

## 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	14/12/2017 23:27
Date Of Accident	13/12/2017 14:05
Exact Location Of Accident	MCPHERSON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA3950R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO TAI LOON
NRIC No	S1419253J
Email Address	ALLAN@SINGAPORERC.COM
Mobile Phone No	(LOCAL) +65-90625444
Alternative Phone No	OFFICE-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100454588
Cover Note Number	
<b>Driver</b>	
Name of Driver	TEO TAI LOON
NRIC No	S1419253J
Date Of Birth	21/12/1960
Occupation	INDOOR
Date Of Driving Pass	04/01/1988
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90625444
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	ALLAN@SINGAPORERC.COM

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 -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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 attached statement

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: UPLOAD LATER

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE463Y

Vehicle Make/Model/Colour NISSAN CABSTAR

Details Of Properties REAR LEFT PORTION

Name of Driver GUO JUNTANG

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

### 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.

*Labon*

Policyholder's Signature / Date &  
Time 14/12/2017 10:44AM

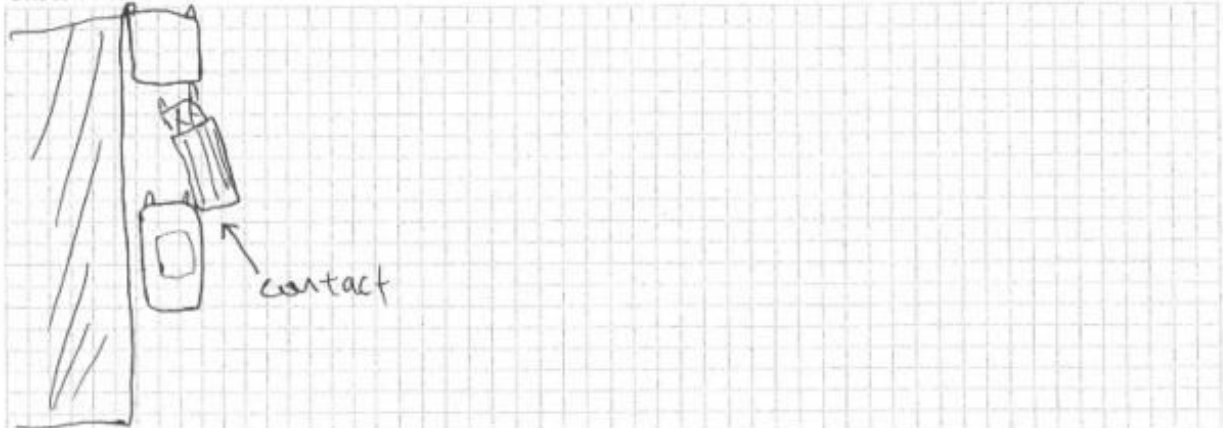
*Labon*

Driver's Signature (If driver is not the policyholder) / Date  
& Time 14/12/2017 10:44AM



Witnessed by Reporting Centre  
Personnel

#### **Sketch Plan**



## Individual Statement

### Describe Circumstances of the Accident

I Just position my car in parking Lot and ~~at~~ tear  
Coupon: 30+ seconds Later the ~~car~~ Lorry Contact  
the front right and caused deep Scratch and ~~the~~ dented  
the area.

I horned to alert the driver.

Lorry driver is careless and not intend to park in  
slot. He went to store to buy tools.

I went to the same tool store.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time 14/12/2017/  
1044 am



Driver's Signature (If driver is not the policyholder) / Date  
& Time 14/12/2017  
1044 am.



Witnessed by Reporting Centre  
Personnel

Accident Photo



Accident Photo





Accident Photo




Accident Photo





# Accident Photo



**LONPAC INSURANCE BHD**  
INCORPORATED IN MALAYSIA  
 2, Persiaran Pahlawan, Tingkat 1, Kompleks Pahlawan,  
 40100 Shah Alam, Selangor Darul Ehsan, Malaysia

**TAX INVOICE**

Issued's Copy

Name	DATE
1. HONG LUN CHONG P. LTD.	31-07-17

Address	Date Insured
1. NO. 1, JALAN KUALA TENG, WILAYAH PERSEKUTUAN, SINGAPORE 102513	10-07-17

Account No.	21772
Class Of Policy	COMMERCIAL VEHICLE
Policy No.	2177250010200
Period of Insurance	27/05/2017 TO 28/05/2018
Vehicle Number	101E 4017

(a) Gross Premium	S\$ 1,587.23
(b) Goods and Service Tax	30.00
(c) Total Due	S\$ 1,617.23

