

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 willful 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 25/06/2018 13:23

Date Of Accident 25/06/2018 09:30

Exact Location Of Accident BKE TOWARDS PIE (TUAS)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY9819G

Insured/Policyholder

Name Of Registered Owner LEE KING CHYE

NRIC No S7521484G

Email Address LEE_KC7475@YAHOO.COM

Mobile Phone No (LOCAL) +65-96468965

Alternative Phone No OFFICE-96468965

Vehicle Particulars

Manufacturer TOYOTA

Model WISH-1.8 CVT (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 Z17VP05015221

Cover Note Number

Driver

Name of Driver LEE KING CHYE

NRIC No S7521484G

Date Of Birth 22/07/1975

Occupation INDOOR

Date Of Driving Pass 09/12/1998

Driving Experience 19 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96468965

Fax Number

Contact Number OFFICE-96468965

Email Address LEE_KC7475@YAHOO.COM

Address 28B JALAN LEMPENG # 12-19

Postcode 128809

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

CHAIN COLLISION

Weather Conditions

RAINING

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? 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.

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

REFER TO SKETCH PLAN.

Attachments(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons:

DIFFERENT FORMAT

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

ET9933J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FBB6032J

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)


Sketch Plan Pg. 1


SKETCH PLAN

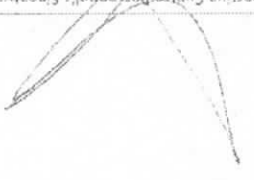
IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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 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.
- Consent under the Personal Data Protection Act (PDPA)

- 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;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection;
- 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
 - for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature:  Date & Time: 25/6/18 12:35pm


Driver's Signature:  Date & Time: 25/6/18 12:35pm (if driver is not the policyholder)


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

Workshop Name: _____


Please note that you might be able to submit an Own Damage Claim under own policy within 14 days. () Claim Own Damage () Claim TP () Reporting Only () Claim QD/TP at other workshop

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

Policyholder's Signature:  Date & Time: 25/6/18 12:30hr

Driver's Signature:  Date & Time: 25/6/18 12:30hr

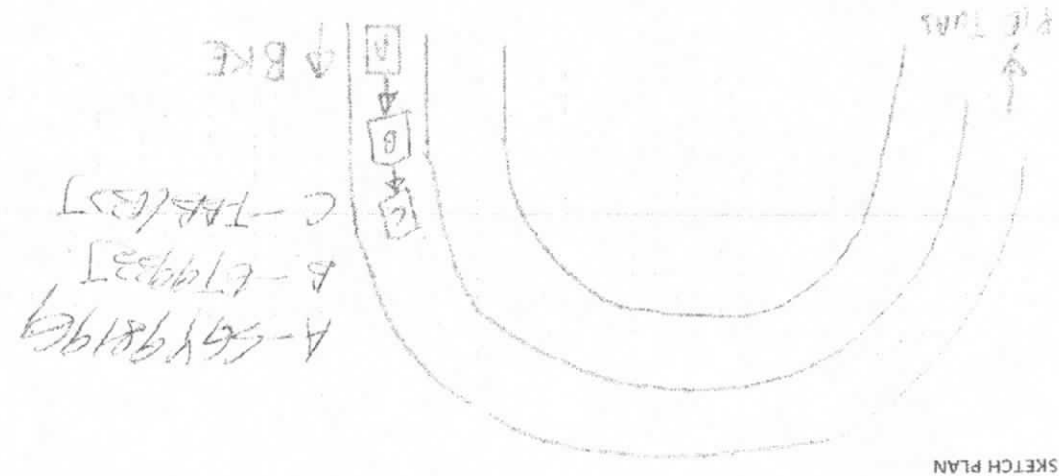
Name: _____ NRIC/FIN No.: _____

Reporting Centre Personnel's Signature: 

