#### 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 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	17/09/2018 20:06						
	Date Of Accident	15/09/2018 11:00						
	Exact Location Of Accident	CAR PARK AT CHURCH OF ST MARY OF THE ANGELS						
	Country/State of Loss	SINGAPORE						
	DETAILS OF OWN VEHICLE							
	Vehicle Registration Number	SGV9998M						
	Insured/Policyholder							
	Name Of Registered Owner	LIM PUAY HONG VICTOR						
	NRIC No	S1728943H						
	Email Address	NOEMAIL						
	Mobile Phone No	(LOCAL) +65-86186116						
	Alternative Phone No	OFFICE-86186116						
	Vehicle Particulars							
	Manufacturer	VOLVO						
	Model	S60-1.6 T4 (A)						
	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE - ATTENDING A WAKE/FUNERAL						
	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	Z17VP05014759						

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Cover Note Number

Name of Driver LIM PUAY HONG VICTOR

 NRIC No
 \$1728943H

 Date Of Birth
 27/07/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 29/10/1983

Driving Experience 34 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86186116

Fax Number

Contact Number OFFICE-86186116

EMail Address NOEMAIL

99 CASHEW ROAD Address

#09-08

Postcode 679670

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own

SJV6611M Vehicle SMA9137X

Insurance Company of Driver's Own Vehicle LONPAC INSURANCE BHD

LONPAC INSURANCE BHD

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

NO

0

NO

NO

YES

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?

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)

**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?

## Circumstances of Accident

ON 15/09/2018 AT ABOUT 0915 HOURS, I PARKED MY VEHICLE (REGN NO: SGV9998M) AT THE CAR PARK LOT NO: 26 AT CHURCH OF ST MARY OF THE ANGELS LOCATED AT 5 BUKIT BATOK EAST AVENUE 2 SINGAPORE 659918) AND LEFT TO ATTEND A WAKE/FUNERAL AT THE LA VERNA ROOM. AT ABOUT 1100 HOURS, A STAFF, MR PETER CAME TO THE ROOM WITH A LADY (MS KELLY WEE) TO ASK FOR THE OWNER OF SGV9998M. WHEN MY WIFE HEARD ABOUT IT, SHE ASKED FOR ME, I THEN WENT UP TO MEET KELLY, AT THAT TIME, KELLY REPEATEDLY APOLOGIZED AND TOLD ME THAT IT WAS HER FAULT AS SHE HAD REVERSED HER VEHICLE (SDV6078Z) INTO MY STATIONARY VEHICLE WHICH WAS PARKED IN MY LOT. AS A RESULT OF THE ACCIDENT, MY VEHICLE WAS DAMAGED. NEXT I WALKED TO THE CAR PARK WITH KELLY TO CHECK ON THE DAMAGES, I THEN TOOK PHOTOS AND EXCHANGED PARTICULARS. INITIALLY WE AGREED ON A PRIVATE SETTLEMENT AS KELLY WAS PREPARED TO PAY FOR THE REPAIRS. HOWEVER AS THE REPAIR COSTS WAS BEYOND HER BUDGET, SHE ADVISED ME TO LODGE A CLAIM AGAINST HER INSURANCE POLICY. FORTUNATELY NO ONE WAS INJURED. ALSO THE ACCIDENT WAS RECORDED BY THE IN-VEHICLE CAMERA IN MY VEHICLE.

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

Remarks/ Reasons: FILE TOO BIG. CANNOT UPLOAD

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SDV6078Z

Vehicle Make/Model/Colour NISSAN QASHQAI

**Details Of Properties** REAR LEFT PORTION DAMAGED

Vehicle Category PRIVATE CAR Name of Driver KELLY WEE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

96172876 / 63512078

REAR LEFT PORTION DAMAGED

NAME:

: KELLY WEE

GENDER: : FEMALE

#### Sketch Plan

#### SKETCH PLAN

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

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:
  - 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 stied 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:
  - 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
  - (b) 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 & Fime:

Reporting Centre Personnel's Signature Name:

NAXZ/FIN No.

# Sketch Plan #2

SKETCH PLAN SEV9998M (CHITICHANY) SDY 60782 (REVERSING) DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION

**DECLARATION**We declare the foregoing particulars are true in every respect.

Policyholder's Signature | hate & force 121 mg | ...

Driver's Signature

Reporting Centre Personnel's Signature