	\$ 432.00	\$ 432.00
1	Rear bumper reflector	Damage	\$ 99.80	\$ 99.80
1	Rear bumper reinforcement	Damage	\$ 455.80	\$ 455.80
2	Rear bumper reinforcement stays	Damage	\$ 401.60	\$ 401.60
3	Rear bumper reinforcement brackets	Damage	\$ 434.70	\$ 434.70
2	Rear bumper side retainers	Necessary	\$ 135.60	\$ 135.60
			<b>\$ 6,614.40</b>	<b>\$ 6,338.80</b>
			<i>Less 10%</i>	
			<b>\$ 661.44</b>	<b>\$ 633.88</b>
<b>Total Cost - List Items</b>			<b>\$ 5,952.96</b>	<b>\$ 5,704.92</b>

**SPECIAL NETT ITEMS**

1	Rear bumper clip (1 set)	Necessary	\$ 50.00	\$ 50.00
1	Rear reverse sensor (1 set)	Damage	\$ 350.00	\$ 350.00
<b>Total Cost - Special Nett items</b>			<b>\$ 400.00</b>	<b>\$ 400.00</b>

**Total cost of parts**
**\$ 6,352.96 \$ 6,104.92**

Vehicle Registration No.: SMF 4251 E

Our Ref No.: TSM/05/2301/TP

S/No	Description	Repairer's Estimate	Revised Amount
<b>Total cost of parts c/f</b>		<b>\$ 6,352.96</b>	<b>\$ 6,104.92</b>

**LABOUR**

1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 120.00	\$ 80.00
3	To remove and refit rear reverse sensor.	\$ 120.00	\$ 80.00
4	To transfer boot lid mechanism and wiring assembly to assist repair.	\$ 80.00	\$ 80.00
5	To apply undercoating on repaired and replaced panel.	\$ 120.00	\$ 90.00
6	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,080.00	\$ 750.00
7	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 660.00

**GRAND TOTAL**

<b>\$ 8,952.96</b>	<b>\$ 7,894.92</b>
--------------------	--------------------

Vehicle Registration No.: SMF 4251 E

Our Ref No.: TSM/05/2301/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 6,300.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be void.

