

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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 12/12/2024 15:30 (SGT) Reported by **Actual Driver** Date of Accident 11/12/2024 16:00 (SGT) Exact Location of Accident Singapore Additional Location Information TRAFFIC LIGHT JUNCTION AT ANG MO KIO AVE 5 AND ANG MO KIO INDUSTRIAL PARK 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GBG38G

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LORENS PTE LTD Company Reg No 201000431K **Email Address** lawrence@lorens.com.sg Mobile Phone No (Phone) +65-96303372 Alternative Phone No

VEHICLE PARTICULARS

Model Nv200 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 1600 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z24VC05022216-003

DRIVER

NRIC No S10128228 Stote	Name of Driver	NG KWANG JOO
Occupation Indoor		S1012872B
Driving License Pass Class 3 Driving License Validity 5 Valid 5 Driving experience 55 YEARS AND 5 MONTHS Male Mobile Number 4 (Phone) +65-96303372 Alt. Phone Number 5 Email Address 6 Address 7 Address 7 Address 7 Address 7 Address 7 Address 7 Address 8 BLK 293 BISHAN ST 22 #05-87 Address 7 Address 7 Address 7 Driving License Pass Class 7 Driving License Pass Cla		15/12/1947
Driving License Pass Class Driving License Validity Valid Driving experience Gender Mobile Number (Phone) +65-96303372 Att. Phone Number Email Address Att. Phone Number Email Address Address Address Address Address Address Address Complement	·	
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DETAILS OF OTHER VEHICLE PROPERTY 1		
	DETAILS OF OTHER	VEHICLE PROPERTY 1

SJN6199D

Vehicle Registration Number

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

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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")

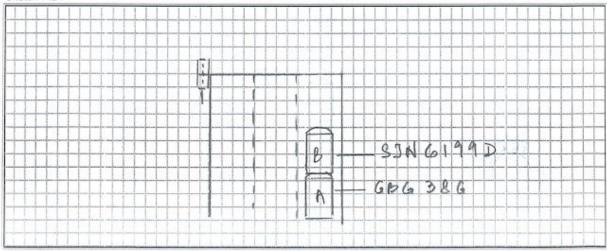
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 of Singapore, for one or more of the above Purposes of Singapore, for one or more of the above Purposes.

Signature (Date)

Policyholder's Signature / Date & Time

Actual Diver'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 24 @ 4pm at traffic light punction of Mo kio Ne 5 and my mo kio and Ph Z My vehicle was stop at traffic light prinction vin B was in front of me. When traffic light turns green to move of trinking veh & was moving of but reh & stop suddenly after moving off. I immediately stop touch weh Breav. No visible damage on veh refer to photos) and no damage to my veh too. lawrence e lovens. cm. sq

Declaration

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

gnature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)

vJun2022

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