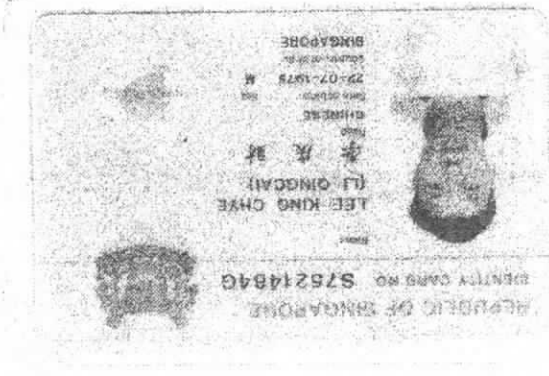
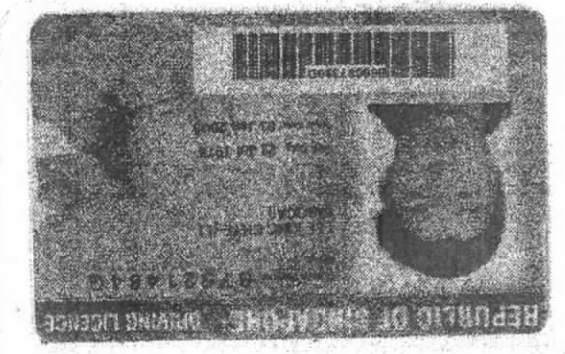
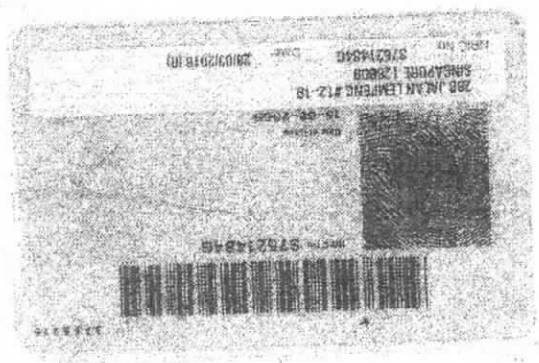
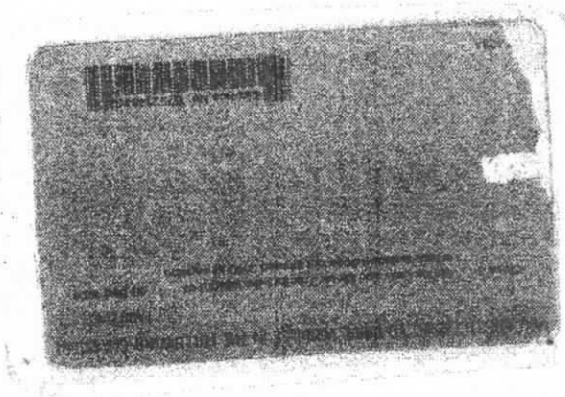
DECLARATION

At grand queues to queues, I was driving from BKE towards PLE Trans. Because it was raining the road is slippery. Bike C' skidded and fell at the bend. Car B' immediately emergency brake and could have hit bike C. I also emergency brake, but my car hit car B' rear. My car that was damaged by the hard metal of car B' Mercedes car the rear of Mercedes car B' was only slight dent and a bit crack only. Car B' Mercedes car could have hit bike C. Car B' driver said there is some scratches in front. Both of us confirmed there was no injury. We helped bike C' to get up down his fall and assisted his bike to the shoulder. Car B' rear was slightly dented and no injury of the car B' driver and his passenger. I took some pictures of the slight dented rear of car B' and there are no damages on other parts of his car apart some clipped off and no injuries from car B' and bike C' who fell off on his own and bike C' was also not injured and all of us drove off from the scene. No traffic report made as no injury car B' has no major damages except rear slight dent and clipped off.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



