



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	14/05/2018 09:38
Date Of Accident	14/05/2018 07:35
Exact Location Of Accident	ALONG YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2916P
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SHAH S/O AHMED SHAH
NRIC No	S1228488H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97102753
Alternative Phone No	OTHERS-97102753

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PVT USE
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	Z18VP05018247
Cover Note Number	14/4/18-25/6/19

Driver

Name of Driver	MOHAMAD KYAIRIL NIZAM BIN SAMION
NRIC No	S8327182E
Date Of Birth	09/09/1983
Occupation	INDOOR
Date Of Driving Pass	19/02/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94560097
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	3 CANBERRA 3 #074-08
Postcode	768102
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON-IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	NO
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.	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

ACCIDENT OCCURED ON 14/5/18 AT ABOUT 735AM ALONG YISHUN AVE 1. I NOTICED M/CAR(B) AHEAD OF ME SUDDEN BRAKE AND I ALSO FOLLOW TO BRAKE. HOWEVER DUE TO SUDDEN NOTICE, I COULD NOT STOP IN TIME AND COLLIDED ONTO IT'S REAR. I GOT DOWN AND REALIZED I AM INVOLVED IN A CHAIN ACCIDENT OF 3 VEHICLES INCLUDING MINE. 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	SGN8882L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG BOON CHEW
NRIC/Passport Number	S7135789I
Contact Number	98168726
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ5252P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KONG KAM WAI
NRIC/Passport Number	S7480071H
Contact Number	94351974
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: STG 2916 P
INSURER : Longac
DATE & TIME: 14.5.18
7.35am.

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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:

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

LP: 94351974

Diagram showing a road layout with a central vertical road and two horizontal roads intersecting it. The horizontal road on the left is labeled "Yishun AVE 1". The central vertical road has a hatched area at the bottom. Arrows indicate traffic flow: right for the horizontal road, and down for the central vertical road. A building labeled "C" is located at the intersection of the horizontal road and the central vertical road. A building labeled "B" is located on the central vertical road, below the intersection. A building labeled "A" is located on the horizontal road, to the left of the intersection. To the right of the diagram, the following information is provided:

57135789I
HP. 98165726
C = SK2 5252f
Kong Kam wai
S-7480071H
HP. 9435193

Accident occurred on 14/5/18 at about 7:25am along
Yishun Rd 1. I noticed w/car(s) ahead of me
sudden brake and I also follow to brake. However due
to sudden brake, I could not stop in time and collided with
the rear. I got down and realized I am involved in a
chain accident of 2 vehicles including mine.
No one was injured.

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

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

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()