**Disclaimer**

*The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.*

**C L APPRAISER PTE LTD**



Cheong K. H  
Automotive Appraiser



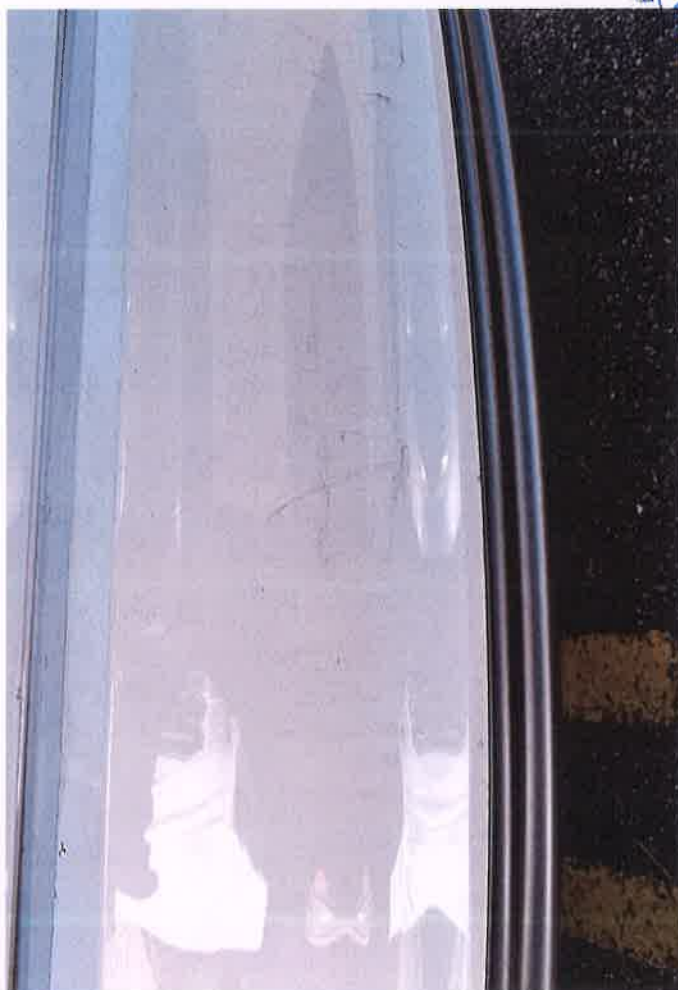
















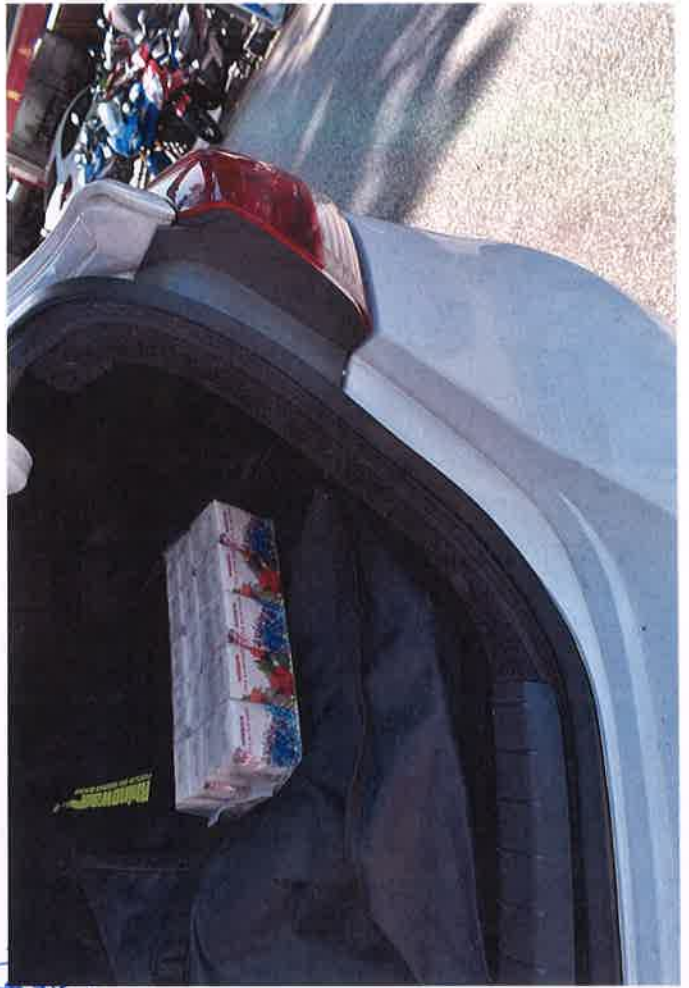








