

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	20/12/2018 12:15
Date Of Accident	19/12/2018 19:25
Exact Location Of Accident	BUKIT PANJANG ROAD TOWARDS CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9010D
Insured/Policyholder	
Name Of Registered Owner	CHIA WE KOCK
NRIC No	S0150902J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96512880
Alternative Phone No	OFFICE-96512880

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 SX (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO CHOA CHU KANG
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	Z18VP05018437
Cover Note Number	

Driver

Name of Driver	CHIA WE KOCK
NRIC No	S0150902J
Date Of Birth	13/03/1952
Occupation	INDOOR
Date Of Driving Pass	29/11/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96512880
Fax Number	
Contact Number	OFFICE-96512880
Email Address	NOEMAIL

Address	47 CHENG SOON GARDEN
Postcode	599823
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	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

ON 19/12/2018 AT ABOUT 1925 HOURS, I WAS TRAVELLING FROM BUKIT PANJANG RING ROAD TOWARDS CHOA CHU KANG ROAD. AT THAT MOMENT, I STOPPED MY VEHICLE (REGN NO: SJQ9010D) AS THE TRAFFIC LIGHTS AT THE JUNCTION OF BUKIT PANJANG RING ROAD/JELEBU ROAD/BUKIT PANJANG ROAD WERE RED. WHEN THE LIGHTS TURNED GREEN, I MOVED FORWARD AND STOPPED IN THE BAY AS THERE WERE ONCOMING TRAFFIC FROM JELEBU ROAD. NEXT I PROCEEDED TO TURN RIGHT WHEN THERE WAS NO MORE PEDESTRIAN IN MY PATH IN LANE 1. ALSO JUST BEFORE THE PEDESTRIAN CROSSING, I COUNTER CHECKED THAT IT WAS CLEAR AND SAFE TO PROCEED. HOWEVER, JUST BEFORE THE BUS STOP AT BLK 183, I WAS STILL MOVING IN LANE 1 WHEN I SUDDENLY HEARD A LOUD BANG AND FELT MY VEHICLE JOLTED. I IMMEDIATELY REALISED THAT THE FRONT RIGHT PORTION OF THE VEHICLE ON MY LEFT (REGN NO: SKX3652S) TRAVELLING IN LANE 2 HAD COLLIDED INTO THE LEFT DOORS REGION OF MY MOVING VEHICLE (SJQ9010D) WHILE FILTERING INTO LANE 1 WITHOUT DUE CARE AND AS A RESULT CAUSING THE ACCIDENT. NEXT I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGED PARTICULARS. I NOTICED A PIECE OF PLASTIC PART ON THE ROAD AND PICKED IT UP. THE OTHER PARTY CHECKED THEIR VEHICLE AND SAID IT BELONGED TO THEM POINTING OUT THAT IT CAME FROM THEIR FRONT RIGHT PORTION. FORTUNATELY NO ONE WAS INJURED.

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	SKX3652S
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	FRONT RIGHT PORTION DAMAGED
Vehicle Category	PRIVATE CAR
Name of Driver	LOH MEE KIONG
NRIC/Passport Number	S7310010J

Contact Number	81884620
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RIGHT PORTION DAMAGED
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

Sketch Plan

SKETCH PLAN

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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: 20/12/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

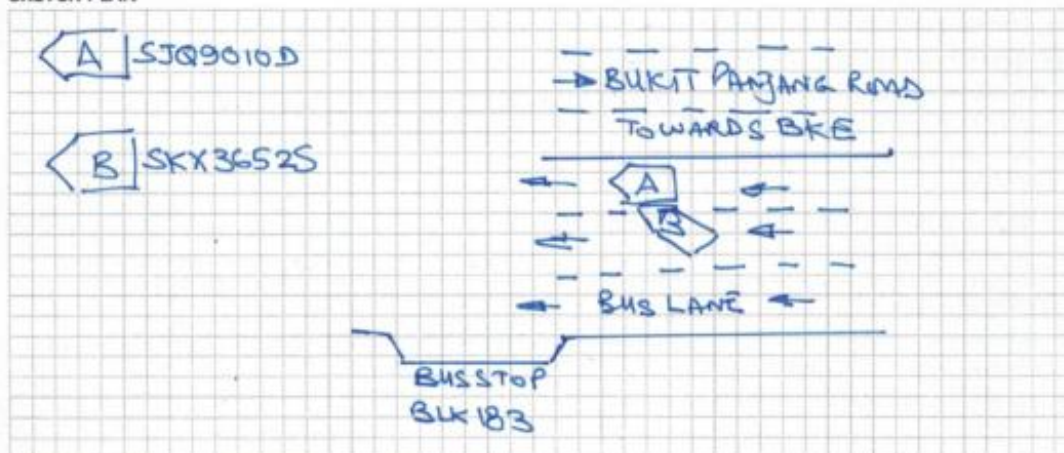
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO REPORT

DECLARATION

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

Policyholder's Signature: Sheweyn
Date & Time: 20/12/18

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


 Reporting Centre Personal Signature
 Name: _____
 NRIC/FIN No.: _____

Identification Card



1829745

Barcode

NRIC No. S0150902J

Portrait Photo

Grade/Class B+

Date of Issue 27-03-1994

Address 47 CHENG SOON GARDEN SINGAPORE 2159

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 29 Nov 1976

Barcode

Licence No. S0150902J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

