

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	18/12/2017 16:56
Date Of Accident	18/12/2017 14:15
Exact Location Of Accident	SERANGOON GARDEN WAY TOWARDS YIO CHU KANG MERGING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3043C
Insured/Policyholder	
Name Of Registered Owner	TAN WEE PHENG
NRIC No	S7021797Z
Email Address	DAMIAN.TAN@ASIA.MEAP.COM
Mobile Phone No	(LOCAL) +65-93872259
Alternative Phone No	OTHERS-93872259

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA

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	Z17VP05016525
Cover Note Number	12/12/2017 TO 11/12/2018

Driver

Name of Driver	TAN WEE PHENG
NRIC No	S7021797Z
Date Of Birth	29/05/1970
Occupation	INDOOR
Date Of Driving Pass	08/05/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872259
Fax Number	
Contact Number	OTHERS-93872259
EMail Address	DAMIAN.TAN@ASIA.MEAP.COM

Address	APT BLK 529 SERANGOON NORTH AVENUE 4 #09-24 (S) 550529
Postcode	
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 - CHANGE/CROSS LANE
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

refer with attach.

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	SKM5210D
Vehicle Make/Model/Colour	LEXUS ES250
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan Pg. 1

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:

18/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

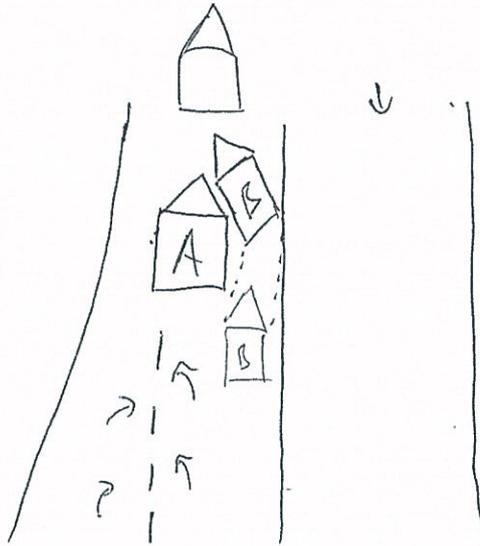

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/12/17 at around 1417 hrs, I was driving along Serj Serangas Garden Way towards Yio Chu Kang.												
Right in front of me was a merging lane and there was a car in front of me. That car in front of me then stop slow down due to some road works in front of him. Therefore I slowed down as well. Please note that I am already at the extreme left of the lane.												
Just then, vehicle B (SKM5210D) LEXUS IS250 came from behind and squeeze his way through from my right and hit the front right portion of my car.												
There is nothing I can do to avoid the accident. Please refer to the video footage captured on my Dash cam.												
<table border="1"> <tr> <td colspan="2">COMPAC</td> </tr> <tr> <td>Incident No. <u>SM2113C</u></td> <td>Date of Accident <u>18.12.2017</u></td> </tr> <tr> <td><input type="checkbox"/> Reporting Only</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Own Damage Claim</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Third Party Claim</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Other Workshop</td> <td><u>SAT Motors</u></td> </tr> </table>	COMPAC		Incident No. <u>SM2113C</u>	Date of Accident <u>18.12.2017</u>	<input type="checkbox"/> Reporting Only		<input type="checkbox"/> Own Damage Claim		<input checked="" type="checkbox"/> Third Party Claim		<input checked="" type="checkbox"/> Other Workshop	<u>SAT Motors</u>
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DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

