

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	13/07/2018 12:33
Date Of Accident	11/07/2018 20:45
Exact Location Of Accident	ALONG UBI AVE 3 IN FRT OF FRONTIER BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9014X
Insured/Policyholder	
Name Of Registered Owner	IN FLORA AND GIFTS
Co Reg No	52983547M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94592022

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/101865
Cover Note Number	

Driver

Name of Driver	TAN BOON ENG
NRIC No	S1601386B
Date Of Birth	08/05/1963
Occupation	INDOOR
Date Of Driving Pass	02/12/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94592022
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 896A TAMPINES ST 81 #02-870
Postcode	1852
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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: : UNKNOWN GENDER: : MALE

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

I WAS DRIVING ALONG UBI AVE 3. SUDDENLY, VEHICLE B HIT ONTO THE LEFT HAND PORTION OF MY VEHICLE.

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	SHC5470H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	CHUA CHONG CHENG
NRIC/Passport Number	S2162248F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

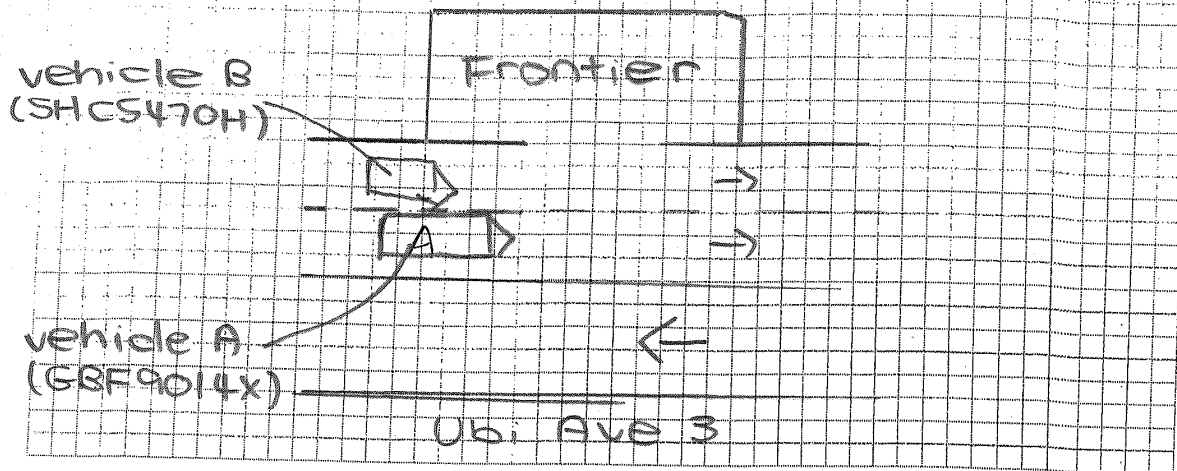
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

ETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Ubi Ave 3. Suddenly, vehicle B hit onto the left hand portion of my vehicle

DECLARATION

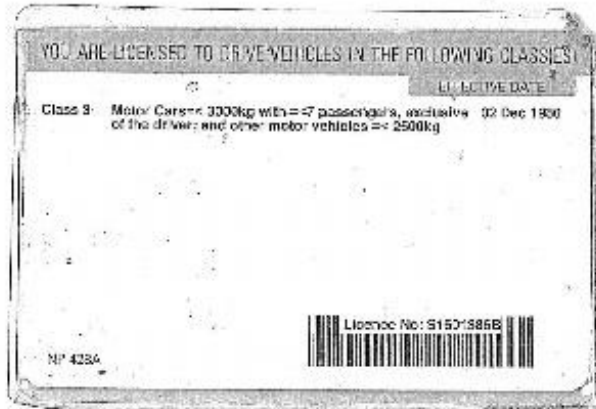
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

13/7/18 11.26AM
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Driving License



INSURANCE



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)
Singapore Office: 500, Beach Road #17-04/07, The Concourse, Singapore 189556.
Tel: (65) 6250 7358 Fax: (65) 6256 3757 Website: www.lonpac.com.sg
GST Reg No.: F0-0005635-C

THE SCHEDULE

Insured's Copy

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z/18/VC00/101865
Insured	: IN FLORA AND GIFTS	Type of Cover	: COMPREHENSIVE
Address	: BLK 896A TAMPINES STREET 81 #02-870 TAMPINES GROVE SINGAPORE 521896	Replacing CN/Policy No.	: NOT APPLICABLE
Business or Profession	: OFFICE ADMINISTRATIVE, OFFICE SUPPORT AND OTHER BUSINESS AND ACTIVITIES	Account No	: Z10475 L/A

Period Of Insurance

- (a) From 23/05/2018 To 29/03/2019 (both dates inclusive)
- (b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

H.P. Owner : UNITED OVERSEAS BANK LIMITED

Description of Vehicle

The Policy's Premium

Vehicle/Trailer Regn. No.	: GBF 9014X	Premium	: S\$ 1,590.87
Make & Model of Vehicle	: NISSAN NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	NCD 10.00 %	: S\$ (159.09)
Type of Body	: VAN	Annual Gross Premium	: S\$ 1,431.78
Engine No.	: K9KC400D058360	Extension Premium for -54 days	: S\$ -211.82
Chassis No.	: VSKYBAM20Z0139478	Gross Premium	: S\$ 1,219.96
Year of Registration	: 2017	Goods & Services Tax 7 %	: S\$ 85.40
c.c./Tonnage	: 0.73	Total Premium	: S\$ 1,305.36
Seating Capacity	: 2		
Sum Insured	: MARKET VALUE		
Excess	: S\$500.00 (SECTION 1) S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG &/OR INEXPERIENCED DRIVERS S\$100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON 2ND AND SUBSEQUENT CLAIMS)		

Accident Photo



Accident Photo



Accident Photo



Accident Photo