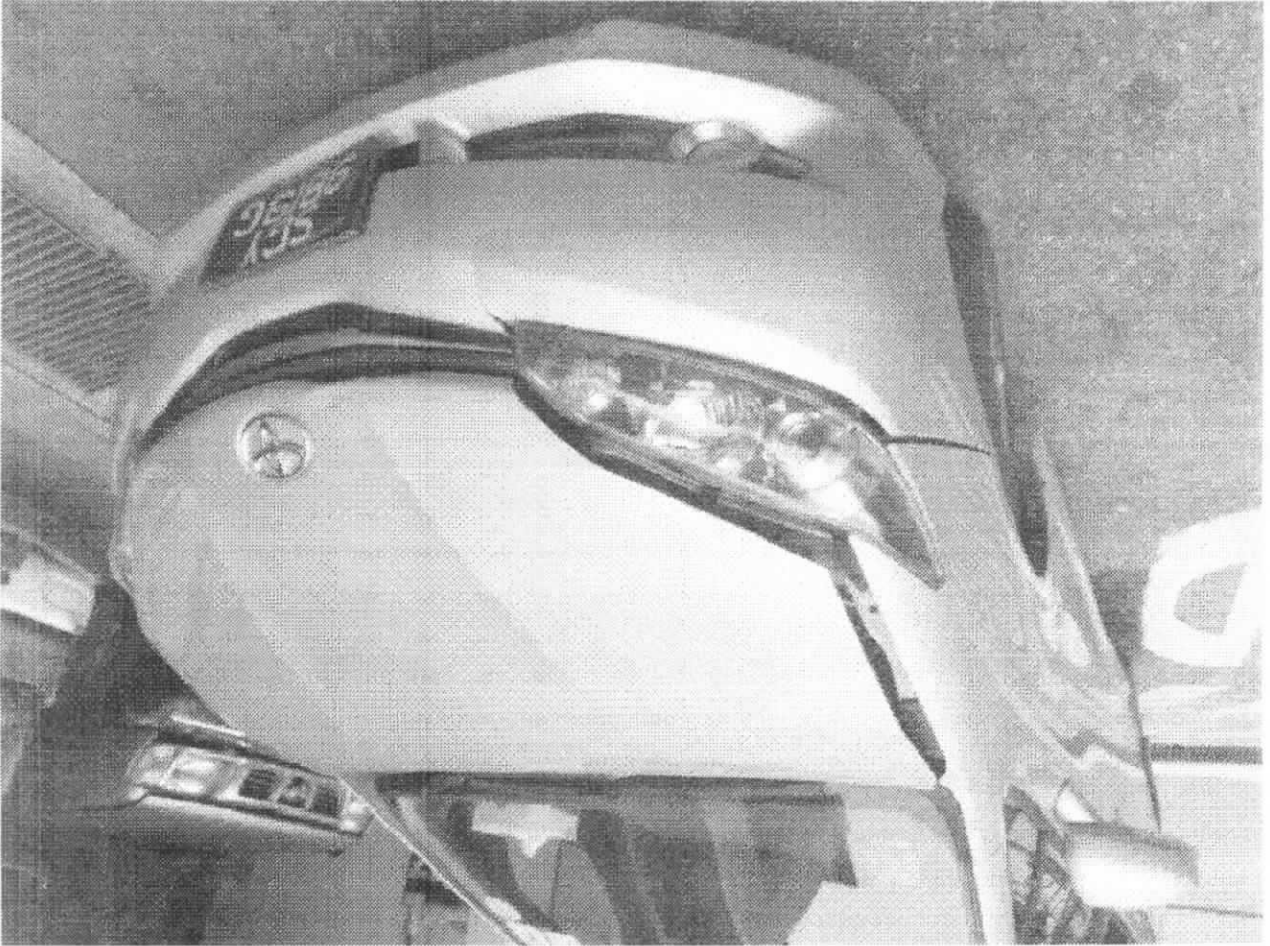
Sketch Plan Pg. 2



Drivers Driving License/ NRIC Pg. 1



