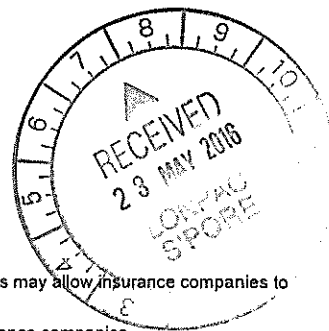


SINGAPORE ACCIDENT STATEMENT



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	20/05/2016 16:59
Date Of Accident	19/05/2016 18:00
Exact Location Of Accident	JUNC OF SLIM BARRACKS RISE & ONE NORTH LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP984T
Insured/Policyholder	
Name Of Registered Owner	CHAI CHUAN HAO
NRIC No	S8031981I
Email Address	JACKSON_CHAI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96775894
Alternative Phone No	Office-96775894

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.5 (A)

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? Yes

If No, Please state action to be taken

Vehicle Category	Private Car
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Insurance Company

Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z15VP05005263

Cover Note Number

Driver

Name of Driver	CHAI CHUAN HAO
NRIC No	S8031981I
Date Of Birth	12/10/1980
Occupation	Indoor
Date Of Driving Pass	03/05/2001
Driving Experience	15 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-96775894
Fax Number	
Contact Number	Office-96775894
EMail Address	JACKSON_CHAI@YAHOO.COM.SG

Address	BLK 1 JALAN BUKIT MERAH #14-4502
Postcode	150001
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
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 Side
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)	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

PLEASE REFER TO SKETCH PLAN.

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

Vehicle Registration Number	SJN1677Z
Vehicle Make/Model/Colour	FIAT BRAVO
Details Of Properties	
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

IMPORTANT NOTICE

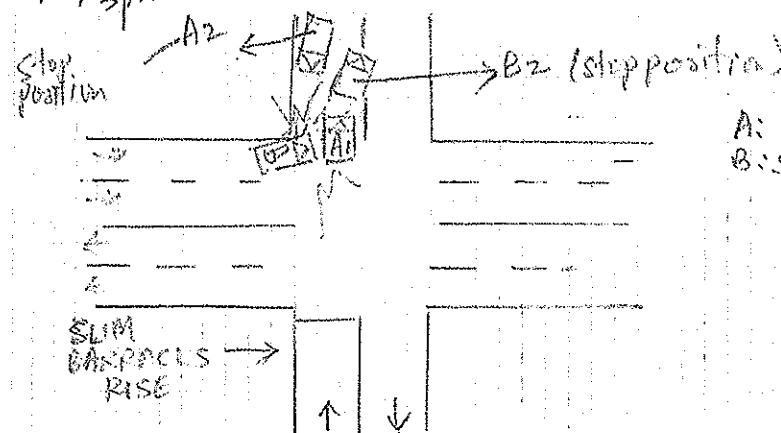
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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



A: SEP 984 T
B: SJN 1677 Z

Describe Circumstances of the Accident

DRIVING ALONG SLIM BARRACKS RISE AND I STOPPED AT THE STOP LINE. WHEN TRAFFIC WAS CLEAR AND NO TRAFFIC, I WENT STRAIGHT. WHEN I ALMOST ENTERED THE OTHER SIDE OF THE ROAD, VEHICLE B SUDDENLY HIT MY VEHICLE LEFT PORTION. THE IMPACT WAS SO GREAT THAT MY CAR SPUN BUT FORTUNATELY I DID NOT HIT ANY KERBS.


THE OTHER MUST BE DRIVING VERY FAST.

HE ALIGHTED AND SAY HE GOT CAMERA.

I HOPE THE INSURANCE WILL LOOK INTO THIS CASE AS I WAS DRIVING AT NORMAL SPEED AND ALMOST INTO THE OTHER SIDE I FEEL VERY INNOCENT AND VICTIMISED.

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