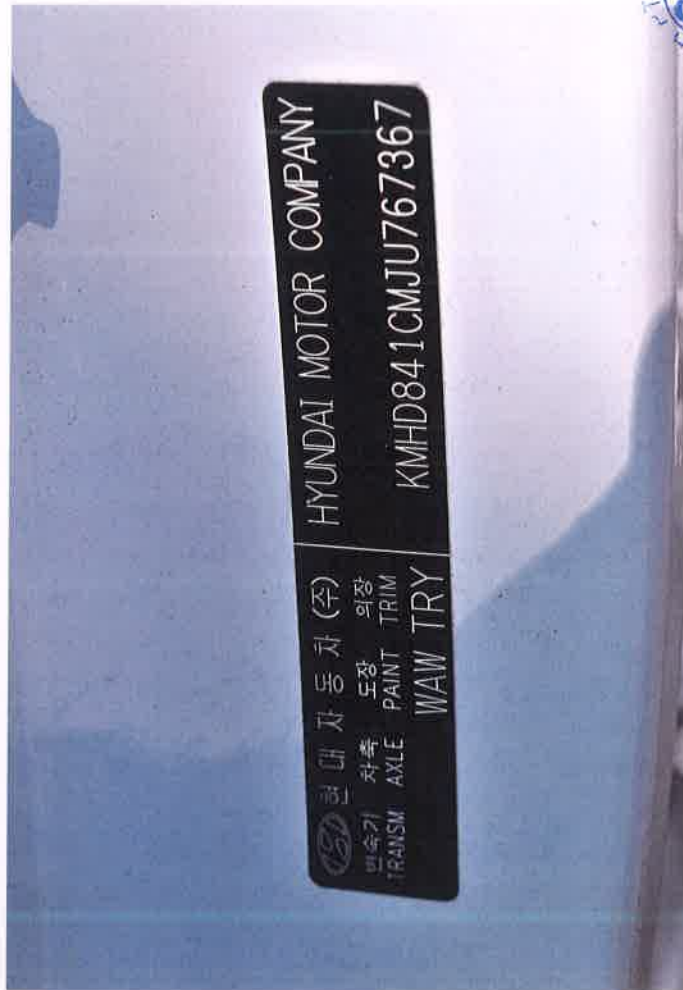




APPROPRIATE  
3





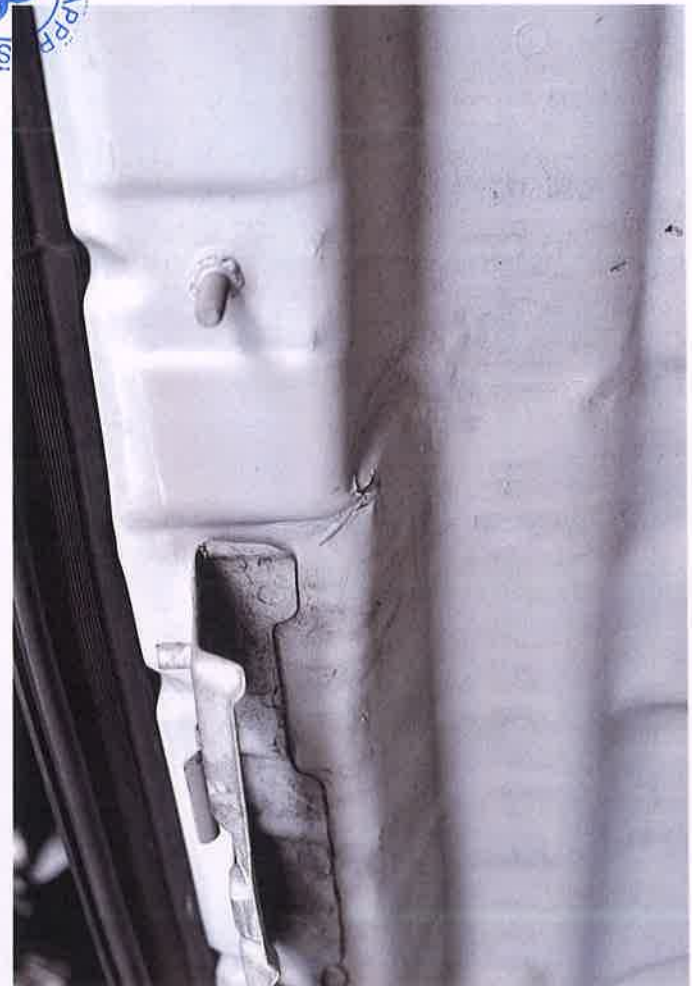
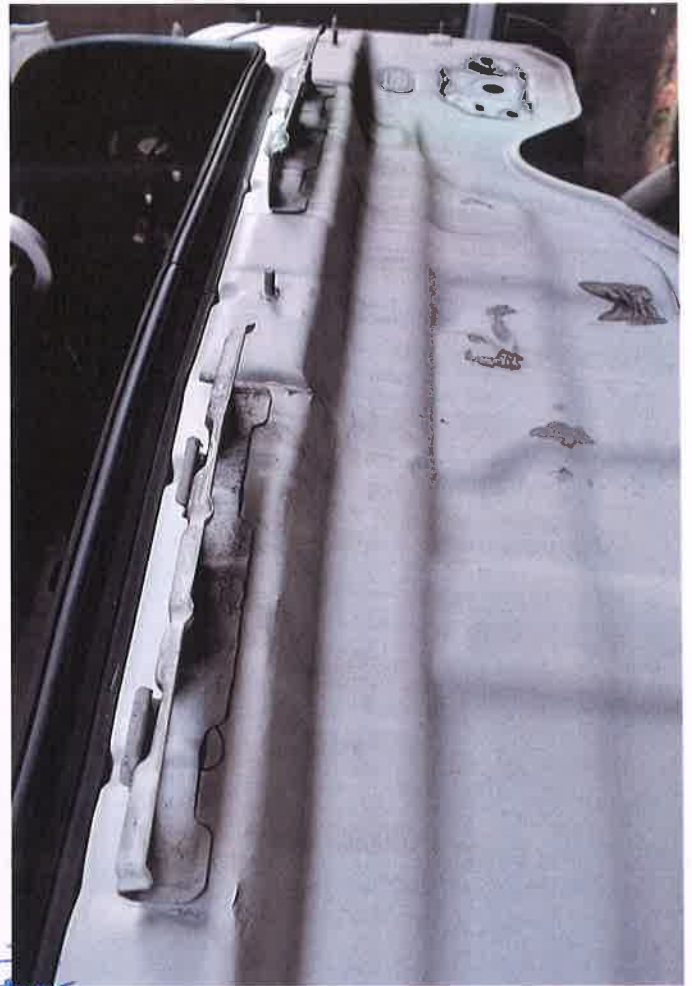




