

## 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 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 ability
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 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 Report	18/04/2016 17:42
Date Of Accident	16/04/2016 12:20
Exact Location Of Accident	OPEN C/PARK- CHONG PANG MARKET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9908Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD KHAIRUL BIN MUHD KEMAL
NRIC No	S7044343J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81574323
Alternative Phone No	Others-81574323

### Vehicle Particulars

Manufacturer	KIA
Model	KIA CARENS 2.0 A/T
Exact Purpose for which vehicle was being used at time of accident	PVT USE

Are you claiming under your own insurance policy for repair to your vehicle? No

If No, Please state action to be taken Reporting Only

Vehicle Category Private Car

### Insurance Company

Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z15VP05006855
Cover Note Number	22/8/15-21/8/16

### Driver

Name of Driver	NORASHEEDAH BINTE MOHAMED ALI
NRIC No	S7323937J
Date Of Birth	15/07/1973
Occupation	Indoor
Date Of Driving Pass	15/03/1996
Driving Experience	20 Years And 1 Month
Gender	Female
Mobile Number	(Local) +65-92257654
Fax Number	
Contact Number	
EMail Address	norasheedah@yahoo.com.sg

Address	APT BLK 348B YISHUN AVENUE 11 #04-575
Postcode	762348
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Spouse
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Unknown - REFER SKETCH
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7912S
Vehicle Make/Model/Colour	TRASCAB/ RED
Details Of Properties	
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	91456703
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SJF 9908Y

INSURER : Longac

DOA : 18/4/16

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### 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

P.T.O.

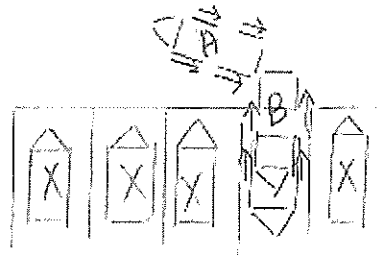
## Sketch Plan #2

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own policy. Please check your policy for more information.

( ) Claim Own Policy ( ) Claim TP ( ) Claim OD/TP at other workshop (✓) Reporting Only

Describe Circumstances of the Accident

Sketch Plan



VEHA: STF 99084

VEHB: SHD 79135

Mr Tan

hp: 91456703

Accident occurred on 16/4/16 at about 12:00pm at the open carpark @ Cheng Pang market. As there was no available lots, I had to make a 3 point turn to leave the carpark. Upon checking for clearance, I started to reverse when suddenly my taxi (B) reversed out from a parking lot and collided onto my vehicle. The taxi driver demanded and pressured me to compensate him immediately. As I was very nervous, I gave in to him and we both agreed to settle it amongst ourselves. Few hours later, my husband saw the damages and find that the driver had tried to demand unreasonable amount, and he convince him to return the money which I gave earlier. However on 18/4/16, the driver called my husband and asked us to file for accident report.

### Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel