

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	12/02/2018 14:19
Date Of Accident	11/02/2018 12:00
Exact Location Of Accident	TRAFFIC JUNCTION OF BOON KENG & SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4123Z
Insured/Policyholder	
Name Of Registered Owner	ANG BOON LAY
NRIC No	S7533514H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91685831
Alternative Phone No	OFFICE-91685831

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
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?	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	Z17VP05016122
Cover Note Number	

Driver

Name of Driver	JAZELLE ROSE DE LEON MENDOZA
Passport No/FIN	EC2700423
Date Of Birth	12/03/1990
Occupation	INDOOR
Date Of Driving Pass	31/12/2015
Driving Experience	2 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-86619105
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	64 MOONSTONE LANE #03-01, M66
Postcode	328489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 MOTORCYCLIST
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?	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)	4
Passenger 1	NAME: : DARIEN YU CONG, ANG GENDER: : MALE
Passenger 2	NAME: : CHLOE JIA TING ANG GENDER: : FEMALE
Passenger 3	NAME: : SOCORRO MENDOZA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	FBD4462D
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBD4462D
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

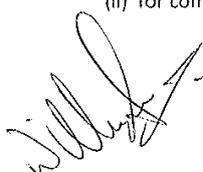
SKETCH PLAN

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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' 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:
 - (i) 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:

12/2/18 @
11am

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



**SINGAPORE
POLICE FORCE**



T/20180211/2047

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

1 of 3
Report No. T/20180211/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2018 14:05	Vide Report No.: A/20180211/0113	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: JAZELLE ROSE MENDOZA		Address: 64 MOONSTONE LANE #03-01 M66 SINGAPORE 328489	
ID Type / ID No.: PASSPORT / EC2700423		Contact No.: Home/Office: Mobile: 86619105	
Nationality: FILIPINO		Email:	
Sex: Female	Age: 27	Date of Birth: 12/03/1990	Type of Informant: Driver
Race: Filipino		Language:	Institution / School Name:
Occupation: TOURIST		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/02/2018 12:00	Type of Location: X-Junction
Location: BOON KENG ROAD SERANGOON ROAD Traffic Junction of Boon Keng Road and Serangoon Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4462D	Motorcycle				Seriously Damaged	0
SLG4123Z	Car				Seriously Damaged	3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report Pg. 2



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SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20180211/2047

CONTINUATION OF REPORT

Driver			
Name	JAZELLE ROSE MENDOZA		ID No. EC2700423
Related Vehicle	SLG4123Z (Car)		Contact No. 86619105
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 11/02/2018 at about 1200hrs I was travelling along the traffic junction of Boon Keng Road to Serangoon Road in my vehicle (SLG4123Z). I had wanted to make a right turn to Serangoon Road. The Traffic light was green and I had signaled right and was making right turn. Just as I was turning right, a motorcycle (FBD4462D) which I observed to be a PizzaHut Delivery Driver located at the front lane had sped forward at a very fast speed towards my vehicle and collided onto the front left portion of my vehicle. Because of the collision the motorcycle had toppled slightly onto the front windscreen of my vehicle which resulted in a crack. The Rider had fell off and was injured. Myself and my passengers were not injured. A passerby had called for police assistance and the Traffic police and ambulance came to our location. My vehicle had suffered damages to the front windscreen and front left portion which resulted in one of the front pieces of my vehicle to protrude out. The motorcycle rider was conveyed by ambulance and the TP officer who was at scene had given us a report number (A/20180211/0113) IO in charge: Sufian and told us to lodge a report regarding this incident. I wish to state that I had followed all regulations when travelling on the said road. My vehicle does not have any in-car camera. There are cameras at the said traffic junction. I am currently a tourist visiting Singapore and will be leaving the country on the 24/02/2018.