Accident Photo



Accident Photo



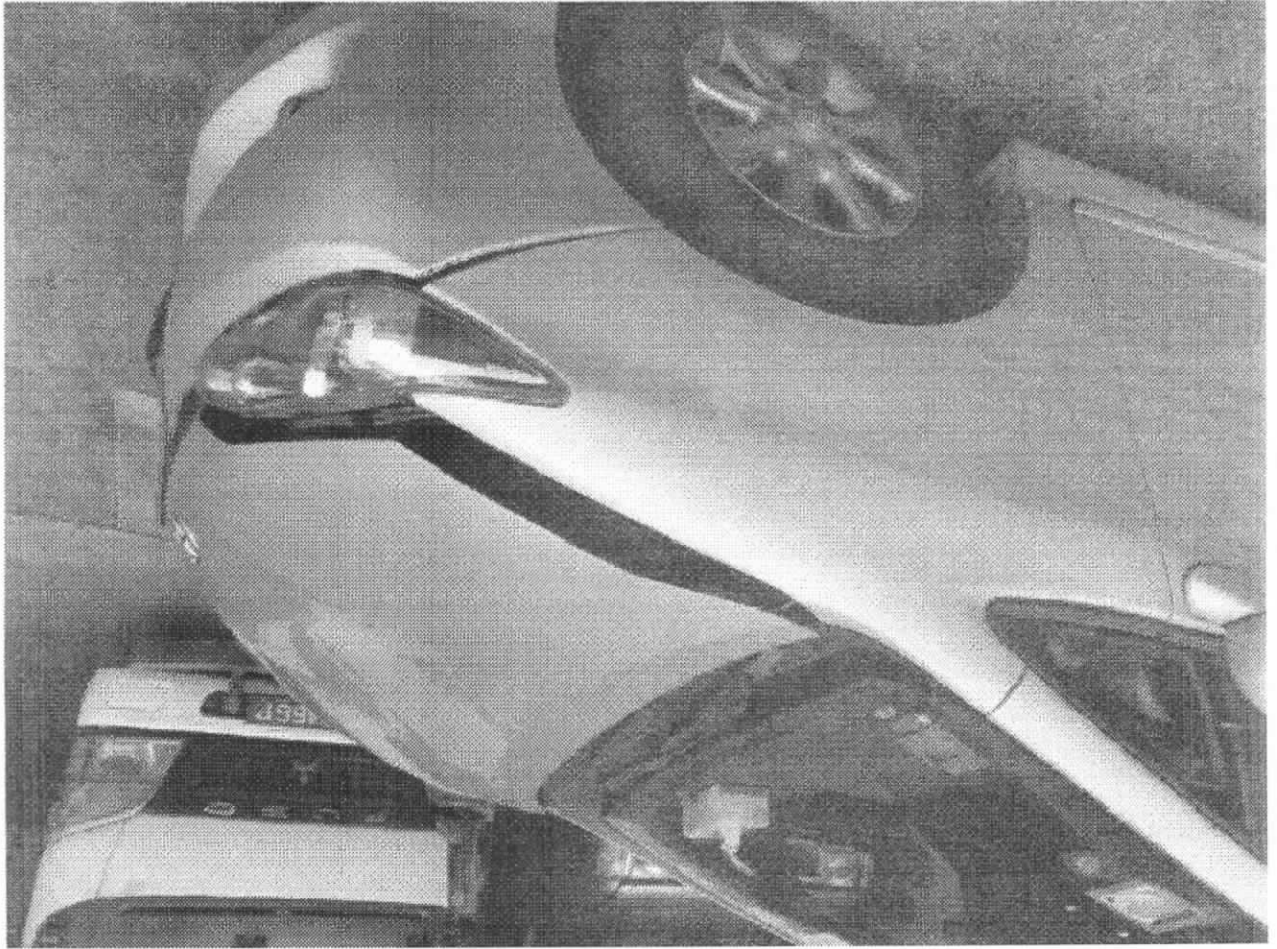
Accident Photo