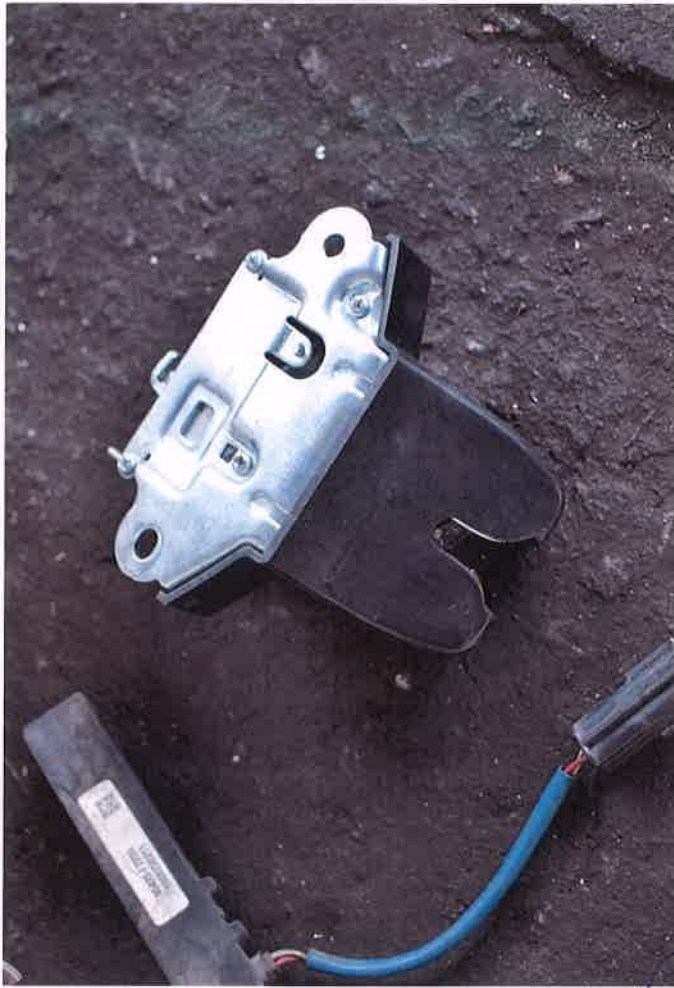








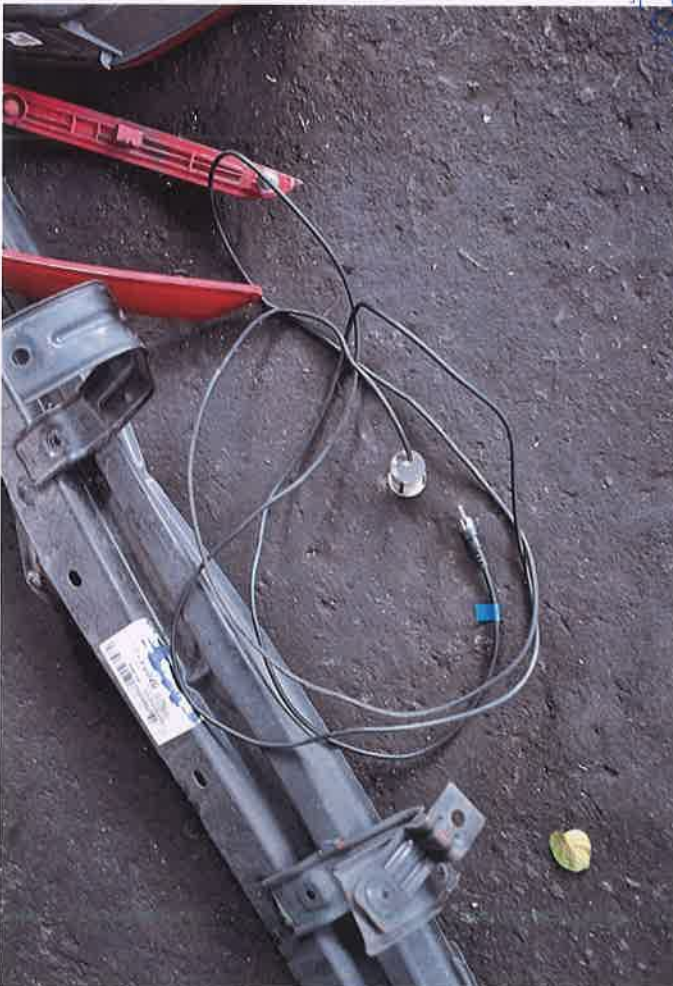
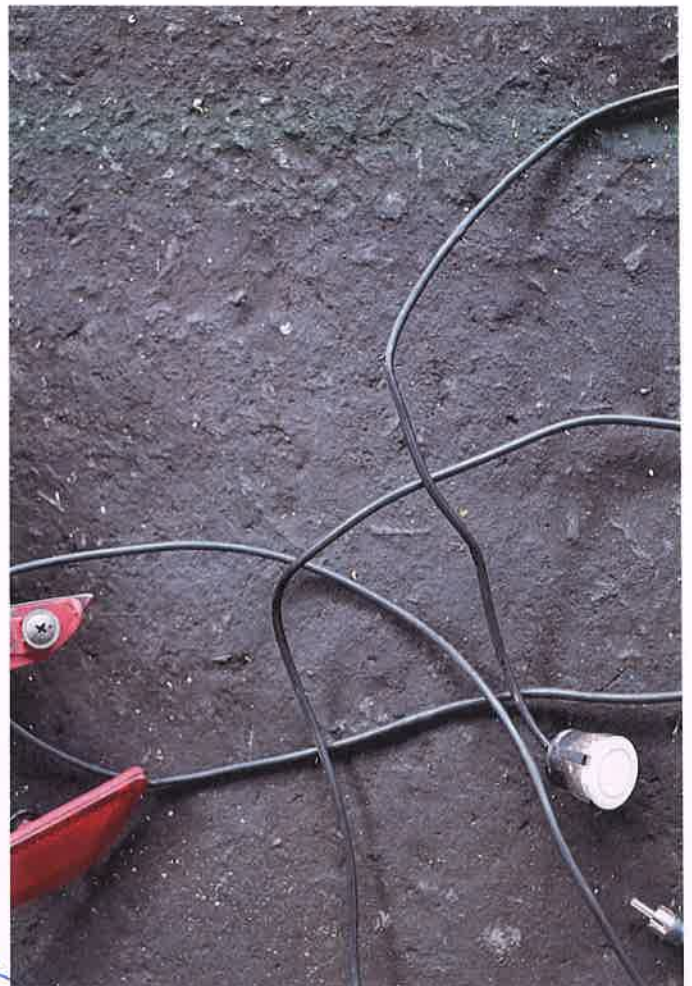






















