

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 | 26/06/2023 17:04 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 12/06/2023 11:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | HOSPITAL CRESCENT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE4739R

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ARDEX SINGAPORE PTE. LTD. |
| Company Reg No | 1XXXXX724N |
| Email Address | ken.pong@ardex-quickseal.com |
| Mobile Phone No | (Phone) +65-88691398 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--------------------|
| Manufacturer | Isuzu |
| Model | Cyz52r |
| 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? | Yes |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 15681 |

INSURANCE COMPANY

| | |
|---|----------------------|
| Name of Insurance Company | Lonpac Insurance Bhd |
| Policy Number / Cover Note Number | Z23VC05016482 |

DRIVER

| | |
|-----------------------|--------------|
| Name of Driver | LEE ENG CHAI |
| Passport No/FIN | GXXXX120N |
| Date Of Birth | 16/04/1986 |
| Occupation | Outdoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 03/11/2009 |
| Driving experience | 13 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90599071 |
| Alt. Phone Number | - |
| Email Address | ken.pong@ardex-quicseal.com |
| Address | 7 EUNOS AVENUE 8A KING WAI |
| Address complement | - |
| Postcode | 409460 |
| 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 | Collided into Parked Vehicle |
| 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 | Geylang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008486999 |
| Alt. Police Station Phone No | (Fax) +65-68486799 |
| Police Station Address | 1 Cassia Link Singapore 397618 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230613/2017

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 | YM9900D |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | MKB37BNHRA |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | Blue |
| Vehicle Category | Commercial vehicle |
| Name of Driver | ANG LAU TEE |
| NRIC No | SXXXX982C |
| Contact Number | (Phone) +65-92382027 |
| 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

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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 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.

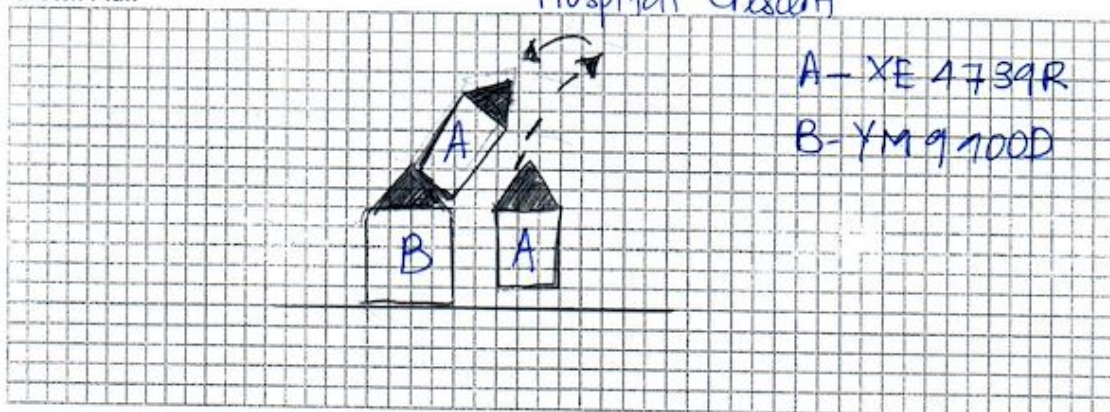


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe the Circumstance of the Accident

Please Refer to the attached
police Report
- 7/20230613/2017 -

Declaration

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



Policyholder's Signature / Date & Time

26/6/23

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

26/6/2023

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20230613/2017

2 of 3

Report No. T/20230613/2017

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------|------------------|---|
| Driver | | | |
| Name | LEE ENG CHAI | | ID No. G7855120N |
| Related Vehicle | XE4739R (Lorry) | | Contact No. 90599071 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,3,4A,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | ANG LAU TEE | | ID No. S7442982C |
| Related Vehicle | NIL | | Contact No. 92382027 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