SINGAPORE
POLICE FORCE



T/20180211/2047

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

3 of 3

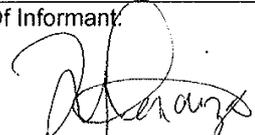
Report No. T/20180211/2047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 2 JOVI BENEDICK TAN WEI MING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2018 14:05
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORASHIKIN BINTE DAUD Contact No.: 65476439	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="614 1836 1109 2033" style="border: 1px solid black; padding: 5px;">  SINGAPORE POLICE FORCE <div style="float: right; text-align: right;"> SN 057 </div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center;">  SIGNATURE </div> </div>

Accident Photo



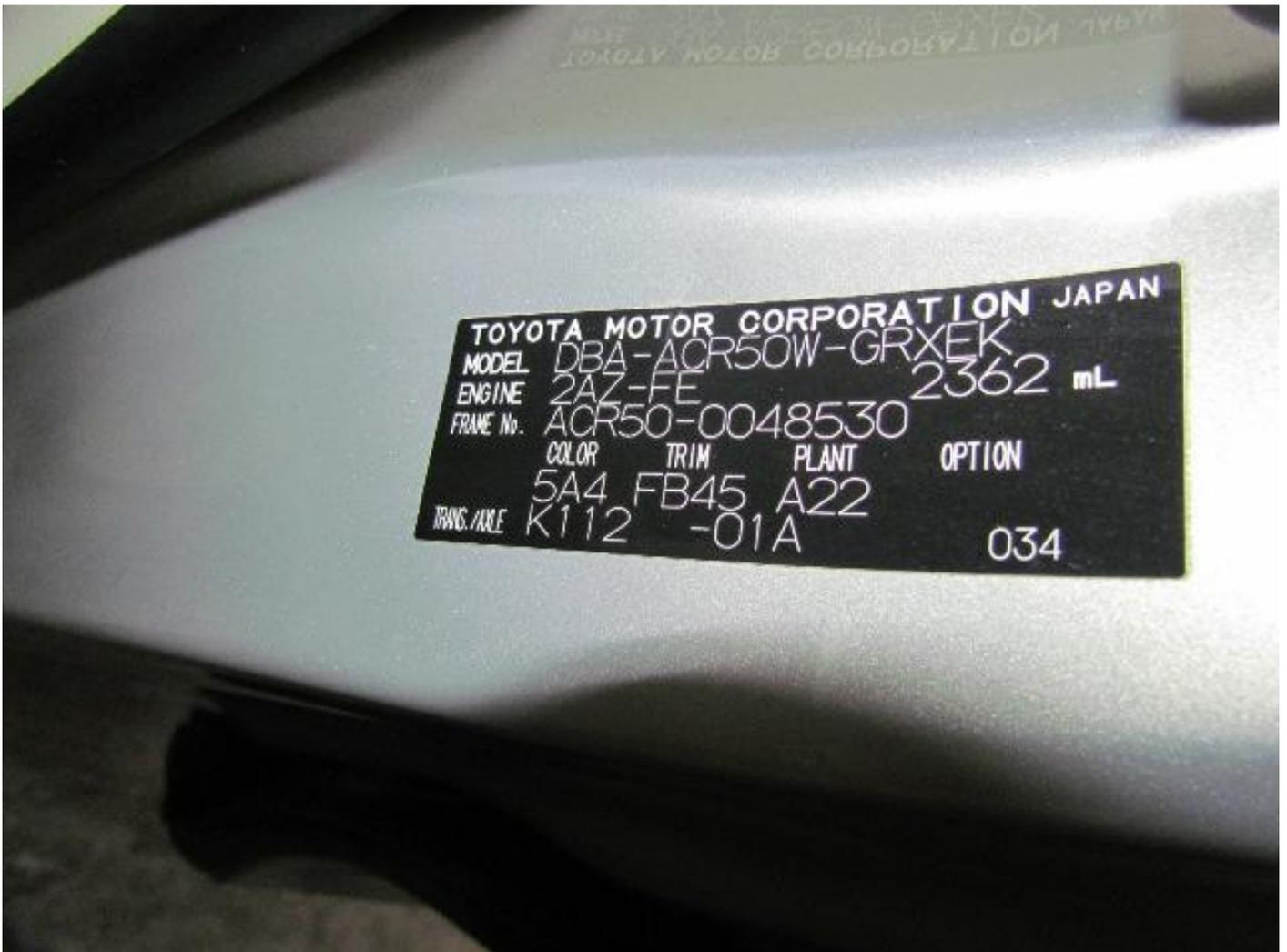
Accident Photo



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