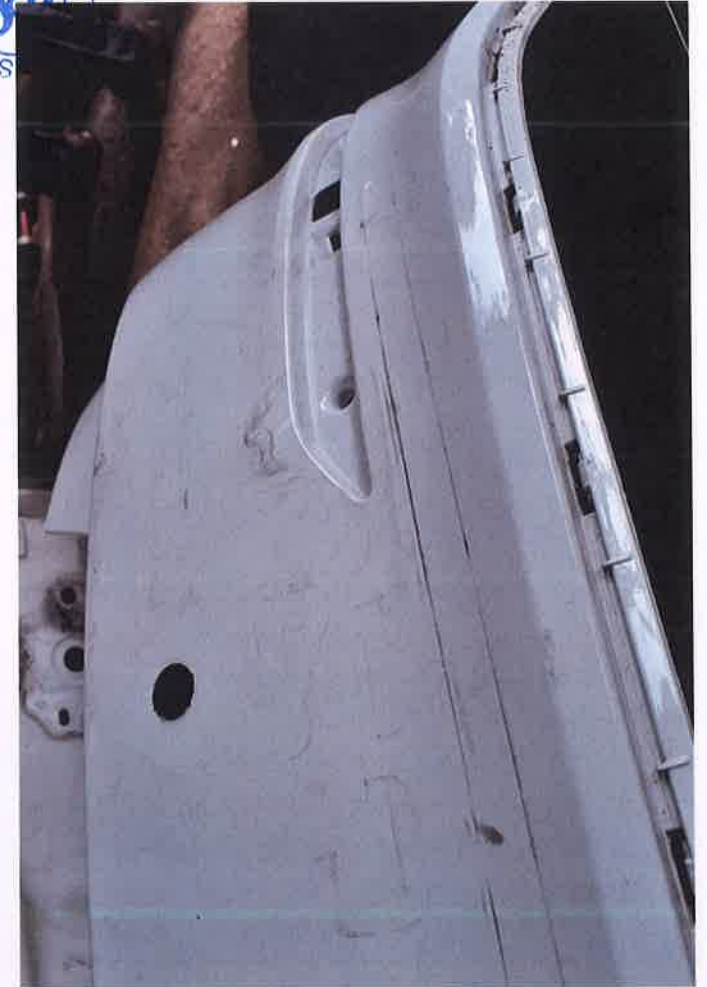


















Your Ref : GBC 4023T  
Our Ref : **SMF 4251E/TSM/jp/cq**  
Date : 19 May 2023

Fax : 6538 3708  
Tel : **3152 0993**  
Email : accident@kscgp.com

LONPAC INSURANCE BERHAD

BY EMAIL ONLY

**DATE OF ACCIDENT: 17 MAY 2023**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of SMF 4251E to notify you of a road traffic accident on 17 May 2023 at about 12:02 p.m. along Ocean Way, involving our client's vehicle registration number SMF 4251E and vehicle registration number **GBC 4023T**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herewith.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*CQ*

Enc.



