# 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 witholding 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

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	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
Insured/Policyholder	
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
 \$8785362D

 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 Registration Number of Driver's Own

-

Insurance Company of Driver's Own Vehicle

-

No

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)

**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?

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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- 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.
- 6 Consent under the Personal Data Protection Act (PDPA)

Funderstand, actnowledge, agree and consent that

- (a) My maurer my workshop and the Ceneral insurance Association of Singapore ("GIA") may rare permitted to cosect, use, disclose and/or process my personal data/personal information set out in this (form) and shy other personal information provided by his or possessed by my insurer (colectively the "Personal Information") and disclose and transfer such Reisonal 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 lawyershaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the posce), 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.
- ik) investigating the accident ancior my claims,
- (x) carrying out ancion dealing with my instructions of responding to any enquiries by me
- (w) administering my claims (including the making of correspondence, statements, invoices, reports or nonces to me, which could invoive 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 flow, 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 GA to their third party service providers or agents (including their law yers/faw firms), which may be sited nutside of Singapore, for one or more of the above Purposes

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# Sketch Plan #2

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