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MSME16058347 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 16/05/2016 12:26

## 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	16/05/2016 12:26
Date Of Accident	14/05/2016 14:30
Exact Location Of Accident	BISHAN ST 13 JUST IN FRONT OF BISHAN BUS INTERCHAN
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF3645H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG BEE SENG BETTY
NRIC No	S1290735D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96461891
Alternative Phone No	Office-96461891
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
<b>Insurance Company</b>	
Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/15/VP00/093174
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH DUO YUN SHAUN
NRIC No	S8222173E
Date Of Birth	08/07/1982
Occupation	Indoor
Date Of Driving Pass	24/02/2012
Driving Experience	4 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-96461890
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 127 BISHAN ST 12 #08-135  
 Postcode 570127  
 Was driver an employee of the Insured's Company No  
 If No, Relationship of the Driver with the Insured Children  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident Collision- Head to Rear (TP Hit Insured)  
 Weather Conditions Raining  
 Road Surface Wet

**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) 2

**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**

I STOPPED BEFORE THE STOP LINE. DUE TO TRAFFIC LIGHT IS RED. I WAS IN THE LEFT LANE OF A 2 LANES ROAD. SOMEWHERE ALONG BISHAN ST 13, JUST IN FRONT OF BUS INTERCHANGE. OUT OF SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISED THAT VEHICLE B DROVE FROM THE REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKX8789Z  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number  
 Email Address

## Sketch Plan Pg.1

SKETCH PLANIMPORTANT NOTICE

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

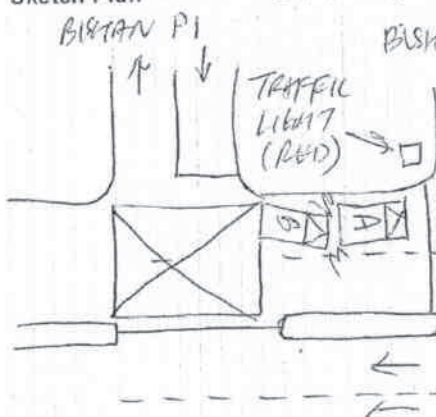
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan *BISHAN ST 13 JUST IN FRONT OF BISHAN BUS INTERCHANGE*



*BISHAN STREET 13*

*A-SKF 3645 H*  
*B-SKX 8789 Z*

*H91*



## Sketch Plan #2 Pg.1

## Describe Circumstances of the Accident

I STOPPED BEFORE THE STOP LINE, DUE TO THE TRAFFIC LIGHT IS RED. I WAS IN THE LEFT LANE OF A 2 LANE ROAD. SOMEWHERE ALONG BISHAN STREET 13 JUST IN FRONT OF BISHAN BUS INTERCHANGE. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) DROVE FROM THE REAR AND COLLIDED INTO THE REAR PORTION OF MY VEHICLE. A - SEF 3645 H  
B - SEK 8789 Z

## Declaration

We declare the foregoing particulars are true in every respect.

Shawn

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel