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 witholding of material facts may allow insu 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	26/07/2018 10:39
Date Of Accident	25/07/2018 19:50
Exact Location Of Accident	BOUNDARY ROAD
Country/State of Loss	SINGAPORE
1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,19	

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGN3086B

Insured/Policyholder

DING TECK YONG GABRIEL Name Of Registered Owner

S8313884Z Work Permit No

Email Address DINGTECKYONG@GMAIL.COM

Mobile Phone No (LOCAL) +65-97572513 Alternative Phone No OTHERS-96307233

Vehicle Particulars

Manufacturer TOYOTA

COROLLA ALTIS 1.6 AUTO Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Z17VP05015900 Policy Number

Cover Note Number

Driver

DING DIONG LOON Name of Driver

NRIC No S0041963Z Date Of Birth 07/12/1953 Occupation **OUTDOOR** Date Of Driving Pass 21/08/1972

Driving Experience 45 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96307233

Fax Number

Contact Number

EMail Address DINGTECKYONG@GMAIL.COM Address BLK 553 HOUGANG STREET 51 #05-282

Postcode 530553

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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 NO

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

Please refer to sketch plan.

Attachment(s)

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLC1911G Vehicle Registration Number Vehicle Make/Model/Colour **HONDA**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MR TAN

NRIC/Passport Number

Contact Number 97901056

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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 personalidata 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 upder any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Cartina of

SHATTA SHABERLEF OF AS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Deborah Lai

NRIC/FIN No.:

Deborah Lai S7332811Z

10.45 A.M

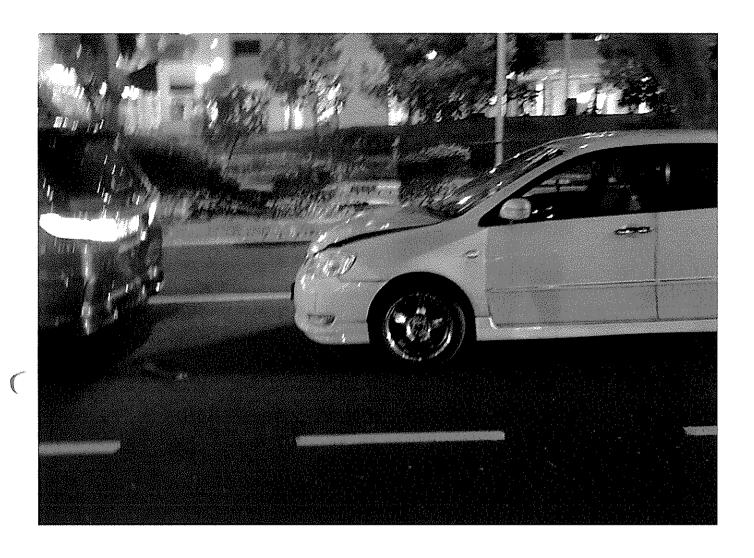
2 6 JUL 2018

Sketch Plan Pg. 2

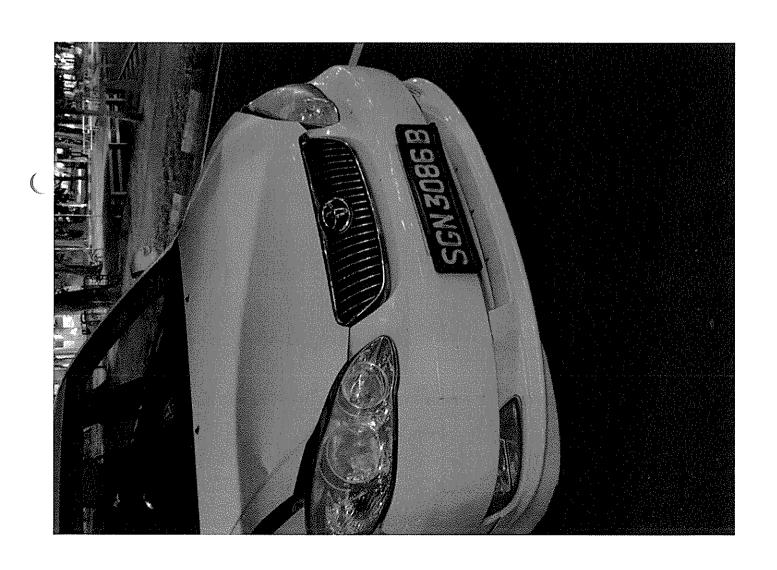
SKETCH PLAN		
	Boundary Road	
·	Bowdary Rona	
	SICIAIIG SGN 3086B	
•	:	· · ·
		Section 2
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DECCRIGE CIDC!!BASTABICS	OF THE ACCIDENT	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
The incident	happened on Wednesday (2	6/7/2018) at about 7.50 pm.
Mu valide in	lan habited valuate on SIC	19116 Isla Ware distribute along
Pardon P	and he as the set to detail	1911G. We were driving along place on our left side
Domawy N	bac, An account has the	pince on our less state
	hicles slowed down. I did a	
SLC 1911G h	ad also slowed down and stop	ped. As such, I collided
into the ba	au of vehicle no. SLC 1911	'a .
No one su	effered any injuries.	
	-vo	
U-Luiz-Villa.		

