

## 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	16/09/2016 19:03
Date Of Accident	15/09/2016 14:50
Exact Location Of Accident	PIE TOWARDS KALLANG WAY TOAPAYOH EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5896Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIN CHENCHENG
NRIC No	S8785362D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81216658
Alternative Phone No	Office-81216658

### Vehicle Particulars

Manufacturer	MAZDA
Model	M3-1.6 (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? No

If No, Please state action to be taken Third Party

Vehicle Category Private Car

### Insurance Company

Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z16VP05011736
Cover Note Number	

### Driver

Name of Driver	LIN CHENCHENG
NRIC No	S8785362D
Date Of Birth	28/11/1987
Occupation	Indoor
Date Of Driving Pass	03/02/2016
Driving Experience	0 Year And 7 Month
Gender	Male
Mobile Number	(Local) +65-81216658
Fax Number	
Contact Number	Office-81216658
EMail Address	NOEMAIL

Address

Postcode

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) 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

PLEASE REFESRT TO THE CIRCUMSTANCES OF THE ACCIDENT

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC2914P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 90994444

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

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6. **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 making 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.

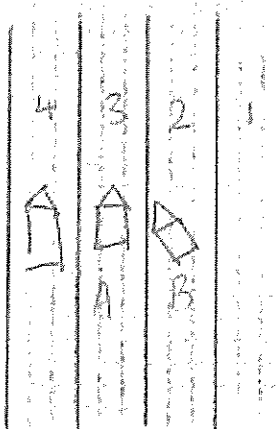
*Lin Changlong 16/04/2016*  
Policyholder's Signature / Date & Time

*Lin Changlong 16/04/2016*  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan

*RTI towards Kallang  
way round Tanjong  
exit*



*A SJK3896J  
B SHC 2914P*

## Sketch Plan #2

### Describe Circumstances of the Accident

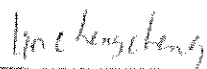
I was driving along Pan. Lohat Expressway (PTE) towards Kallang way around the bend but I was on the 2nd lane and wanted to filter over to the 4th lane. I signaled left in preparation to filter lane but there was still a car in the lane so I slowed down ~~slightly~~ slightly to prepare to filter after the car ran through. However I suddenly felt an impact and I realised that my car side mirror was being hit by another vehicle the taxi which was travelling on the 2nd lane. We stopped and exchanged particulars.

### Declaration

We declare the foregoing particulars are true in every respect

Lin cheng cheng 16/09/2016  


Policyholder's Signature / Date & Time

Lin cheng cheng 16/09/2016  


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

  
Witnessed by Reporting Centre Personnel