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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/03/2018 11:59
Date Of Accident	21/03/2018 19:35
Exact Location Of Accident	OUTSIDE 62 PAVILLION RISE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP9656G
Insured/Policyholder	
Name Of Registered Owner	TAN YUNG HUI GABRIEL (CHEN YONGHUI)
NRIC No	S7726919C
Email Address	GABRIEL.TAN@BREINDEL.COM.SG
Mobile Phone No	(LOCAL) +65-96490390
Alternative Phone No	OTHERS-96490390
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD-2.5 S CVT ABS D/AIRBAG 2WD 5DR (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO IN LAW PLACE
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	Z17VP05015216
Cover Note Number	16/09/2017 - 15/09/2018
Driver	

Name of Driver CHENG KIT YENG JOCELYN (CHENG JIEYING)

NRIC No S7935884C Date Of Birth 09/11/1979 Occupation **INDOOR** Date Of Driving Pass 26/01/2002

Driving Experience 16 YEARS AND 1 MONTH

FEMALE Gender

Mobile Number (LOCAL) +65-81833531

Fax Number **Contact Number**

EMail Address JOCELYNCHENG SG@YAHOO.COM Address 157E TAMARIND RD #01-01

Postcode 806109

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

4

Number of Passengers (Including Driver)

Passenger 1

NAME: : JONAS TAN KIA JENG

GENDER: : MALE

Passenger 2

NAME: : JOSEPH TAN KIA GUAN

: FEMALE

GENDER: : MALE

Passenger 3

NAME: : GIANTI

Details of Police Action

Was the accident reported to the police?

NO

GENDER:

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG THE ESTATE AND DUE TO MISJUDGEMENT, MY VEHICLE FRONT LH PORTION HAD ACCIDENTALLY COLLIDED ONTO THE FRONT LH PORTION OF PARKED VEHICLE SJP7465T. NO ONE WAS INJURED.

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 SJP7465T

Vehicle Make/Model/Colour NISSAN BLACK

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO.: 568 96566 INSURER : 60100 DATE & TIME: 21103118 (8) 1935

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 interested parties.
- 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

22/03/18

Reporting Centre Personnel's Signature

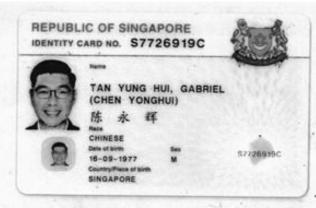
Name: OWILLY (ALM)

NRIC/FIN No .:

GIARMC SketchPlanForm V3

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	B: SJP 74657 Nissau, Black
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Note : Please note that your insurer may have 14days Time Frame	e for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with you	
under your own comprehensive policy. Please check with your CLARATION	
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under your own comprehensive policy. Please check with your CLARATION	

Sketch Plan #3











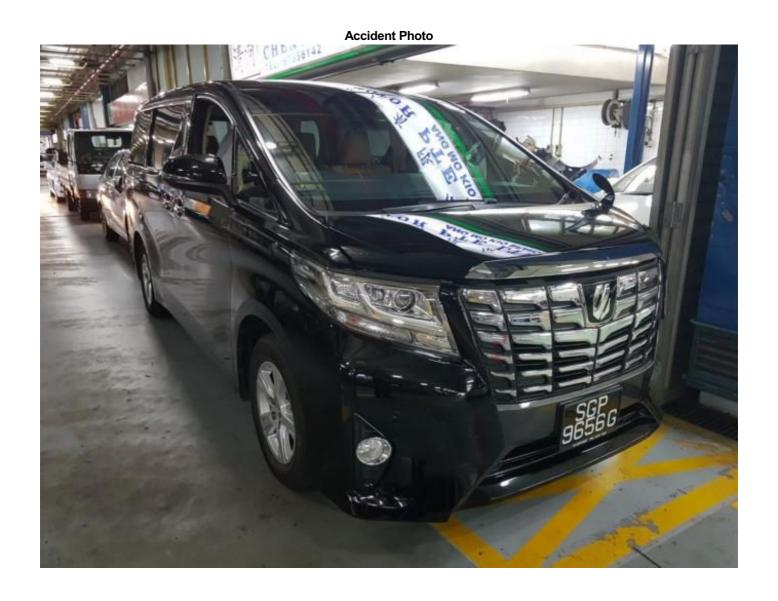




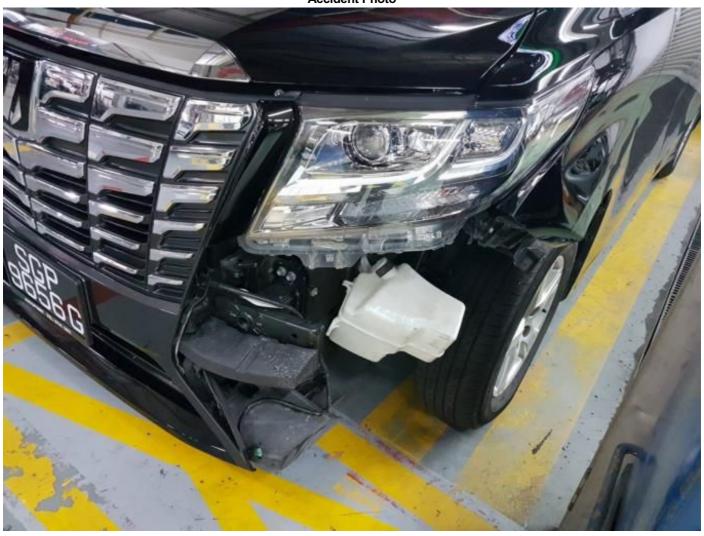


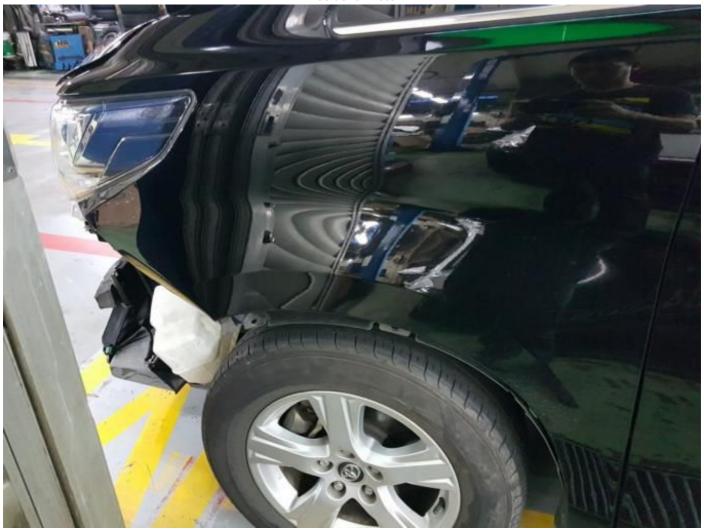












SCENE PHOTO



SCENE PHOTO