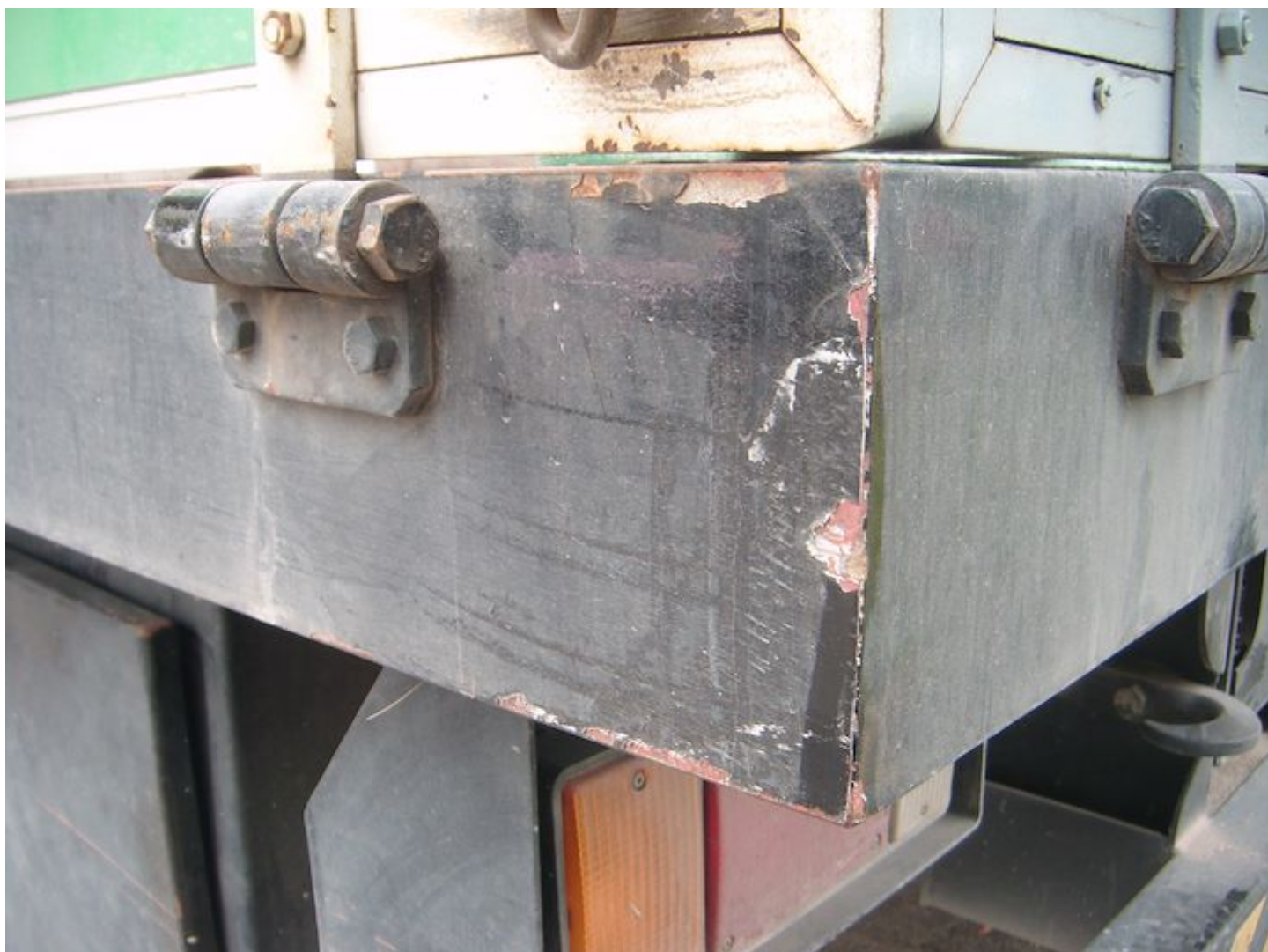
Brief Details.

On the above mentioned date, time and location, I was at the said construction site for delivery. As I was about to leave the parking area, the area was tight and narrow as such I had to make a 3 point turn to exit. As I was turning my vehicle, the rear left side of my vehicle accidentally hit onto another parked vehicle (YM9900D) which left a slight scratch.

I then noticed someone was inside the parked vehicle. I then alighted and apologized to the driver. We then exchanged particulars and decided to lodge our own traffic accident report respectively.



