

## 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	17/09/2018 10:32
Date Of Accident	14/09/2018 11:00
Exact Location Of Accident	NUS (NATIONAL UNIVERSITY OF SINGAPORE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG1188R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE LAI LIN
NRIC No	S1531188F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98160379
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

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

### Driver

Name of Driver	DESMOND KOH SHANG YEN
NRIC No	S9405358G
Date Of Birth	14/02/1994
Occupation	INDOOR
Date Of Driving Pass	18/11/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90301402
Fax Number	
Contact Number	
Email Address	DESKOHSY@GMAIL.COM

Address	479 RIVER VALLEY ROAD #15-08
Postcode	248364
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 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

-

#### 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	SLS534J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEO CHIEW LI
NRIC/Passport Number	S7732174H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**


**IMPORTANT NOTICE**


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

I understand, acknowledge, agree and consent that:

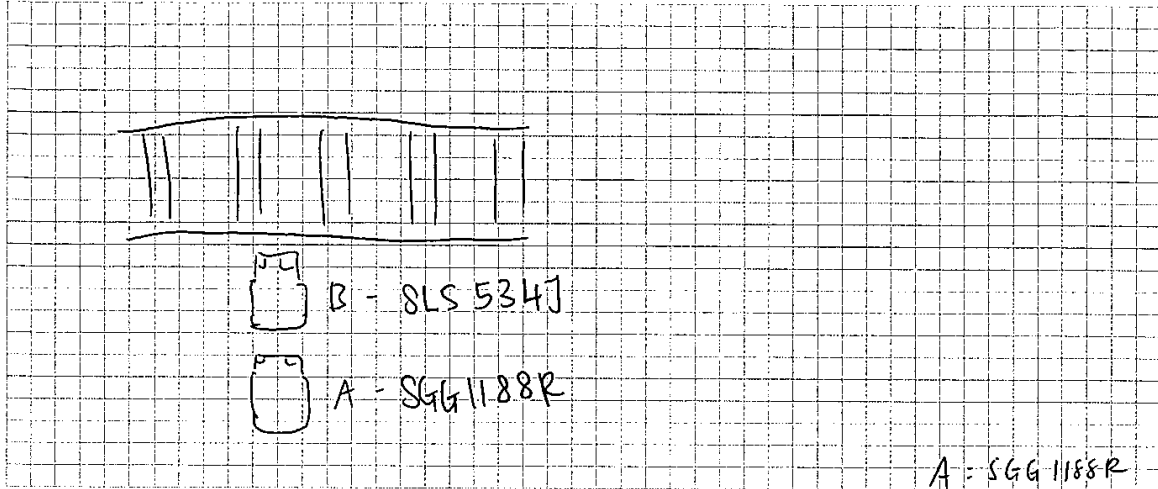
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NRIC/FIN No.:

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


LICENSE PLATE: SGG 1188R	ACCIDENT DATE & TIME: 14/9/18 11am
CONTACT NUMBER: 9030 1422	E-MAIL ADDRESS: desbohsy@gmail.com
LOCATION: NUS (National University of Singapore)	
<p>I was driving behind her car in NUS when we reached a zebra crossing where students suddenly emerged from a blind spot. She jammed her brake suddenly to stop and as I was following behind closely, I could not stop in time even though I jammed my brake and lightly bumped into her vehicle from behind. Her vehicle seemed to only have <del>the</del> very minor superficial damage, and my vehicle seems to be perfectly intact.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

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.:

## Driving License

REPUBLIC OF SINGAPORE 新加坡共和国

Vehicle Number: **S9405358G**

Name: **DESMOND KOH SHANG YEN**

Birth Date: **14 Feb 1994**

Issue Date: **18 Nov 2014**

**002397078C**

REPUBLIC OF SINGAPORE 新加坡共和国

IDENTITY CARD NO. **S9405358G**

Name: **DESMOND KOH SHANG YEN**

许逸图

Race: **CHINESE**

Date of birth: **14-02-1994**

Country of birth: **SINGAPORE**

Sex: **M**

**S9405358G**

REPUBLIC OF SINGAPORE 新加坡共和国

IDENTITY CARD NO. **S1531188F**

Name: **LEE LAI LIN**

李麗蓮

Race: **CHINESE**

Date of birth: **15-07-1962**

Country of birth: **SINGAPORE**

Sex: **F**

**S1531188F**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES**

PERMITTED CATEGORIES

Class 1A. Motor cars without clutch pedals (Auto) <= 3500kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2000kg

18 Nov 2014

License No: **S9405358G**

SP 10001

**002397078C**

Vehicle No: **S9405358G**

Date of issue: **18-05-2009**

Address: **474 RIVER VALLEY ROAD #15-08 SINGAPORE 240304**

**500746**

Vehicle No: **S1531188F**

Date of issue: **20-03-2017**

Address: **474 RIVER VALLEY ROAD #15-08 SINGAPORE 240304**

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

