

## 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 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	16/04/2018 16:53
Date Of Accident	16/04/2018 16:45 <sup>30</sup>
Exact Location Of Accident	ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8834J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH YEOW KOON
NRIC No	S1274842F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91141008
Alternative Phone No	OFFICE-91141008

### Vehicle Particulars

Manufacturer	NISSAN
Model	SLYPHY
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	
Cover Note Number	

### Driver

Name of Driver	GOH YEOW KOON
NRIC No	S1274842F
Date Of Birth	13/01/1957
Occupation	INDOOR
Date Of Driving Pass	31/05/1977
Driving Experience	40 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91141008
Fax Number	
Contact Number	OFFICE-91141008
EMail Address	NOEMAIL

Address BLK619APUNGGOL DR #15-781 S821619  
 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 - HEAD TO REAR  
 Weather Conditions DRIZZLE  
 Road Surface WET

**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? YES  
 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  
 Number of Passengers (Including Driver) 2  
 Passenger 1  
 NAME: : TAN LEE KEOW  
 GENDER: : FEMALE

**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 TO ATTACHED REPORT

**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 GBE736K  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver WANG JIAN  
 NRIC/Passport Number S8875570G  
 Contact Number NA  
 Address NA  
 NA  
 Postcode NA  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 1

SKETCH PLAN

Ang Mo Kio Ave 3



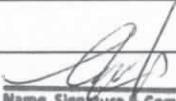
A: SJT8834J

B: GBZ736K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary due to red traffic light. Suddenly veh B from behind hit onto my rear partition

**DECLARATION**  
 I, HEREBY DECLARE that:-  
 1. The reporting centre personnel has explained the above statement & sketch plan to me.  
 2. I fully understand and agree with the above statement.  
 3. The information given is true and correct to best of my/our knowledge and belief.

  
 Name, Signature & Company  
 Stamp (if applicable)

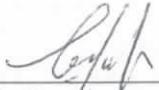
Lompac -

Insurance Co. \_\_\_\_\_  
 Vehicle No. SJT8834J Date of Accident 16/4/18

Reporting Only  
 Own Damage Claim  
 Third Party Claim  
 Other Workshop TBA

DECLARATION

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

16/4/18  1705  
Policyholder's Signature  
Date & Time:

 16/4/18 1705  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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