#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/09/2018 16:26
Date Of Accident	06/09/2018 16:00
Exact Location Of Accident	MICASA CONDOMINIUM 319 CHOA CHU KANG AVENUE 3
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB5197E
Insured/Policyholder	
Name Of Registered Owner	KAM HUI BIN (GAN HUIMIN)
NRIC No	S7826493D
Email Address	HUIBINKAM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96939351
Alternative Phone No	OTHERS-96939351
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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 Z18VP05018224

Cover Note Number

#### **Driver**

Name of Driver KAM HUI BIN (GAN HUIMIN)

 NRIC No
 \$7826493D

 Date Of Birth
 09/09/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 08/01/2003

Driving Experience 15 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96939351

Fax Number

Contact Number OTHERS-96939351

EMail Address HUIBINKAM@YAHOO.COM.SG

Address 319 CHOA CHU KANG AVENUE 3

#14-18 689863

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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

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**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Postcode

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

NO

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)

0

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

# Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLW1877S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 90052761

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- 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)
  - (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
- 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

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

#### Sketch Plan #2

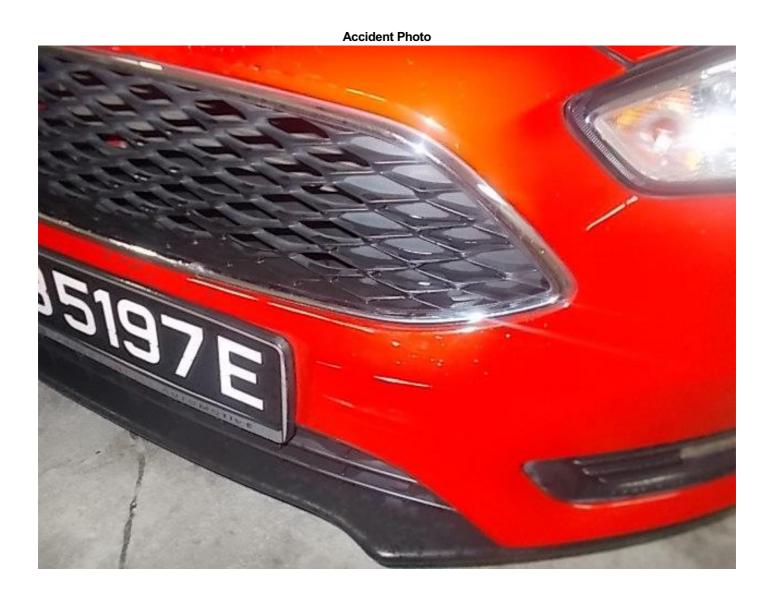
SKETCH PLAN			
	MKNOWN CA	R W88	PARKED
DESCRIBE CIRCUMSTANCES			
SLB 5197E CONDO MI CAY SLWI SLB 5197E The drive a note	877S reversed while it is	in the un kang to and was station aliquindscreen	litted and left
DECLARATION			
I/We declare the foregoing parti		9	or hog/2018
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN	No. FOSKI WATTOB









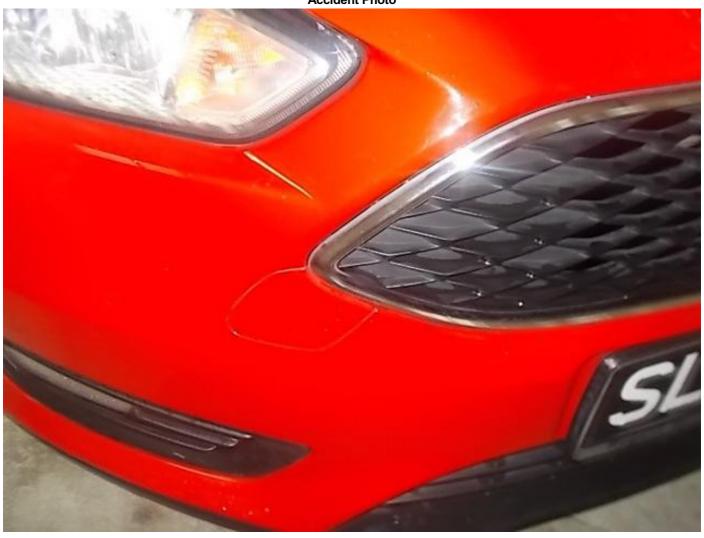


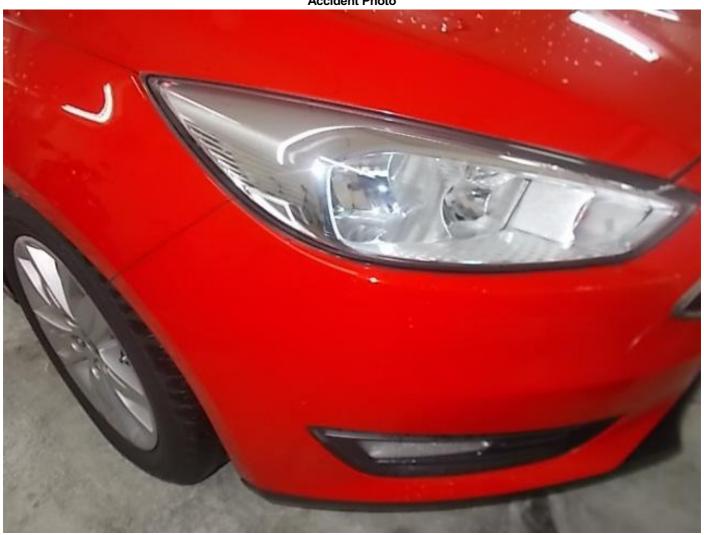


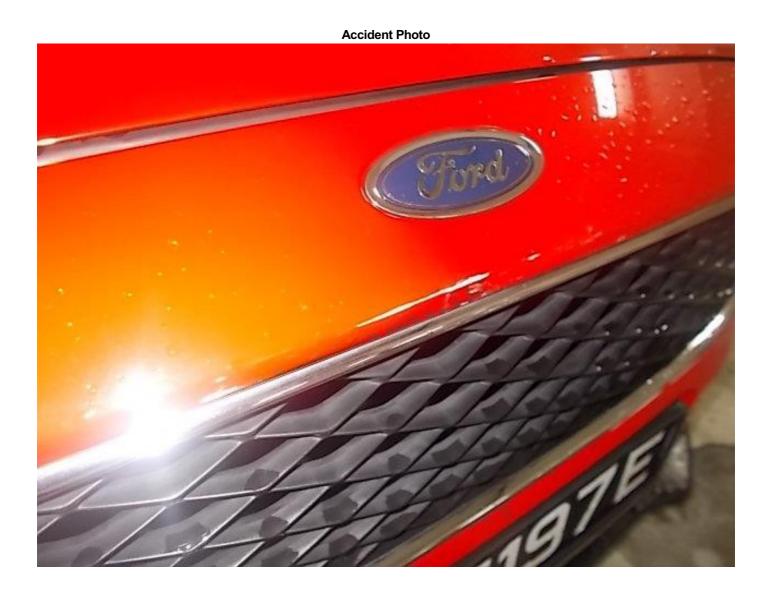


















# < B2#14-18 (SLB5197E)....:







#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: 5685800200 / GST Rep. No.: M40001735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNAYE) Vehicle Registration No Name(as shownin NRIC): (\*Vehicle Driver / Vehicle Owner)(\*) Please delete as appropriate Singapore( Address Mobile No.: Contact (Tel) Emall Address Date of Accident Place of Accident Insurance Company: (8) ADDITIONALINFORMATION (AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Date: MRIC/FINNO.