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.	
THE EAST CONTRACT OF THE REAL	ACCIDENT STATEMENT
Date Of Report	21/12/2017 14:19
Date Of Accident	21/12/2017 10:30
Exact Location Of Accident	ALONG KPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD5914D
Insured/Policyholder	
Name Of Registered Owner	CHEN YILANG
NRIC No	S8323207B
Email Address	YILANGNETZSPIEL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90303766
Alternative Phone No	OTHERS-90303766
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA-1.5 AXIO (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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
Type Of Coverage	COMPREHENSIVE

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Fleet Policy

Policy Number

Cover Note Number

Name of DriverCHEN YILANGNRIC No\$8323207BDate Of Birth29/07/1983OccupationINDOORDate Of Driving Pass31/05/2016

Driving Experience 1 YEAR AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90303766

Fax Number

Contact Number OTHERS-90303766

EMail Address YILANGNETZSPIEL@HOTMAIL.COM

NO

Z17VP05013037

Address

BLK 673B EDGEFIELD PLAINS #16-617

Postcode

822673

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 REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

I WAS DRIVING TO KPE AND BEFORE THE TUNNEL, I WAS DRIVING STRAIGHT. I SAW THE CAR SLOW DOWN AND WHEN I TRY TO SLOW DOWN, I CAN'T STOP IN TIME AND I BANG THE CAR INFRONT OF ME ITS A HONDA VEZEL BACK VEHICLE NUMBER SLD4407X (A). MY VEHICLE NUMBER IS SKD5914D (B). ALL THIS HAPPEN ON 21/12/2017 AT AROUND 10:20 AM.

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

SLD4407X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 6. The report will be forwarded by 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 lodgment 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.
- (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:
 - 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: 2 1 DEC 2017

14:19hr

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Poh Kwee Choo S6840583A

GIARNIC SketchPlanform_V3

Sketch Plan Pg. 2

SKETCH PŁAN	towards traffic	I aposle talle
SKETCH PLAN	towards traffic	V CIP Osle traffe
DESCRIBE CIRCUMSTANCES OF THE ACC		/
When I try to Slov I Bung the car Infra Vehicle number My Vehicle number	of Staght. I Saw of down, I Cant St of Me its a SLD IS SKD 5914	Honda Vezel Back 4407 × (A) D (B)
7 1 111 (2 7017	Signature er is not the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Poh Kwee Choo \$6840583A









