

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 liability.
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	11/10/2018 13:23
Date Of Accident	11/10/2018 09:50
Exact Location Of Accident	POTONG PASIR AVE 1 NEAR BLOCK 147
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD128Y
Insured/Policyholder	
Name Of Registered Owner	LAM CHEE SIONG
NRIC No	S7119733F
Email Address	COLINLCS5671@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92707567
Alternative Phone No	OTHERS-90669444

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE 1.6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05016168
Cover Note Number	

Driver

Name of Driver	LAM CHEE SIONG
NRIC No	S7119733F
Date Of Birth	05/06/1971
Occupation	INDOOR
Date Of Driving Pass	07/11/1991
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92707567
Fax Number	
Contact Number	OTHERS-90669444
EMail Address	COLINLCS5671@GMAIL.COM

Address	BLK 18 LIM AH PIN ROAD #04-01
Postcode	547837
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQV1206 (MOTORCYCLE)
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	POLICE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ATTACHED POLICE REPORT NO.T/20181011/2096

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO
Was there any audio recorded?	NO

Details of Witness 1

Name	TERENCE
Phone Number	97588444
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK5216X
Vehicle Make/Model/Colour	
Details Of Properties	CAR B
Vehicle Category	PRIVATE CAR
Name of Driver	SHAIK ISMAIL BIN SYED AHMAD
NRIC/Passport Number	S1282643E
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JQV1206

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

YEE CHEW HING

NRIC/Passport Number

5 10449061

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.

Policyholder's Signature
Date & Time:

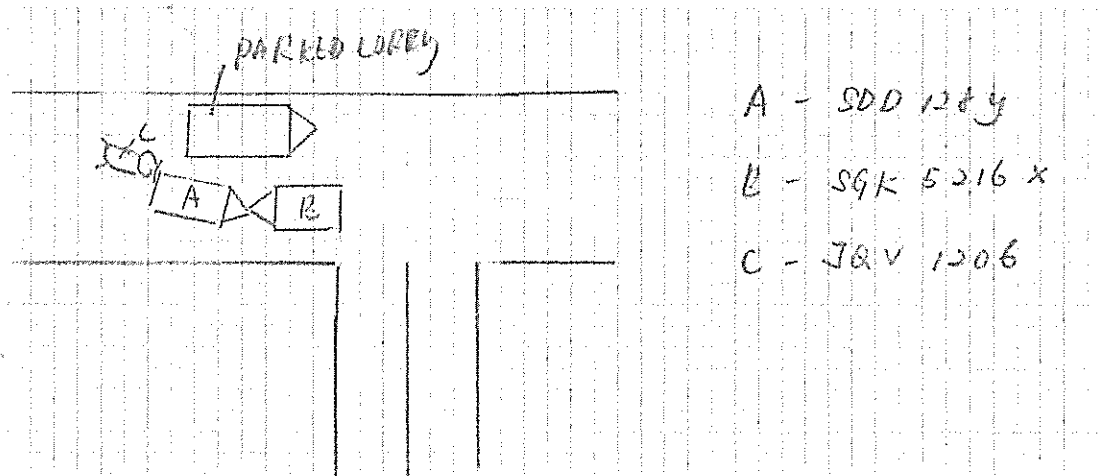
11/10/2018

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

Attached police report on T/20181011/2096

DECLARATION

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

Policyholder's Signature

Date & Time: 11/03/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20181011/2096

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181011/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2018 14:34		Vide Report No.: E/20181011/0081		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAM CHEE SIONG			Address: 18 LIM AH PIN ROAD #04-01 SINGAPORE 547837		
ID Type / ID No.: NRIC NO / S7119733F			Contact No.: Home/Office: Mobile: 92707567		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 05/06/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: FINANCIAL INVESTMENT CONSULTANT			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2018 09:50	Type of Location:
Location: Along Road 1 POTONG PASIR AVENUE 1 NEAR TO BLOCK 147				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JQV1206	Motorcycle					0
SDD1284Y	Car					0
SGK5216X	Car					0



SINGAPORE
POLICE FORCE



T/20181011/2096

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181011/2096

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 11 OCT 2018 AT AROUND 0955HRS, I WAS TRAVELLING ALONG POTONG PASIR AVE 1 NEAR TO BLOCK 147 AT THE OPEN SPACE CARPARK. THERE'S STATIONARY LORRY PARKED AT FRONT LEFT AND I MAKE A FILTER OUT AND WAS BESIDE THE STATIONARY LORRY .SUDDENLY I SAW A INCOMING CAR TOWARDS ME AND I STOPPED MY VEHICLE BUT AFTER I MAKE THE BRAKE I FELT IMPACT FROM THE FRONT AND REAR PORTION.AFTER THAT, I REALISED THAT THE INCOMING CAR INFRONT OF ME AND THE BIKE FROM MY REAR COLLIDED ONTO MY VEHICLE. AFTER THAT I WENT DOWN TO CHECK THE CONDITION OF ALL THE PARTIES. AFTER THAT POLICE CAME AND NO ONE WAS INJURED AND CONVEYED.



SINGAPORE
POLICE FORCE



T/20181011/2096

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181011/2096

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
TAN KOK RAY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

[Handwritten signature]

Date/Time:
11/10/2018 14:34

Classification Of Case:

[Handwritten classification]

Signature:

[Handwritten signature]