SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number **EMail Address**

- 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.
- 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	02/05/2018 12:04
Date Of Accident	27/04/2018 16:45
Exact Location Of Accident	ALONG PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE5540E
Insured/Policyholder	
Name Of Registered Owner	SARAVANAN S/O PONNAPPAN
NRIC No	S7720848H
Email Address	LIVERPOOL2SARA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91474640
Alternative Phone No	OTHERS-91474640
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/17/VP05/016300-001
Cover Note Number	04/12/17 - 27/11/18
Driver	
Name of Driver	SARAVANAN S/O PONNAPPAN
NRIC No	S7720848H
Date Of Birth	05/07/1977
0 "	NDOOD

INDOOR

MALE

30/04/1998

19 YEARS AND 11 MONTHS

LIVERPOOL2SARA@GMAIL.COM

(LOCAL) +65-91474640

Address BLK 290A BUKIT BATOK ST.24 #08-77

Postcode 652290

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

-

NO

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING
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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

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 SKM6721P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG SENG CHUAN

NRIC/Passport Number S2511749B Contact Number 83181113

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: SJE ZZYO E

INSURER : Long

DATE & TIME: 27 4 8 @ 16:48

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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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:

Reporting Centre Personnel's Signature

Name: / (\\s)

NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN		
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	le March datio	A: 53E 5540E
		4: SKM 6721P
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Along PIE		Ng Seng Chuan
Twels Cha	(g) [A]	\$25117498
Airport		HP-83181113-
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Upon noticine	car B applied	brake to stop, I followed
) on o oppined	1, -1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
to brake 1	out my car o	ontinued to forward
thus hittin	g outs the n	ear of car B. No one
	7	9
was injured.		
		N .
11000		
	574	
		7/
	N N	
Note : Please note that y	our insurer may have 14days Time Fra	ame for you to submit an Own Damage Claim
	imprehensive policy. Please check wit	h your policy for more information.
DECLARATION I/We declare the foregoing par	ticulars are true in every respect.	Λ
Ben B bu	energian rational description of Control and Control a	/4 _1c/18
Jun 010518		/ -1 92/2/
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.: 15)
und material despect ()	Claim Own Policy () Claim Third Par	ty (√) Reporting Only

UBLIC OF SINGAPORE IDENTITY CARD NO. \$7720848H





SARAVANAN S/O PONNAPPAN

சரவனன்

INDIAN

Date of birth 05-07-1977

SINGAPORE

b77.Phonesis

REPUBLIC OF SINGAPORE DRIVING LICENCE SARAVANAN S/O PONNAPPAN nee two 05 Jul 1977 usue Date 19 Apr 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE 30 Apr 1998

Motor Cars and Motor Tractors the weight of Class 3

DS Mar 2001-

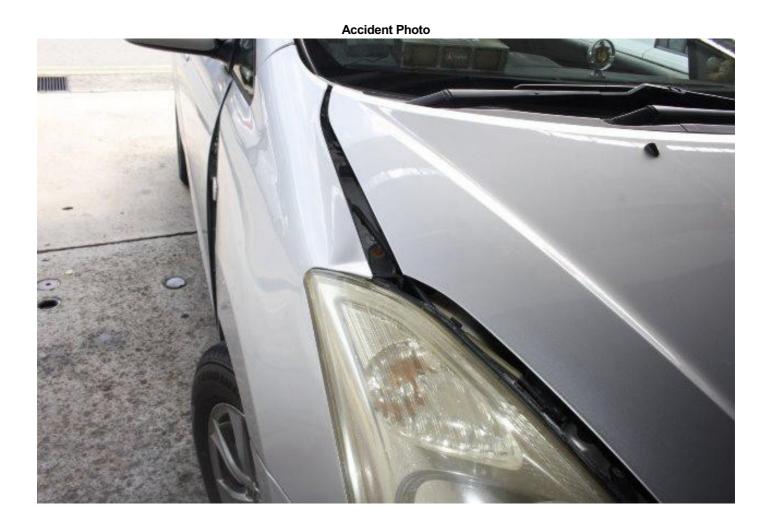
Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the weight of which unlader exceeds 2500 kilograms Motor Vehicles which are not constructed themselves to carry my food and the weight of which unlader exceeds 7250 kilograms

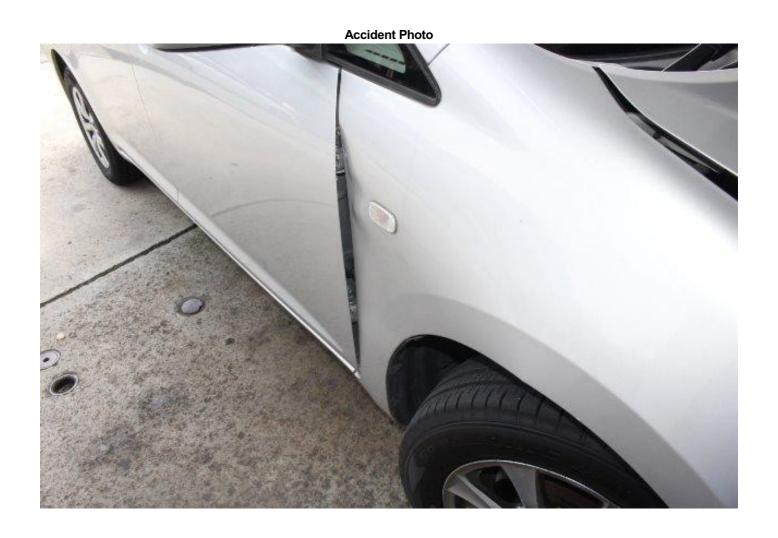
Class 6

06 Apr 2001









Accident Photo



Accident Photo



Accident Photo