Your Ref : GBC 4023T  
Our Ref : **SMF 4251E/TSM/jp/cq**  
Date : 19 May 2023

Fax : **6538 3708**  
Tel : **3152 0993**  
Email : **accident@kscgp.com**

LONPAC INSURANCE BERHAD

BY EMAIL ONLY

**DATE OF ACCIDENT: 17 MAY 2023**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Dave Chang	Sincere Appraisal Services
2.	Lee Kok Weng	Lee Automobile Services
3.	Alan Cheong	CL Appraisal Pte Ltd
4.	Andrew Aw	I-Spex Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Teck Siang Motor Service  
Block 5034 Ang Mo Kio Industrial Park 2  
#01-331  
Singapore 569537

Contact Person/Tel : Jordan Goh / Tel: 9006 0235

Yours faithfully,

*f CQ*

Your Ref : GBC 4023T  
Our Ref : SMF 4251E/TSM/jp/cq  
Date : 19 May 2023

Acknowledgement

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of \_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:



# 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 .....	18/05/2023 12:13 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/05/2023 12:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OCEAN DRIVE SENTOSA
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC4023T
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	S & D MULTI SERVICES

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
Variant .....	-
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1461

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	Z22VC05013533

### DRIVER

Name of Driver .....	LEW KIAN HUI
NRIC No .....	S8855676C
Address .....	APT BLK 512 BEDOK NORTH AVENUE 2
Address complement .....	# 07-301
Postcode .....	460512
Does Driver Own Other Vehicles? .....	No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
------------------------	--------------------------

Weather Conditions ..... Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1  
Translator's name ..... -  
Translator's ID ..... -  
Translator's phone number ..... -  
Translator's email ..... -  
Original language used in the statement ..... -

#### 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 ..... SMF4251E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Insurance Company Name ..... -



## SKETCH PLAN

### 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 Authorised 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. The 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.
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

Sketch Plan

ocean Drive Sentosa

A-GB4 4023T	
B-SMF 4251E	
please Refer to the attached	

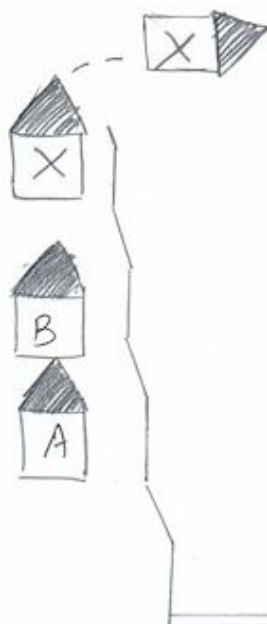
5/18/23, 10:33 AM

Ocean Dr - Google Maps

Google Maps (Ocean Dr)



Image capture: Apr 2019 © 2023 Google



A - GBC 4023 T

B - SMF 4251 E



*[Signature]*

18/5/2023

[https://www.google.com/maps/@1.2485958,103.8399851,3a,90y,223.37h,65.44t/data=!3m6!1e1!3m4!1sz9XQMeQsUmiaosQjGceV\\_AI2e0I7i16384I8i...](https://www.google.com/maps/@1.2485958,103.8399851,3a,90y,223.37h,65.44t/data=!3m6!1e1!3m4!1sz9XQMeQsUmiaosQjGceV_AI2e0I7i16384I8i...) 1/1



**Describe Circumstance of the Accident**

On the above stated date and time, I was driving along Ocean Drive Sentosa. Vehicle B was in front of me. There was one vehicle in front of vehicle B. He suddenly put on brake and turned to right side. Upon seeing the vehicle brake, vehicle B follow suit and jam brake as well. I follow suit and my vehicle touched the rear portion of vehicle B. It was just a slight touch only. No severe damages to both vehicles.