*[Signature]*

CHIEF EXECUTIVE  
(Singapore Branch)

**IMPORTANT NOTE**

CASH DEPOSIT GIVEN REGULATION 10(1)(b) SECTION 14 OF THE INSURANCE ACT 1966 WHERE AN INSURANCE COMPANY  
 UNDER THE PROVISION HAS BEEN PAID IN ACCORDANCE WITH THE REGULATION PRIOR TO THE SERVICE

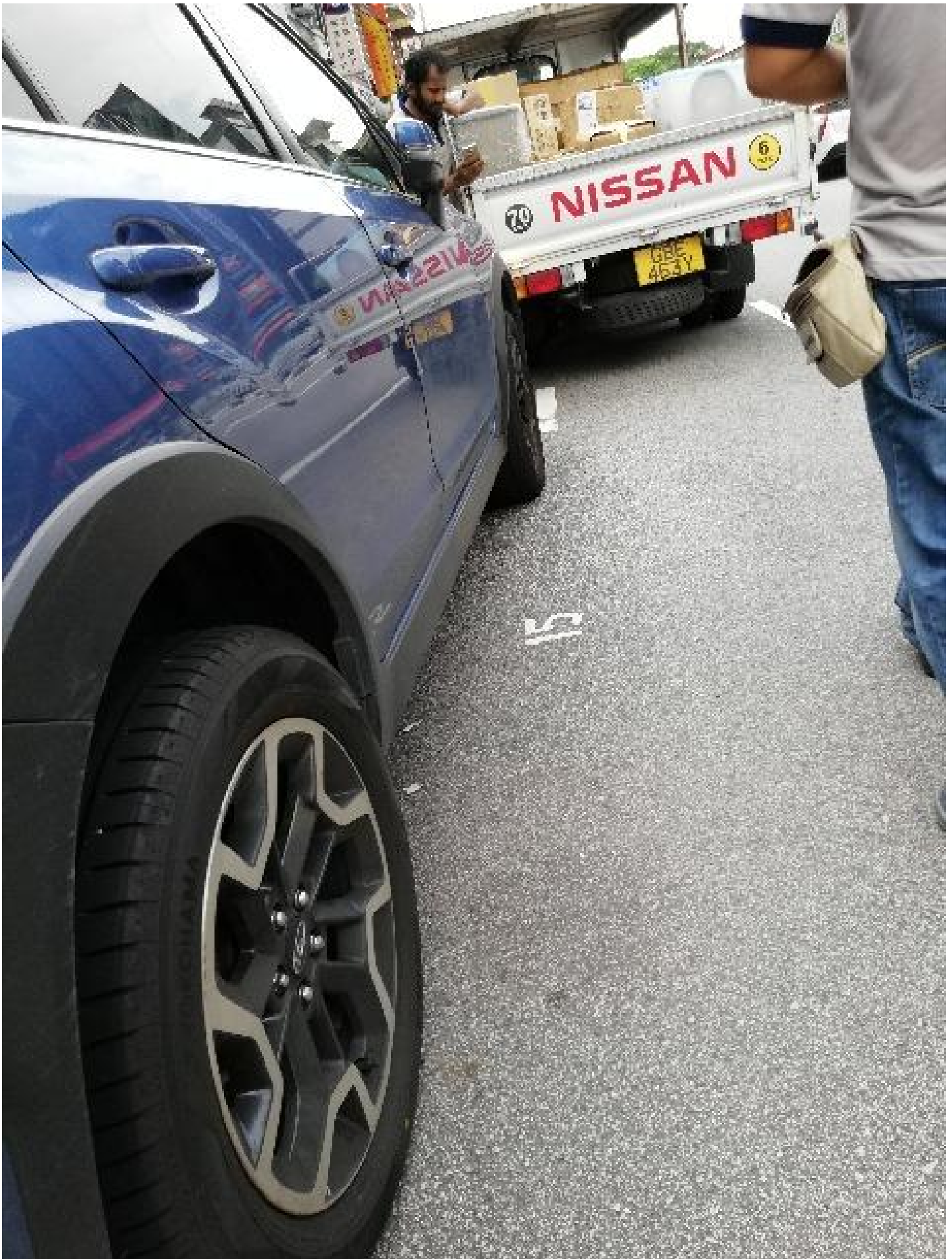
**PARTICULARS OF PAYMENT**

Please complete and return the following payment slip together with the cheque as stated.

Policy No	Z177VC00100508
Name of Bank and Branch	
Cheque No	
Amount	

Date :

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo

