

## 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	06/12/2017 12:30
Date Of Accident	05/12/2017 16:40
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT AFTER TOA PAYOH LOR 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ5152S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMILY NEO AH TOOK
NRIC No	S1729644B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91824888
Alternative Phone No	OFFICE-91824888

### Vehicle Particulars

Manufacturer	MINI
Model	JOHN COOPER WORKS-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	ON MY WAY TO OFFICE
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	Z17/VP05/016433
Cover Note Number	

### Driver

Name of Driver	CHARMAINE LOW
NRIC No	S9607131J
Date Of Birth	28/02/1996
Occupation	INDOOR
Date Of Driving Pass	16/10/2015
Driving Experience	2 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90170171
Fax Number	
Contact Number	
Email Address	NOEMAIL

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Address	76 JALAN ANGIN LAUT
Postcode	489273
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
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.	NO
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

ON 05/12/2017 AT ABOUT 1640 HOURS, I WAS TRAVELLING IN LANE 1 ALONG PIE TOWARDS CHANGI AIRPORT. JUST AFTER TOA PAYOH LORONG 6 EXIT, THE VEHICLES IN FRONT OF ME SUDDENLY STOPPED. ON SEEING THAT I APPLIED MY BRAKES BUT TO NO AVAIL. AS A RESULT, THE FRONT PORTION OF MY VEHICLE (REGN NO: SKQ5152S) COLLIDED INTO THE REAR PORTION OF THE FRONT VEHICLE (REGN NO: SLN3665X).

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN3665X
Vehicle Make/Model/Colour	MINI COUNTRYMAN
Details Of Properties	REAR PORTION DAMAGED
Name of Driver	TAN SZE LING
NRIC/Passport Number	S7428564C
Contact Number	98363977
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR PORTION DAMAGED
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/12/2017

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.

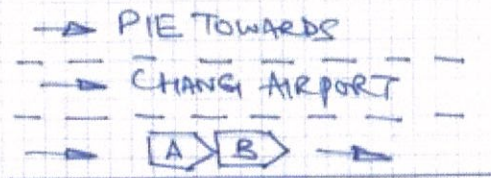




## Sketch Plan #2

### SKETCH PLAN

A SQS152S  
 B SLN366SX



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Report

### 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

06/12/17

Reporting Centre Person's Signature

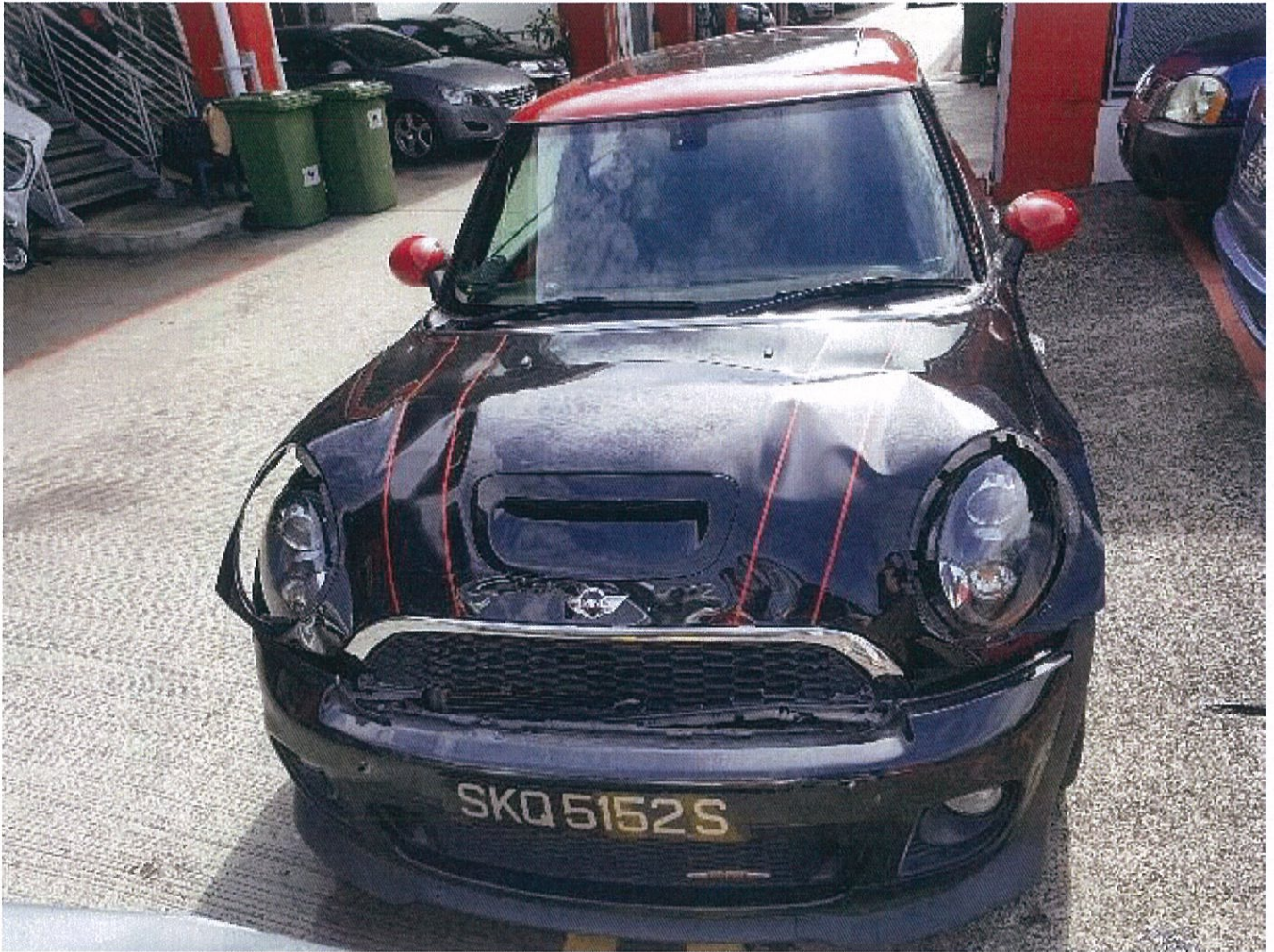
Name:

NRIC/FIN No.:



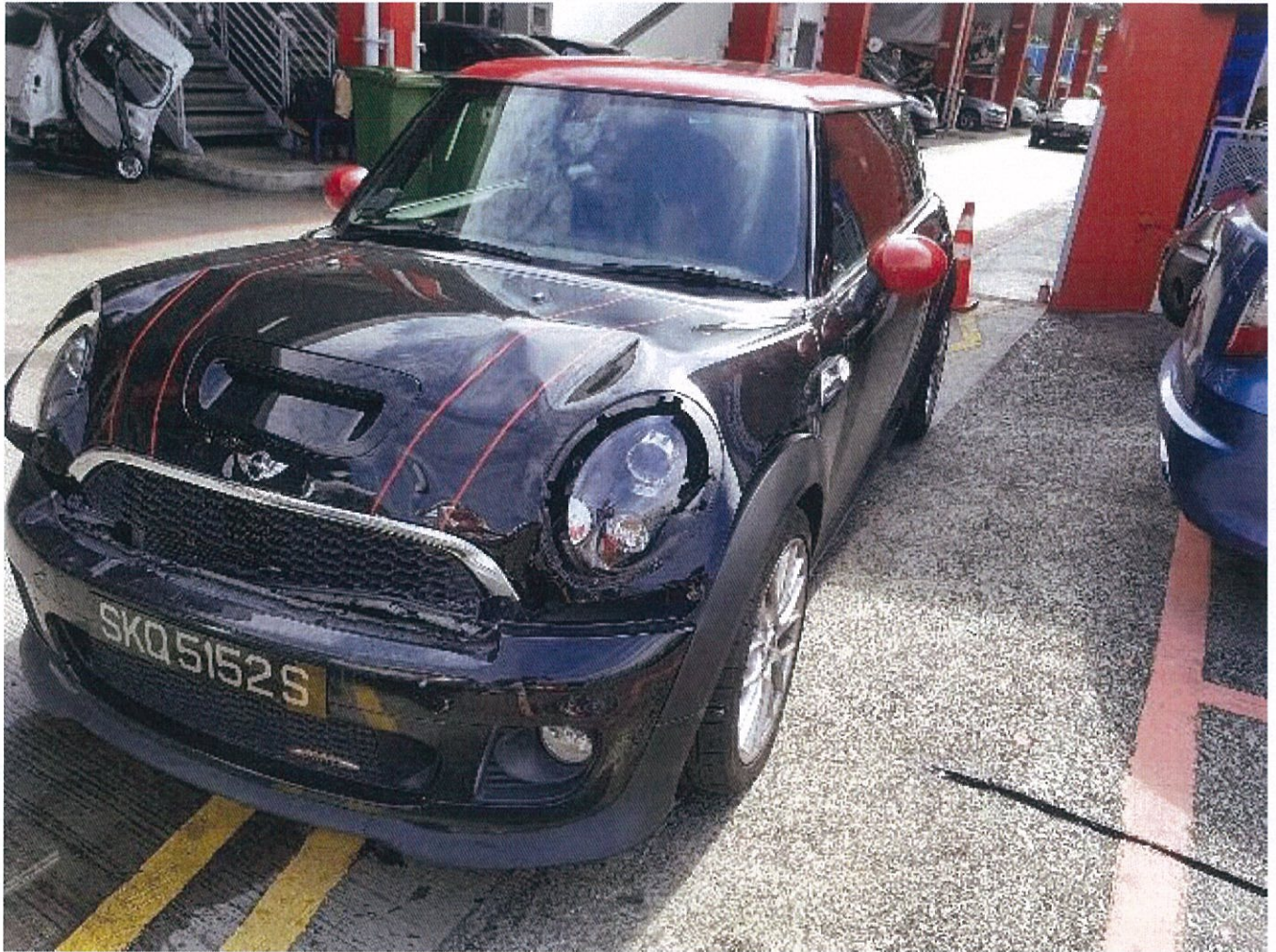


Accident Photo





Accident Photo





Accident Photo

