



## 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	06/07/2018 17:22
Date Of Accident	05/07/2018 08:20
Exact Location Of Accident	MALAYSIA JB CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL737P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG CHEE CHIANG
NRIC No	S7362217D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94597697
Alternative Phone No	OFFICE-94597697

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-

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 THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018777
Cover Note Number	

### Driver

Name of Driver	ANG CHEE CHIANG
NRIC No	S7362217D
Date Of Birth	24/06/1973
Occupation	INDOOR
Date Of Driving Pass	06/12/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94597697
Fax Number	
Contact Number	OFFICE-94597697
Email Address	NOEMAIL

Address	-
Postcode	
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer attached police report.

#### 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	SLF2707H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG BOON TECK JENSEN
NRIC/Passport Number	S7837818B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

#### 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 liability.
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. 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.
7. 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:
  - (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:

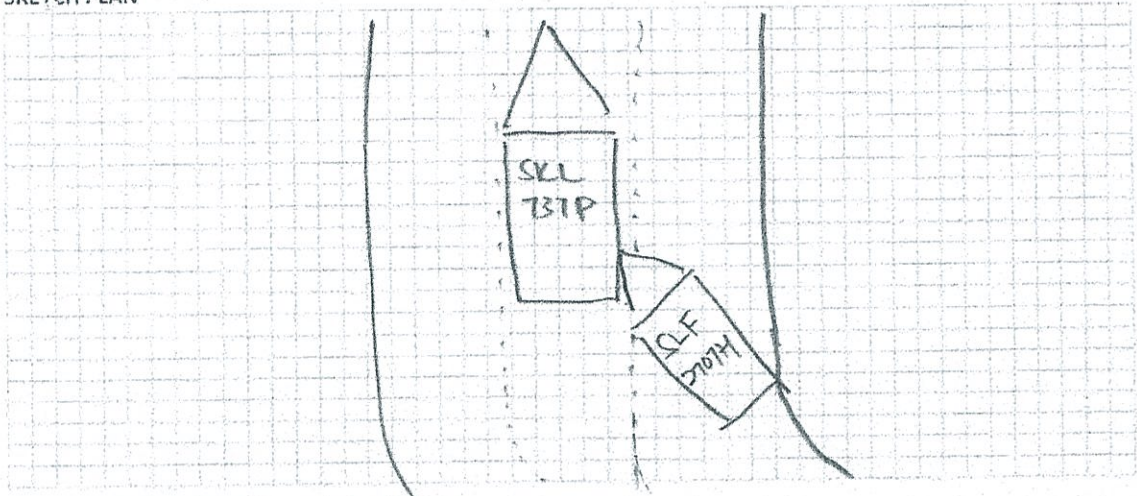


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

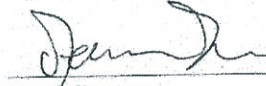
Was entering Malaysia Customs, suddenly vehicle no SLF 2707H  
 He hit my car from right rear back as he was  
 attempting to cut into my lane after me. Immediately  
 after the accident I moved my car forward before  
 I got down and in the process resulted <sup>further</sup> ~~some~~ scratches.

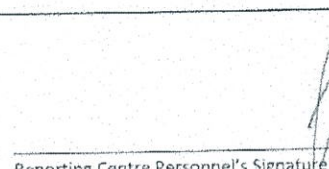
Took a few photos of my car and his vehicle and  
 we exchanged of particulars.

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:

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



**SINGAPORE  
POLICE FORCE**



E/20180705/2046

1 of 2

Report No. E/20180705/2046

**POLICE REPORT (NP299)**

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Date/Time Report Made 05/07/2018 14:39	Vide Report No.	Station Diary No. 16
Name Of Informant ANG CHEE CHIANG	Address 17A EWART PARK SINGAPORE 279751	
ID Type / ID No. NRIC NO / S7362217D	Contact No. Home/Office	Mobile 94597697
Nationality MALAYSIAN	Email Address	
Occupation CHIEF HANDICAPPER	Sex Male	Age 45
Institution/School Name	Date of Birth 24/06/1973	Race Chinese
Date/Time Of Incident 05/07/2018 08:20	Location Of Incident Malaysian Custom MALAYSIA	

**Brief details.**

On 05th July 2018 at 8.20am, I was driving my vehicle registration number: SKL737P alone and I was about to enter to Malaysian Checkpoint. It was a long queue and I was in the stationary position. Then, there was a strong impact from my rear right side of the vehicle. I realised that there was another vehicle registration number: SLF2707H (Honda)

After the impact, I drove slightly forward to avoid more damages to my vehicle. I alighted from my vehicle and approached the other driver. We exchanged particulars.

Signature Of Officer Recording The Report:

E / Sr Staff Sgt MOHAMAD FARID BIN JAMAL

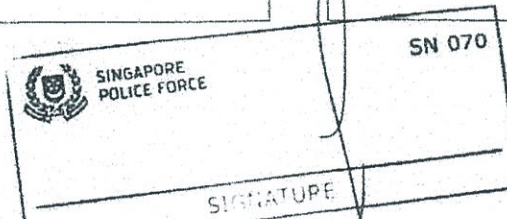
Signature Of Informant:

Date/Time:  
05/07/2018 14:39Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
Sgt 3 TAN TUAN HOK  
Contact No.: 63910000

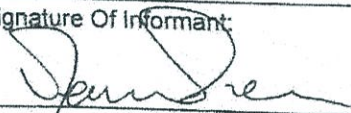
Classification Of Case:


Authentication Stamp



Scanned with CamScanner

Subjects Involved	
Victim	
Person Name	ANG CHEE CHIANG (Informant)

Signature Of Officer Recording The Report: E / Sr Staff Sgt MOHAMAD FARID BIN JAMAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2018 14:39
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Sgt 3 TAN TUAN HOK Contact No.: 63910000	Classification Of Case:
Authentication Stamp	

 SINGAPORE POLICE FORCE	SN 070
SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