ECLARATION	<u> </u>	
	culars are true in every respect.	
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olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Date & Time: 2 6 JUL 2018	Name: Deborah Lai
文·特殊 (8) 化超级电影 医乳腺炎	Date of HINE: Y O JOE 7010	NRIC/FIN No.: \$7332811Z

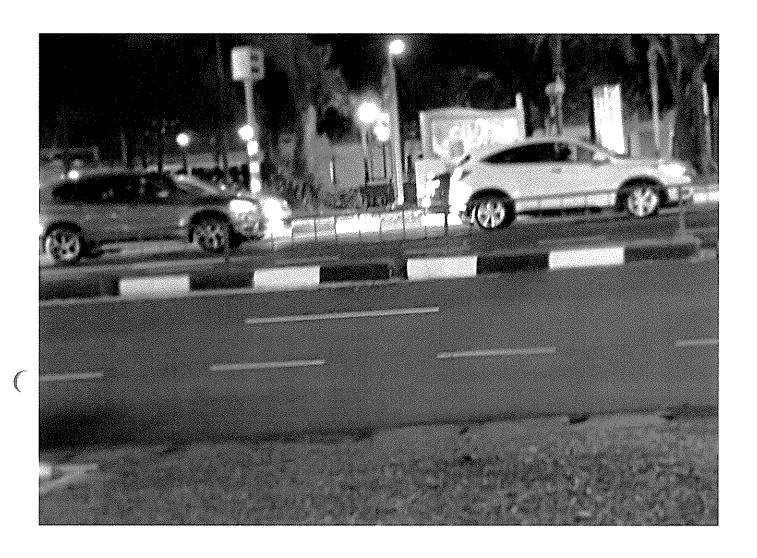




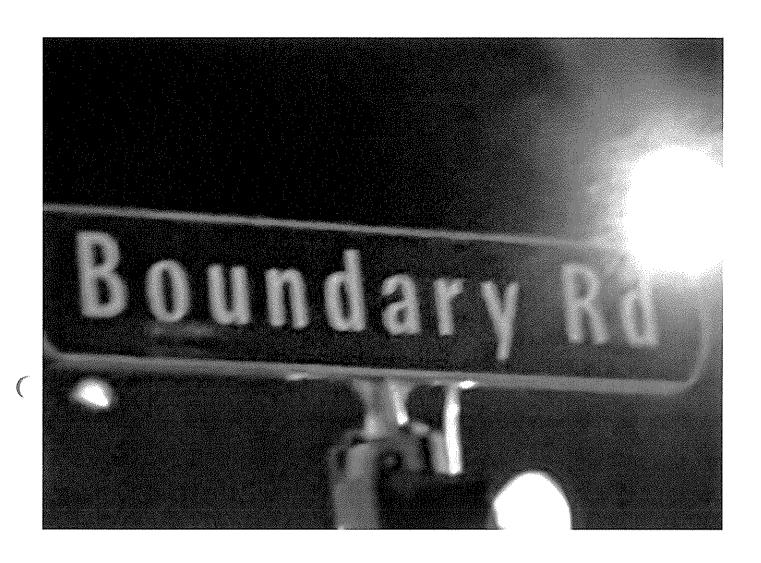




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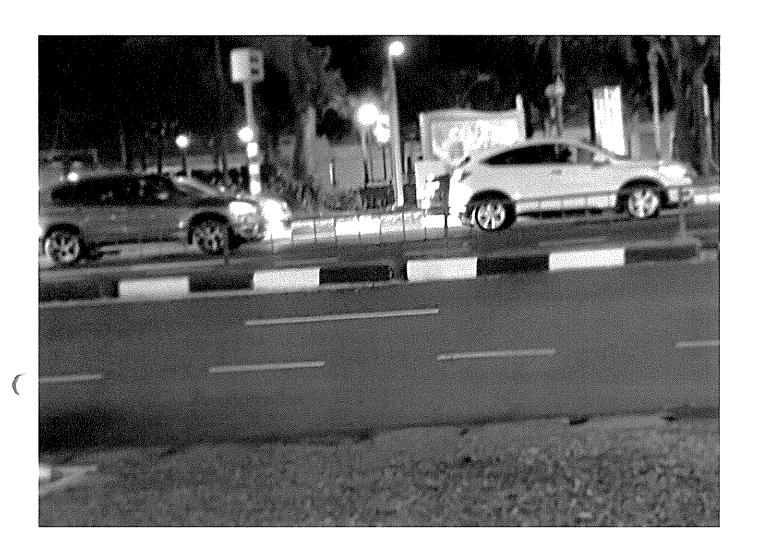








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