**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]*

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

18/5/2023

*[Signature]* 12/05/2023

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



































## Enquire Vehicle Owner Details ( As At 17 May 2023 / 12:02:00 )

### Vehicle Owner Details

Owner ID Type:

**Business**

Owner ID:

**53435145W**

Owner Name:

**S & D MULTI SERVICES**

Registered Address Type:

**HDB / HUDC**

Registered Block/House No.:

**2**

Registered Street Name:

**YISHUN INDUSTRIAL STREET 1**

Registered Unit No.:

**# 08 - 10**

Registered Building Name:

**NORTH POINT BIZHUB**

Registered Postal Code:

**768159**

### Vehicle Insurance Details

Vehicle No.:

**GBC4023T**

Make Description/Model:

**NISSAN / NV200 1.5L MT ABS AIRBAG 2WD  
6DR**

Insurance Company Name:

**LONPAC INSURANCE BHD**


INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

GBC4023T

Date of Accident

17/05/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**

Period of Insurance ..... **23/09/2022 - 22/09/2023**

Requested By ..... **KSCGP01 (KSCGP JURIS LLP)**

Requested Date ..... **19/05/2023 09:29**

Payment details

Request Amount: **S\$1.85**

GST Amount: **S\$0.15**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



World-leading provider of corporate information available in Singapore



380 Jalan Besar Road, #13-02/04 ARC380,  
Singapore 209000  
(201401258N)

Receipt

Purchase Details:

Purchase Reference: 2023-0613-71BA-4D0S

Seller Name: CRIF BizInsights

Purchase Date: 2023-06-13 15:25:54

Seller UEN / GST Reg No.: 201401258N

Purchased By: kfx2010

Product	ID	Name	Price	Tax	Total
Business Profile (BPF) Business	53435145W	S & D MULTI SERVICES	4.60	0.37	4.97
Grand Total (S\$):					4.97

This is a computer generated receipt. No signature is required.

## Business Profile (BPFBI)

### S & D MULTI SERVICES

#### Particulars

<b>Name</b>	: S & D MULTI SERVICES
<b>Registration Number / UEN</b>	: 53435145W
<b>Incorporation / Registration Date</b>	: 12-06-2021
<b>Name Effective Date</b>	: -
<b>Commencement Date</b>	: 12-06-2021
<b>Date of Last Renewal</b>	: -
<b>Date of Expiry</b>	: 12-06-2024
<b>Constitution</b>	: SOLE PROPRIETORSHIP
<b>Registered Address</b>	: 2 YISHUN INDUSTRIAL STREET 1 #08-10 NORTH POINT BIZHUB SINGAPORE 768159
<b>Address Effective Date</b>	: -
<b>Status</b>	: LIVE
<b>Status Effective Date</b>	: 12-06-2021
<b>Principal Activity Code (I)</b>	: 43210
<b>Principal Activity Description (I)</b>	: ELECTRICAL WORKS
<b>Principal Activity Code (II)</b>	: 41001
<b>Principal Activity Description (II)</b>	: GENERAL CONTRACTORS (BUILDING CONSTRUCTION INCLUDING MAJOR UPGRADING WORKS)

#### Former Name(s)

NIL



## Business Owner(s)

No.	Name	ID	Nationality	Date of Appointment
1	LEW KIAN HUI	S8855676C	MALAYSIAN	12-06-2021
Address				Date of Change (Address)
512 BEDOK NORTH AVENUE 2 #07-301 KAKI BUKIT GREEN SINGAPORE 460512				01-08-2022

## Authorised Representative(s)

NIL

## Nominee/Trustee(s)

NIL

## Withdrawn Personnel

NIL

## Disclaimer

The information in this report is extracted by BizInsights from a database comprising information filed with the Accounting & Corporate Regulatory Authority (ACRA) on or before 11 June 2023 and presented using a business intelligence solution. The statements or ratios published by BizInsights are solely statements of opinion and not statements of fact or recommendations to purchase, hold, or sell any securities or make any other investment decisions. Subscribers should not rely on any such statements or ratios in making any investment decision. This report may not be reproduced in whole or in part in any form or manner. The report may contain information compiled from information which ACRA and BizInsights do not control and which has not been verified unless indicated in this report. Whilst every endeavor is made to ensure that the information provided is updated and correct, ACRA and BizInsights disclaim any liability for any damage or loss that may be caused as a result of any error or omission arising out of or in any way related to the contents of this report. Certain figures in the financial statements may have been adjusted for analytical classification purposes in accordance with established methodology and research processes.