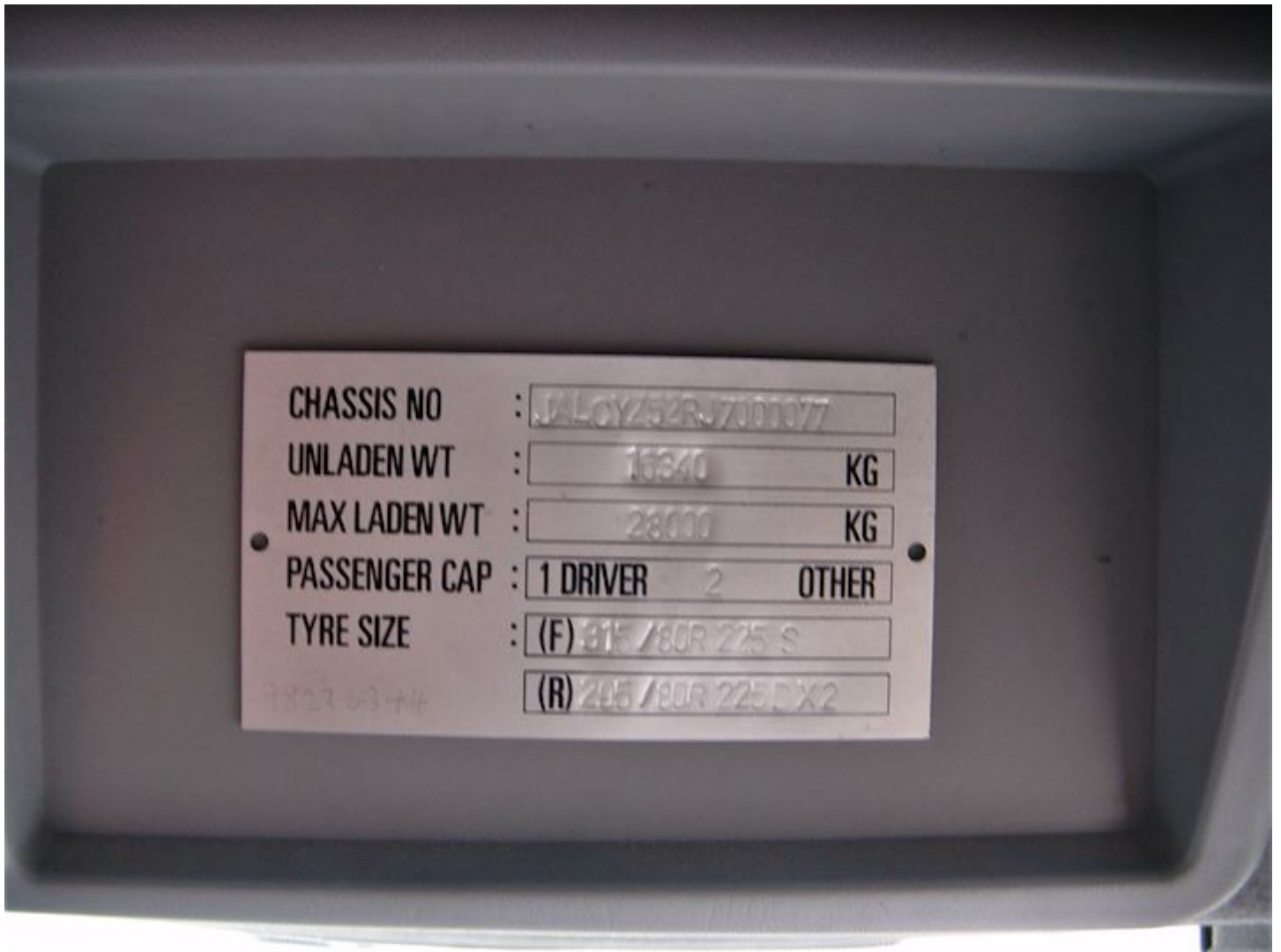






















**SINGAPORE
POLICE FORCE**



T/20230613/2017

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20230613/2017

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 13/06/2023 08:54 | Vide Report No.: | Station Diary No.: 28 |
|--|------------------|--------------------------|

Informant's Particulars

| | |
|---|--|
| Name of Informant: LEE ENG CHAI | Address: 7 EUNOS AVENUE 8A KING WAI SINGAPORE 409460 |
| ID Type / ID No.: FIN NO / G7855120N | Contact No.: Home/Office: Mobile: 90599071 |
| Nationality: MALAYSIAN | Email: |
| Sex: Male Age: 37 Date of Birth: 16/04/1986 | Type of Informant: Driver |
| Race: Chinese | Language: |
| Occupation: delivery driver | Driving Licence Information: Class: 2B,3,4A,4 Date of Expiry: |

General Information of the Accident

| | | | |
|---|----------------------|--|--|
| Type of Accident: Non-Injury Others | Drink Drive: No | Date/Time of Accident: 12/06/2023 11:00 | Type of Location: construction site |
| Location: HOSPITAL CRESCENT | | | |
| Weather: Raining | Road Surface: Wet | | |
| Traffic Flow: | Traffic Control: | Traffic Volume: | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|-------------|-------|------------------|-----------------|
| XE4739R | Lorry | ISUZU | CYZ52R | White | Slightly Damaged | 0 |
| YM9900D | Lorry | NISSAN | MKB37BNH RA | Blue | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230613/2017

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 3
Report No. T/20230613/2017

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------|------------------|---|
| Driver | | | |
| Name | LEE ENG CHAI | | ID No. G7855120N |
| Related Vehicle | XE4739R (Lorry) | | Contact No. 90599071 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,3,4A,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | ANG LAU TEE | | ID No. S7442982C |
| Related Vehicle | NIL | | Contact No. 92382027 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

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Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20230613/2017

3 of 3

Report No. T/20230613/2017

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 MUHAMMAD RAIHAN BIN
RAHMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG LESLIE

Contact No.: 65476151

Signature Of Informant:

Date/Time:

13/06/2023 08:54

Classification Of Case:

NP168