

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	30/08/2018 14:41
Date Of Accident	30/08/2018 10:20
Exact Location Of Accident	ANG MO KIO AVE 3 SLIP RD TO CTE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EK3020E
Insured/Policyholder	
Name Of Registered Owner	CHAN PIK HOONG
NRIC No	S7382578D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91829918
Alternative Phone No	OTHERS-91829918

Vehicle Particulars

Manufacturer	SUBARU
Model	LEGACY-2.0 R WAGON (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	Z18VP05019808
Cover Note Number	29/08/2018 - 28/08/2019

Driver

Name of Driver	CHOW CHEE KWONG
NRIC No	S2712273F
Date Of Birth	04/10/1963
Occupation	INDOOR
Date Of Driving Pass	12/09/1996
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96387730
Fax Number	
Contact Number	
EEmail Address	PPC3020@GMAIL.COM

Address	BLK 615 HOUGANG AVE 8 #02-400
Postcode	530615
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

MOTOR CAR SJK5725H STOP INFRONT TO GIVE WAY TO PEDESTRIANS, I FOLLOW TOO. HOWEVER, MOTOR CAR SLW2462Z WHO WAS BEHIND OF MY VEHICLE COULD NOT STOP IN TIME AND HIT ONTO MY VEHICLE REAR PORTION. THE IMPACT CAUSED MY VEHICLE TO SURGE FORWARD AND HIT ONTO THE REAR OF SJK5725H. NO ONE WAS INJURED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW2462Z
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ABU BAKAR BIN AWANG
NRIC/Passport Number	S7500867H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK5725H
Vehicle Make/Model/Colour	BLACK HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM MUN WAI
NRIC/Passport Number	S7231406I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: EK 3020E

INSURER : LAMPAC

DATE & TIME: 30/08/18 @ 1020

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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.

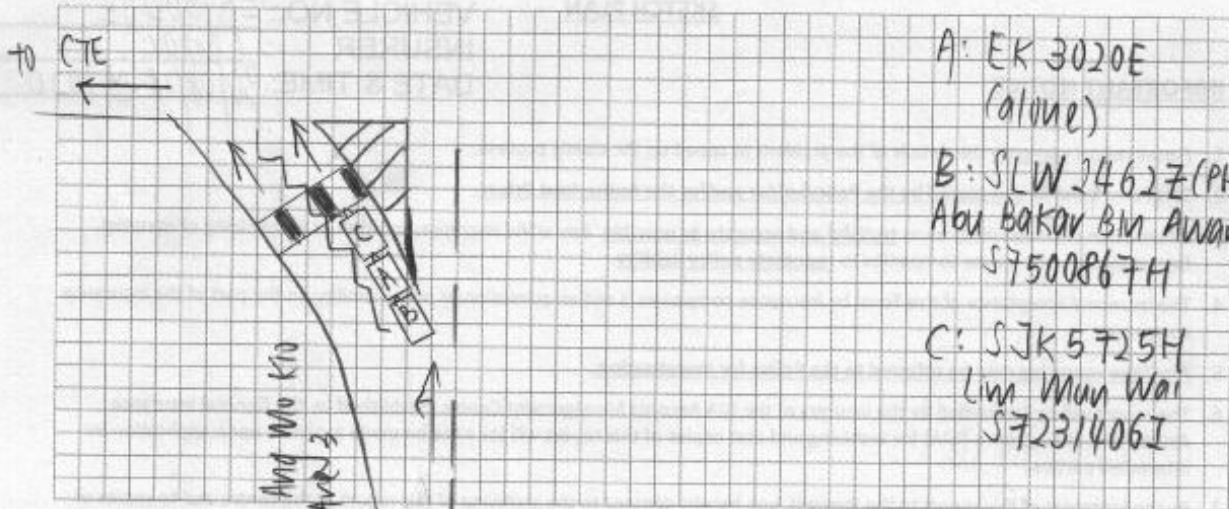
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Danlyn (Aunt)
NRIC/FIN No.: 30/08/18

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: EK 3020E (Lompac)
Date & Time: 30/08/2018 @ 1020 (clear/dry)

Motor car SJK5725H stop in front to give way to pedestrians, i follow too. However, motor car SLW2462Z who was behind of my vehicle could not stop in time and hit onto my vehicle rear portion. The impact caused my vehicle to surge forward and hit onto the rear of SJK5725H. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: (AMK)
NRIC/EIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy (X) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()



Sketch Plan #4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2712273F



Name
CHOW CHEE KWONG
周志剛
Race
CHINESE
Date of birth
04-10-1963
Country of birth
MALAYSIA

Sex
M

S2712273F

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S2712273F**



CHOW CHEE KWONG

Birth Date **04 Oct 1963**
Valid Until **21 Jul 2003**

1060712735A

3738860



NRIC No. **S2712273F**



Date of issue
08-07-2005

Address


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

CLASS DATE
12 Sep 1996

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No. S2712273F



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

