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	20/09/2018 18:48
Date Of Accident	19/09/2018 17:15
Exact Location Of Accident	T- JUNCTION JURONG EAST AVE 1 & JURONG EAST ST 32
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGR5031A
Insured/Policyholder	
Name Of Registered Owner	LEONG YOON CHOY
NRIC No	S1853311A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97648233
Alternative Phone No	OFFICE-97648233
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	Z18VP05017362
Cover Note Number	
Driver	
Name of Driver	LEONG YOON CHOY
NRIC No	S1853311A
Date Of Birth	13/02/1941
Occupation	INDOOR
Date Of Driving Pass	02/07/1974
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97648233
Fax Number	
Contact Number	OFFICE-97648233
EMail Address	NOEMAIL

Address	BLK 910 JURONG WEST ST 91 # 02- 285
Postcode	640910
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	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : LIM PHAIK LAN GENDER: : FEMALE
Passenger 2	NAME: : PAPA WIN GENDER: : FEMALE

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

REFER TO ATTACHMENT.

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	SMB3543R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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) 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.

20/09/18

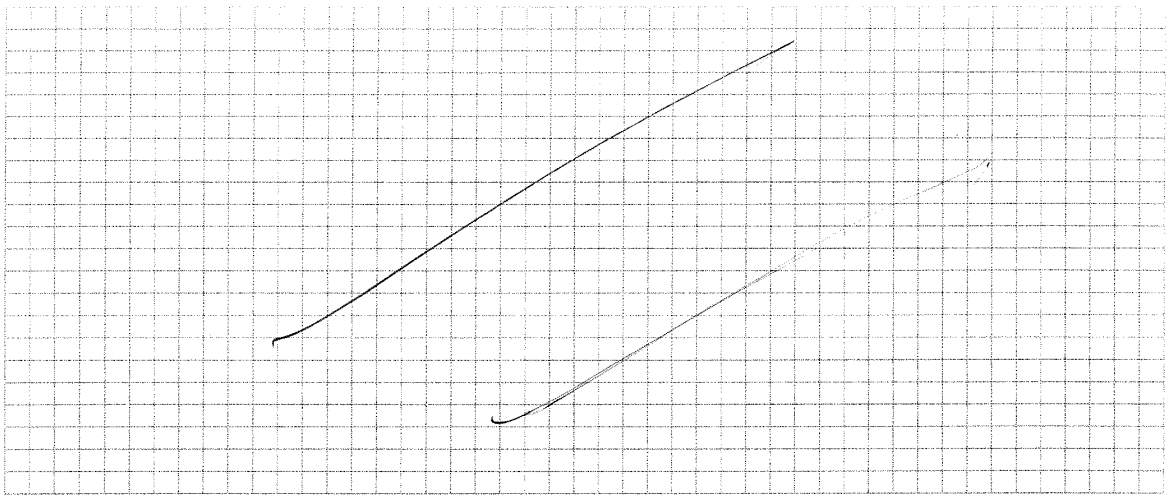
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

( ) Claim Own Damage ( ) Claim TP ( ) Reporting Only ( ) Claim OD/TP at other workshop

