SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver}}$
- 3. Information provided must be as <u>truthful and accurate</u> 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	07/11/2016 18:58	
Date Of Accident	05/11/2016 12:30	
Exact Location Of Accident	SIN MING ROAD (BUS STOP OPPOSITE THOMSON V TWO)	
Country/State of Loss	Singapore	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGU4422X	
Insured/Policyholder		
Name Of Registered Owner	KAM LAI LIN	
NRIC No	S7434593Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81111912	
Alternative Phone No	Office-81111912	
Vehicle Particulars		
Manufacturer	HONDA	
Model	FIT-1.3 (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	Z16VP05008502	
Cover Note Number		
Driver		
Name of Driver	KAM LAI LIN	
NRIC No	S7434593Z	
Date Of Birth	13/10/1974	
Occupation	Indoor	

16/06/1998

Female

NOEMAIL

18 Years And 4 Months

(Local) +65-81111912

Office-81111912

Address BLK 207 BISHAN ST 23

#07-395

Postcode 570207

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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 REFER TO SKETCH PLAN.

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 SKX3815P

Vehicle Make/Model/Colour HONDA CIVIC - RED

Details Of Properties

Name of Driver TAN KIM, CASEY

NRIC/Passport Number S1721070Z

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

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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' 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.

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

A SALLHA 22 X

B MS

B M

Accident Sketch Plan Pg.2

Describe Circumstances of t	he Accident	
Driving along Keeping along Contane No	0.9) suppleated cut into my	Rocal) I was not (or driver lare (N1.3),
the didn't not didn't signe	al or slowing down with	turing left lane
As due to (Infont) or a turning of furning ufz		
His sudden font right back left when he	front of my car not again rear of the other car	ne resulted my not vic packyear vic Cov, catalie
Declaration		
We declare the foregoing particulars	are true in every respect.	
On Policyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Pagading Codes
Folicyfloider's Signature / Date &	& Time	Witnessed by Reporting Centre Personnel



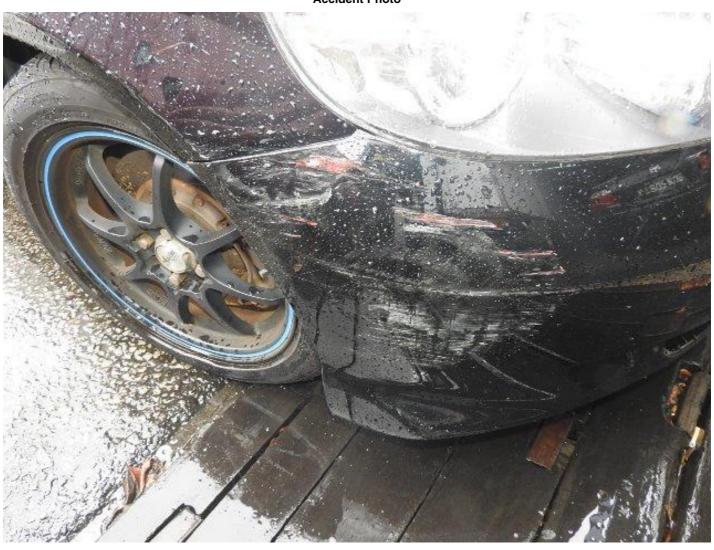




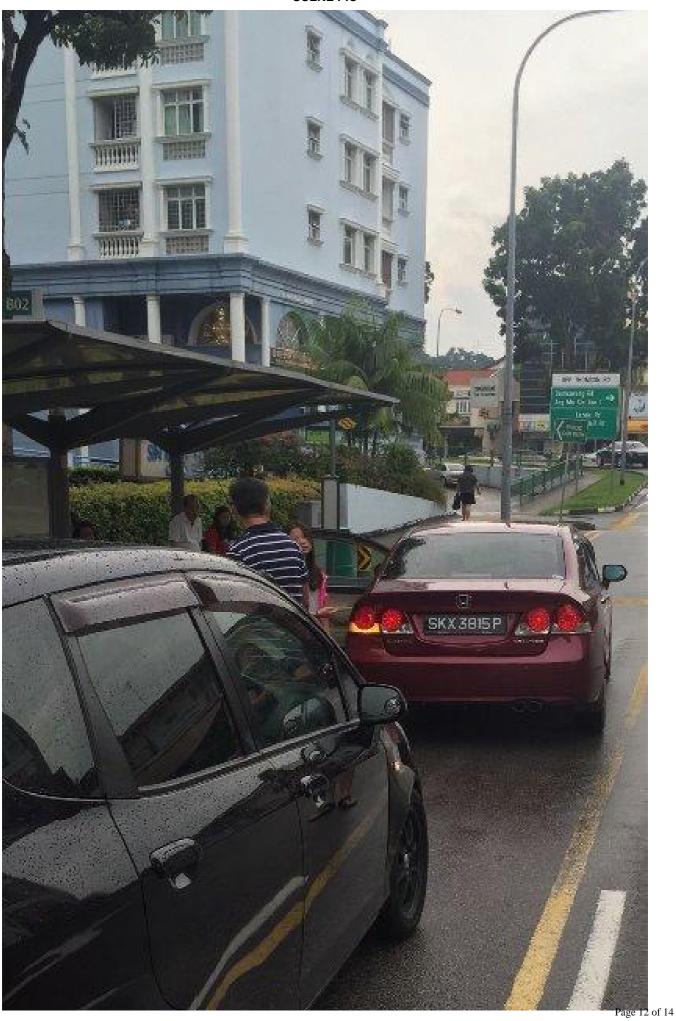








SCENE PIC



SCENE PIC



SCENE PIC

