

## 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	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
<b>Insured/Policyholder</b>	
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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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.

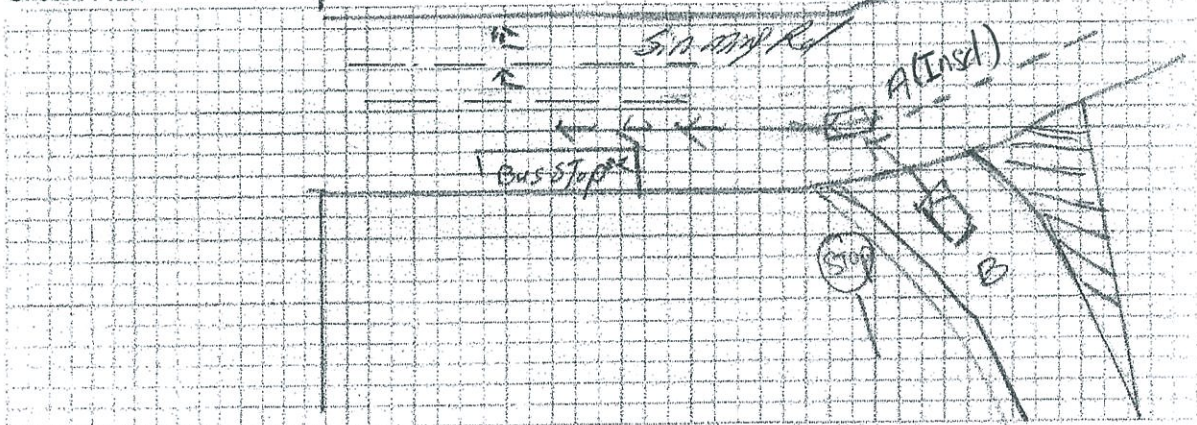


Policyholder's Signature / Date & Time

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 Shunful 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: 8115 7787

### Declaration

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



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

