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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	07/11/2016 11:01
Date Of Accident	05/11/2016 12:35
Exact Location Of Accident	Sin Ming Rd
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX3815P
Insured/Policyholder	
Name Of Registered Owner	EVERVIT LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96661449
Alternative Phone No	Office-96661449
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L 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	Commercial Vehicle
Insurance Company	
Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	Z/16/VC20/099331
Cover Note Number	
Driver	
Name of Driver	TAN KIM CHAI, CASEY
NRIC No	S1721070Z
Date Of Birth	26/12/1965
Occupation	Indoor
Date Of Driving Pass	09/04/1984
Driving Experience	32 Years And 6 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	
Postcode	
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
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	Clear
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	3

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

REFER ATTACHED REPORT.

Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU4422X
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Name of Driver	KAM LAI LIN
NRIC/Passport Number	S7434593Z
Contact Number	81111912
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	JESSICA
Phone Number	81157787
Email Address	

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.
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.

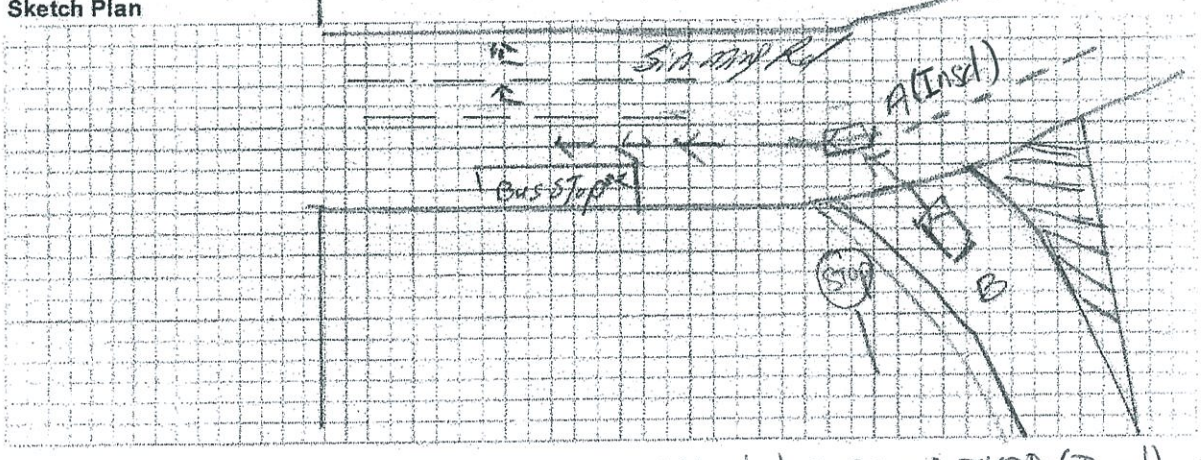
EVERVIT LEASING PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : SKX 3815P (Insd).

B : SGU 4422X.

Describe Circumstances of the Accident

I was driving straight from Sin Ming Road towards Sin Ming Plaza. Suddenly I heard a loud bang. A Honda car turning out from Shunfu Road. Without stopping at the white line hit on my rear left portion. A witness sitting at the bus stop waiting for bus stop saw the whole incident. Name: Jessica Tel: 81145787

Declaration

I/We declare the foregoing particulars are true in every respect.

EVERVIT LEASING PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Accident Photo

Accident Photo

Accident Photo

Accident Photo