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

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	ACCIDENT STATEMENT	
Date Of Report	17/10/2016 17:49	
Date Of Accident	14/10/2016 15:00	
Exact Location Of Accident	UPPER THOMSON TOWARDS LORNIE RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP5029X	
Insured/Policyholder		

CHEW SIM FAK Name Of Registered Owner NRIC No S7570785A **Email Address NOEMAIL**

Mobile Phone No (LOCAL) +65-81683797 Alternative Phone No OFFICE-81683797

Vehicle Particulars

Manufacturer **HONDA** Model STREAM 1.8

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?

REPORTING ONLY 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 Z15VP05008166

Cover Note Number

Driver

Name of Driver CHEW SIM FAK NRIC No S7570785A Date Of Birth 14/07/1975 **INDOOR** Occupation Date Of Driving Pass 10/04/1996

20 YEARS AND 6 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-81683797

Fax Number

Contact Number OFFICE-81683797

EMail Address NOEMAIL Address

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION- HEAD TO REAR (INSURED HIT TP)

NO

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
Was there any video captured by Car Camera? NO
I have been approached by unknown person(s)

Number of Passengers (Including Driver) 1

soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED REPORT.

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF7224B

Vehicle Make/Model/Colour RANGE ROVER DISCOVERY

Details Of Properties

Name of DriverAMY ONGNRIC/Passport NumberS7227224BContact Number98512417

Address Postcode

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

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)

Lunderstand, 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

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

Witnessed by Reporting Centre.

Sketch Plan

Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident (New Style 1854) Chew Sim Fak, when		
14/10/16 3pm I (1/21C=5/5/6+85A) -124	a the contract of	
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1 Honda Storam (SKP5029X) (Pic show	A .	
SLF7224B (DX show B), Range Rover Discovery, drive	12	
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	as Jess	

Declaration

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

Witnessed by Reporting Centre Personnel

Sketch Plan #3 Pg. 1

