Workshop Name : _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

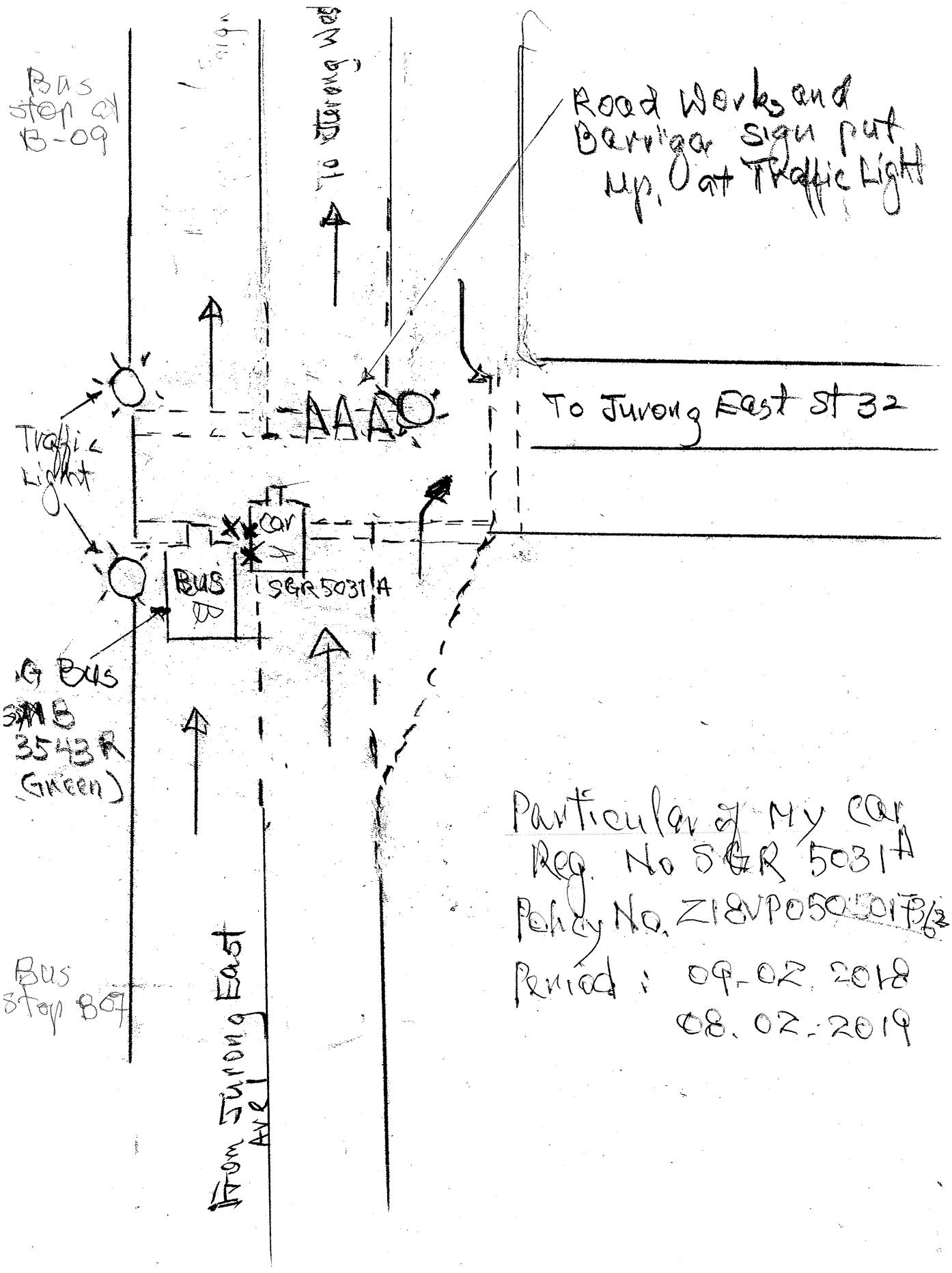
Refer to attachment

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 20/09/18	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

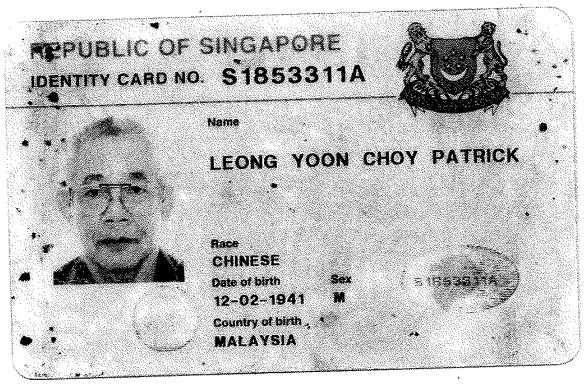
Sketch Plan #2 Pg. 1

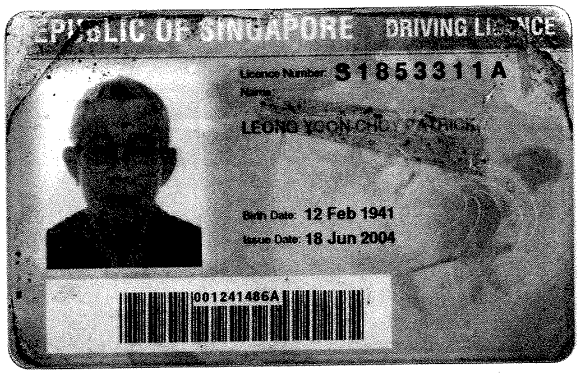


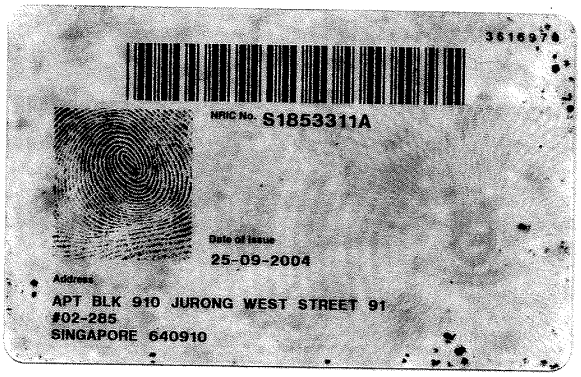
Particular of My Car
Reg. No SGR 5031A
Policy No. Z18VP050[illegible]017B/2
Period : 09-02-2018
08-02-2019

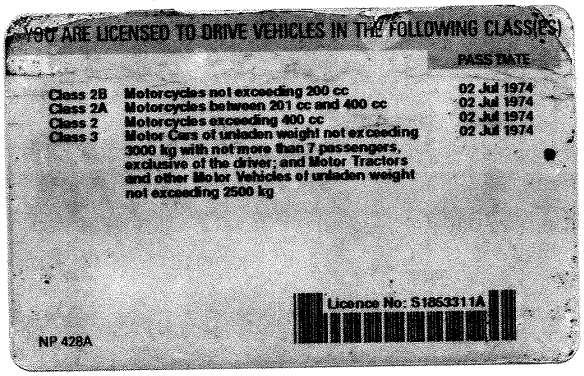
Accident between Singapore SG - Bus
Double Decker Reg. No SMB 3543 and
My car SGR 5031A at the main Road
of Jurong East. Ave 1 Traffic Light between
Jurong East St 32 on 19-09-2018 at
about 5.15 pm, traffic was Light during the accident
My car travel along from Main Road
of Jurong East Ave 1 to Jurong West
Arrived at the above traffic light
in good order under Green Light in
our favour. Heavy Raining at the
time of accident about 10 to 20 mins
beside
opposite ahead, the traffic Light - Road
Works and barricade sign put up the
same Road ahead and I stop in my
car and give 2 Hz indicate signal to
move On, Suddenly the Bus move
up forward behind my car and the
accident occurs. - See sketch my Location attach
I do suggest the Bus Driver Un-
aware of the Road work along the
opposite side Road with indicate Barricade
Sign and during the accident Heavy raining
about 10 to 20 mins.

Driver's Driving License/ NRIC Pg. 1









Accident Photo

Accident Photo

Accident Photo

Accident Photo

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