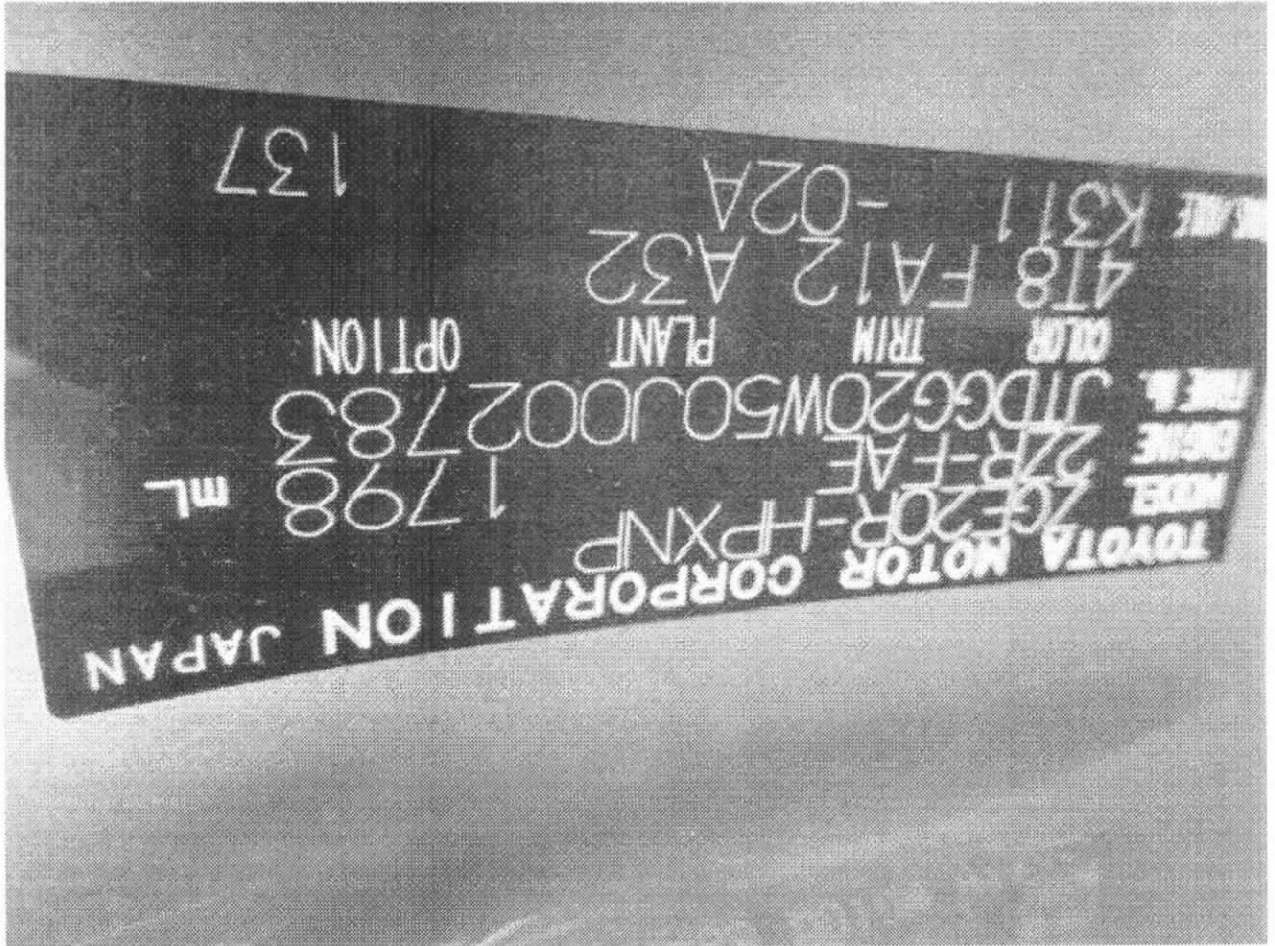
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

