



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	05/10/2016 09:47
Date Of Accident	05/10/2016 07:45
Exact Location Of Accident	LIM AH PIN ROAD - MOBIL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4887R
Insured/Policyholder	
Name Of Registered Owner	TAN PANG YONG, JOHN PAUL
NRIC No	S8741737I
Email Address	johnpaul.tpy@gmail.com
Mobile Phone No	(LOCAL) +65-97731064
Alternative Phone No	Others-97554488
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER-2.0 Premium (ZSU60) (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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
Insurance Company	
Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z16VP05010764
Cover Note Number	

Driver	
Name of Driver	HOE WAI LIN
NRIC No	S1181792J
Date Of Birth	07/01/1956
Occupation	Indoor
Date Of Driving Pass	08/05/1978
Driving Experience	38 Years And 4 Months
Gender	Female
Mobile Number	(Local) +65-97554488
Fax Number	
Contact Number	
Email Address	annehoe116@gmail.com

Address	6 LIM AH PIN ROAD #04-03
Postcode	547822
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Parent
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - PLEASE REFER TO SKETCH PLAN
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?	Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

As I was turning to side road from Lim Ah Lin Rd to Mobil Station to pump petrol. A taxi from right side was speeding in from main road and we collided.

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

Vehicle Registration Number	SHD324A
Vehicle Make/Model/Colour	TRANSCAB - RED
Details Of Properties	
Name of Driver	TAN PENG HWEE
NRIC/Passport Number	S1467206J
Contact Number	
Address	BLK911 HOUGANG STREET 91 #06-62
Postcode	530911
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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' 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.

OWNER OVERSEAS for 2 yrs.

5/10/16

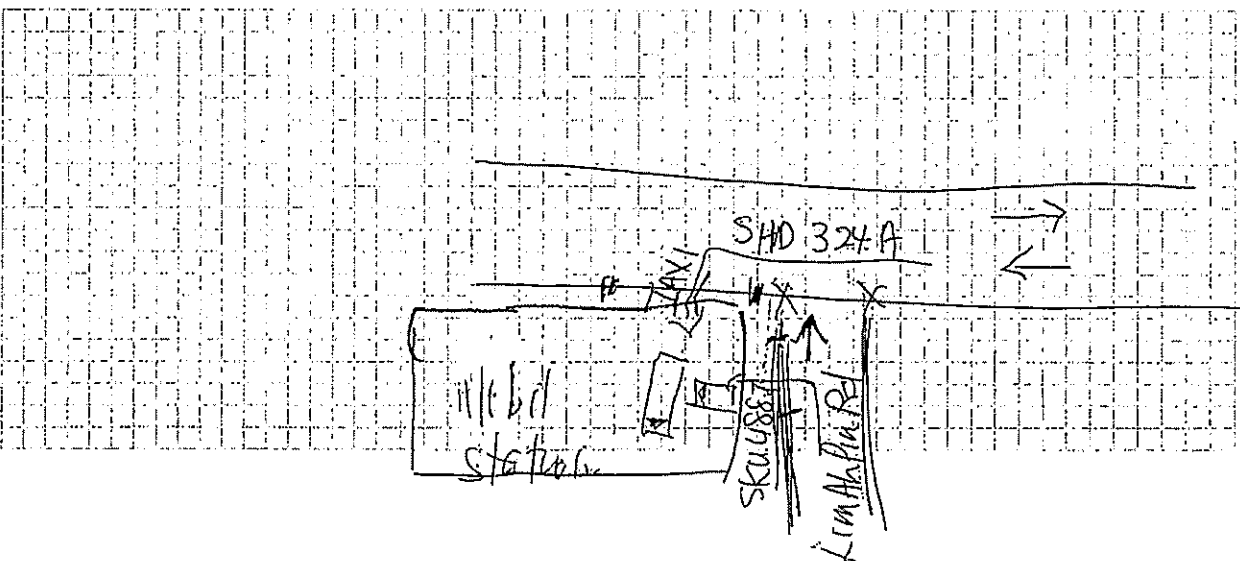
Signature

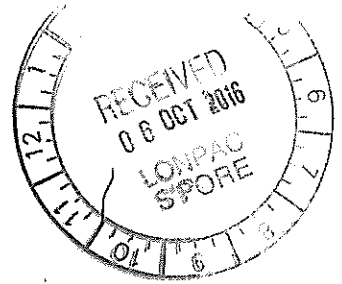
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLH/M/6124537 Vehicle Registration No : SKU488JR
 Name(as shown in NRIC): Hoe Wei Lin
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : 51181792J
 Address : 6 Lim Ah Pin Rd .
 Contact (Tel) : _____ (H/P) : 97554488
 (Email) : annehoe116@gmail.com
 Date of Accident : 5/10/16 . Time of Accident : 7:35am
 Place of Accident : Lim Ah Pin Rd (Mobil Station)
 Insurance Company : Lonpac Insurance Berhad

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

As I was driving from Lim Ah Pin Rd to turn left to side
road to Mobil station there was 2 humps before
I reach the pump. Suddenly a taxi was speeding
on from Serangoon Rd to the Mobil station and there
was a collision.

[Signature]
 Signature of Vehicle Owner / Driver
 Date: 6/10/16 .

Describe Circumstances of the Accident

As I was turning to side road from Lim Ah Pink Rd to, Model station to Opump petrol. A taxi from right side was speeding in from main road & we collided.

TAXI DRIVER - TAN PENG HWEE
IC No. S1467206J

Declaration

We declare the foregoing particulars are true in every respect.

Owner overseas
for 2 yrs.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel